

# 2024-2025 FALL/WINTER RESPIRATORY VIRUSES AND VACCINE UPDATES

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**CAIHS JOINT CATAAC & PROGRAM DIRECTORS MEETING \_ AUGUST 20, 2024**

# AUGUST: RECOGNIZED AS NATIONAL IMMUNIZATION AWARENESS MONTH

**AUGUST 2013 - NATIONAL IMMUNIZATION AWARENESS MONTH (NIAM) WAS RECOGNIZED FOR THE FIRST TIME.**

- OBSERVANCE WAS ESTABLISHED BY THE NATIONAL PUBLIC HEALTH INFORMATION COALITION AND LATER COORDINATED BY THE CENTERS FOR DISEASE CONTROL, **WITH THE INTENTION OF EDUCATING FAMILIES ON HOW VACCINES CAN PROTECT THEIR CHILDREN**
- MORE RECENTLY, WE RECOGNIZE AUGUST AS NATIONAL IMMUNIZATION AWARENESS MONTH FOR **THE IMPORTANCE OF VACCINATING TO PROTECT PEOPLE OF ALL AGES .**

# RESPIRATORY VIRAL SEASON - FALL/WINTER CIRCULATING VIRUSES

## **SEASONAL INFLUENZA (FLU)**

- ON AVERAGE 12,000-52,000 DEATHS AND OVER 200,000 HOSPITALIZATIONS ARE REPORTED ANNUALLY. DURING THE 2023-2024 FLU SEASON, MORE THAN 44,900 PEOPLE ARE ESTIMATED TO HAVE DIED FROM FLU COMPLICATIONS.

## **SARS-COV-2 VIRUS (COVID-19)**

- AGE-ADJUSTED COVID DEATH RATE = 61.3 PER 100,000 PERSONS
- IN 2023, MORE THAN 916,300 PEOPLE WERE HOSPITALIZED DUE TO COVID-19 AND MORE THAN 75,500 PEOPLE DIED FROM COVID-19.

## **RESPIRATORY SYNCYTIAL VIRUS (RSV)**

- AVERAGE 58,000-80,000 HOSPITALIZATIONS (<AGE 5Y) ANNUALLY
- LEADING CAUSE OF HOSPITALIZATION IN INFANTS IN THE UNITED STATES
- AVERAGE 60,000-160,000 HOSPITALIZATIONS (>65Y) ANNUALLY

# 2024-2025 FALL/WINTER RESPIRATORY VIRUSES

## FLU

- ACUTE RESPIRATORY INFECTION CAUSED BY INFLUENZA VIRUSES
- HIGHLY CONTAGIOUS; SPREAD THROUGH RESPIRATORY DROPLETS
- CIRCULATING **VIRUS STRAIN CAN CHANGE FROM YEAR TO YEAR** – FLU VACCINE COMPONENTS ARE DETERMINED ANNUALLY BASED ON DOMINANT CIRCULATING STRAIN (S)
- **ANNUAL FLU VACCINATION IS BEST AVAILABLE METHOD OF PROTECTION** AGAINST INFLUENZA AND COMPLICATIONS
- **OCTOBER TO APRIL SEASON** (INFECTIONS OFTEN PEAK IN JANUARY AND FEBRUARY)

## COVID-19

- CAUSED BY THE **SARS-COV-2 VIRUS**
- HIGHLY CONTAGIOUS; SPREAD THROUGH RESPIRATORY DROPLETS
- CAN INFECT PERSONS OF ALL AGES
- **VACCINES AVAILABLE FOR ALL PERSONS  $\geq$ 6 MOS. OF AGE**

## RSV

- CAUSED BY THE RESPIRATORY SYNCYTIAL VIRUS
- HIGHLY CONTAGIOUS; SPREAD THROUGH RESPIRATORY DROPLETS
- SYMPTOMS CAN BE MORE SEVERE IN **INFANTS AND OLDER ADULTS** WITH CHRONIC MEDICAL CONDITIONS AND/ OR WEAKENED IMMUNE SYSTEMS
- **RESEARCH SUGGESTS A HIGHER INCIDENCE OF SEVERE RSV DISEASE IN AI/AN CHILDREN\***
- VACCINES AND MEDICATIONS ARE APPROVED OR AUTHORIZED FOR INFANTS AND ADULTS FOR **CURRENT SEASON**
- **MOST ILLNESSES OCCUR DURING FALL AND WINTER, HOWEVER CASES START INCREASING AS EARLY AS JULY**
- **AS OF SEPTEMBER 22, 2023, CDC RECOMMENDS AN RSV VACCINE DURING WEEKS 32–36 OF PREGNANCY TO PROTECT BABIES FROM SEVERE RSV.**

\*Atwell JE, Hartman RM, Parker D, et al.; RSV Among American Indian and Alaska Native Children: 2019 to 2020. Pediatrics. 2023;152(2): e2022060435



# TOOLS FOR PROTECTION/LOWERING RISK OF SEVERE RESPIRATORY ILLNESS

**UPDATED VACCINES** ARE AVAILABLE TO PROTECT AGAINST EACH OF THE THREE PREDOMINANT FALL AND WINTER RESPIRATORY DISEASES – **FLU, COVID-19, AND RSV** (FOR GROUPS ELIGIBLE FOR RSV IMMUNIZATION)

**AMONG OTHER COMPLIMENTARY** ACTIONS FOR LOWERING RISK OF DISEASE ARE THE FOLLOWING:

- **WASHING HANDS AND IMPROVING AIRFLOW** IN THE PLACES WHERE PEOPLE LIVE AND WORK ARE IMPORTANT TO LOWERING RISK FROM RESPIRATORY VIRUSES
- WIDELY AVAILABLE, **EFFECTIVE TREATMENTS ARE AVAILABLE FOR THOSE WHO GET FLU OR COVID-19.** TREATMENT CAN REDUCE SEVERE ILLNESS, HOSPITALIZATION, AND DEATH
- EVERYDAY ACTIONS LIKE **MASKING AND PHYSICAL DISTANCING** CAN PROVIDE AN ADDITIONAL LAYER OF PROTECTION.
- **TESTS** ARE AVAILABLE THAT CAN QUICKLY DETECT THESE RESPIRATORY VIRUSES SO PATIENTS DON'T DELAY TREATMENT AND OTHER ACTIONS THAT CAN PROTECT THEIR FAMILY, FRIENDS, AND COWORKERS.

# PLANNING FOR THE FALL/WINTER 2024-2025 RESPIRATORY VIRUS SEASON

## COADMINISTRATION OF COVID-19, RSV AND FLU VACCINES IS SUPPORTED

- **ADVISORY COMMITTEE ON IMMUNIZATION PRACTICE (ACIP)** SPECIFICALLY RECOMMENDS THAT ALL RECOMMENDED VACCINES MAY BE **ADMINISTERED DURING THE SAME VISIT.**
  - THIS INCLUDES **RSV, INFLUENZA VACCINES, COVID-19 VACCINES, PNEUMOCOCCAL VACCINES, TD/TDAP, ZOSTER VACCINES\***
- **COADMINISTRATION OF MULTIPLE VACCINES DURING THE SAME VISIT MAY INCREASE REACTOGENICITY**
  - REVIEW THIS WITH THE PATIENT AND PROVIDE REASSURANCE AND GUIDANCE
    - SORE ARM AND INJECTION SITE REACTIONS ARE COMMON
    - SYSTEMIC SIDE EFFECTS MAY OCCUR – FEVER, CHILLS, FATIGUE, HEADACHE

\* UNLESS MEDICALLY CONTRAINDICATED

# 2024-2025 COVID – 19 VACCINES

- ON JUNE 27, 2024, THE **CDC DIRECTOR ADOPTED THE ACIP'S RECOMMENDATIONS FOR USE OF 2024–2025 COVID-19 VACCINES IN PEOPLE AGES 6 MONTHS AND OLDER**, AS APPROVED OR AUTHORIZED BY FDA.
- **THE 2024–2025 COVID – 19 VACCINES ARE EXPECTED TO BE AVAILABLE IN FALL 2024** (RELEASE ANTICIPATED WEEK OF AUGUST 19 (THIS WEEK??)).
  - CONTENT ACCESSED THROUGH THE FOLLOWING LINK WILL BE UPDATED AT THAT TIME TO ALIGN WITH THE RELEASE AND NEW RECOMMENDATIONS: [WWW.CDC.GOV/MEDIA/RELEASES/2024/S-T0627-VACCINE-RECOMMENDATIONS.HTML](https://www.cdc.gov/media/releases/2024/s-t0627-vaccine-recommendations.html)

# UPDATED 2024-2025 COVID-19 VACCINE RECOMMENDATIONS

- CDC RECOMMENDS **EVERYONE AGES 6 MONTHS AND OLDER RECEIVE AN UPDATED 2024-2025 COVID-19 VACCINE** TO PROTECT AGAINST THE POTENTIALLY SERIOUS OUTCOMES OF COVID-19 THIS FALL AND WINTER WHETHER OR NOT THEY HAVE EVER PREVIOUSLY BEEN VACCINATED WITH A COVID-19 VACCINE.
- **UPDATED COVID-19 VACCINES** WILL BE AVAILABLE FROM **MODERNA, NOVAVAX, AND PFIZER** WITHIN THE NEXT COUPLE OF WEEKS. THE CDC RECOMMENDATION WILL TAKE EFFECT AS SOON AS THE NEW VACCINES ARE AVAILABLE.
- **THE VIRUS THAT CAUSES COVID-19, SARS-COV-2, IS ALWAYS CHANGING** AND PROTECTION FROM COVID-19 VACCINES DECLINES OVER TIME. **RECEIVING AN UPDATED 2024-2025 COVID-19 VACCINE CAN RESTORE AND ENHANCE PROTECTION AGAINST THE VIRUS VARIANTS CURRENTLY RESPONSIBLE FOR MOST INFECTIONS AND HOSPITALIZATIONS IN THE UNITED STATES.**
- **COVID-19 VACCINATION HAS BEEN SHOWN TO REDUCE THE CHANCE OF SUFFERING THE EFFECTS OF LONG COVID**, WHICH CAN DEVELOP DURING OR FOLLOWING ACUTE INFECTION AND LAST FOR AN EXTENDED DURATION.



## COVID -19 VACCINES FALL 2024 – MONOVALENT JN.1 LINEAGE

- **ON JUNE 6, 2024, FDA INITIALLY ADVISED** THE MANUFACTURERS OF THE LICENSED AND AUTHORIZED COVID-19 VACCINES THAT THE COVID-19 VACCINES (2024-2025 FORMULA) FOR USE IN THE UNITED STATES BEGINNING IN FALL 2024 SHOULD BE **MONOVALENT JN.1 VACCINE**.
- BASED ON THE MOST CURRENT AVAILABLE DATA, ALONG WITH THE RECENT RISE IN CASES OF COVID-19 IN AREAS OF THE COUNTRY, THE FDA HAS FURTHER DETERMINED THAT THE **PREFERRED JN.1-LINEAGE FOR THE COVID-19 VACCINES (2024-2025 FORMULA) IS THE KP.2 STRAIN**, IF FEASIBLE. THIS CHANGE IS INTENDED TO ENSURE THAT THE COVID-19 VACCINES (2024-2025 FORMULA) MORE **CLOSELY MATCH CIRCULATING SARS-COV-2 STRAINS**. FDA HAS COMMUNICATED THIS CHANGE TO THE MANUFACTURERS OF THE LICENSED AND AUTHORIZED COVID-19 VACCINES.
- **NO DELAYS IN FALL 2024 SEASON COVID-19 VACCINES** ARE ANTICIPATED
- FDA WILL CONTINUE TO MONITOR THE **SAFETY AND EFFECTIVENESS** OF THE COVID-19 VACCINES AND THE EVOLUTION OF THE SARS-COV-2 VIRUS.

SOURCE: [HTTPS://WWW.FDA.GOV/VACCINES-BLOOD-BIOLOGICS/UPDATED-COVID-19-VACCINES-USE-UNITED-STATES-BEGINNING-FALL-2024](https://www.fda.gov/vaccines-blood-biologics/updated-covid-19-vaccines-use-united-states-beginning-fall-2024)

# COVID-19 VACCINE – PROCUREMENT PATHWAYS

- **COMMERCIALIZED/PURCHASED PRIVATE SUPPLY VACCINE – (SEE NEXT SLIDE FOR CURRENT MANUFACTURER CONTACTS)**
  - REDUCED PACKAGE SIZES
  - MORE CONVENIENT DOSAGE FORMS
    - SINGLE DOSE VIALS, PRE-FILLED SYRINGES
- **IHS NATIONAL SERVICE SUPPLY CENTER (NSSC): NSSC NEW CUSTOMER INFORMATION:**
  - IF YOUR FACILITY IS INTERESTED IN BECOMING A REGULAR CUSTOMER OF THE NSSC, PLEASE COMPLETE A [NEW CUSTOMER APPLICATION FORM](#) (FILLABLE) [PDF - 698 KB] AND E-MAIL TO THE [NSSC CUSTOMER SERVICE LIAISON](#) OR FAX TO 405-951-6057.
- **THE VACCINES FOR CHILDREN (VFC) PROGRAM (FEDERAL PROGRAM ADMINISTERED BY STATE (CDPH))**
  - FOR ELIGIBLE CHILDREN 0-18YRS (AMERICAN INDIAN/ALASKA NATIVE CHILDREN, UNINSURED, AND CHILDREN ON MEDICAID)
- **THE “CDC BRIDGE PROGRAM” - WILL BE PHASED OUT BY THE END OF AUGUST 2024**
  - THE BRIDGE PROGRAM PROVIDED NO COST COVID VACCINE FOR UNDER AND UNINSURED ADULTS IN THE U.S. AT PARTICIPATING PARTNERS, INCLUDING RETAIL PHARMACIES, FQHCS, HEALTH DEPARTMENTS.

# PROCUREMENT OF COVID VACCINES: AVAILABLE FOR PRIVATE PURCHASE

MODERNA:

[HTTPS://MODERNADIRECT.COM/AUTHORIZED-DISTRIBUTOR](https://modernadirect.com/authorized-distributor)

PFIZER:

[HTTPS://WWW.PFIZERPRO.COM/ORDER](https://www.pfizerpro.com/order)

NOVAVAX : FOR DETAILS, PLEASE CONTACT CUSTOMER SERVICE AT **844-NOVAVAX (844-668-2829)**

# STANDING ORDERS AND OTHER CLINICAL GUIDANCE FOR 2024-2025 COVID VACCINES

**STANDING ORDERS ARE NOT YET AVAILABLE FOR THE 2024-2025 COVID VACCINES (AS OF 8 A.M. ET - 01 AUGUST 2024).**

- ONCE UPDATED STANDING ORDERS ARE PUBLISHED AND SIGNED BY YOUR PROGRAMS CLINICAL DIRECTOR, YOU CAN INCORPORATE THESE INTO YOUR LOCAL POLICIES.

PLEASE VISIT THE FOLLOWING IMMUNIZE.ORG LINKS FOR FUTURE UPDATES ON CLINICAL SUPPORT TOOLS AND COVID VACCINATION GUIDANCE:

- [HTTPS://WWW.IMMUNIZE.ORG/WP-CONTENT/UPLOADS/CATG.D/P3130.PDF](https://www.immunize.org/wp-content/uploads/catg.d/p3130.pdf)
- [HTTPS://WWW.IMMUNIZE.ORG/WP-CONTENT/UPLOADS/CATG.D/P3066.PDF](https://www.immunize.org/wp-content/uploads/catg.d/p3066.pdf)



# CDPH AT-HOME TESTING PROGRAM UPDATE

- CDPH IS CONTINUING TO PROVIDE **COVID-19 TESTS TO SUPPORT POPULATIONS WHO ARE HIGH RISK FOR SEVERE DISEASE THROUGH FEBRUARY 28, 2025**. THIS PROGRAM HAS BEEN EXTENDED DUE TO CONTINUED AVAILABILITY OF FEDERAL RESOURCES.
- SKILLED NURSING FACILITIES, ELDER CARE FACILITIES, LONG-TERM CARE FACILITIES, **PROGRAMS SERVING THOSE >65 YEARS, AND COMMUNITY BASED ORGANIZATIONS THAT SERVE THE ELDERLY** CAN REQUEST AT-HOME TESTS THROUGH CDPH **UNTIL FEBRUARY 28, 2025, OR UNTIL TESTING RESOURCES ARE EXHAUSTED**.
- THE **FDA EXTENDED EXPIRATION DATE ON MANY OF THESE TESTS WILL VARY**, WITH SOME TESTS BEING SHIPPED OUT EXPIRING BETWEEN SEPTEMBER 2024 AND MARCH 2025.
- ORDERS SHOULD REFLECT TESTS NEEDED FOR RESIDENTS ONLY. TESTS CANNOT BE REQUESTED TO PROVIDE TO STAFF AND/OR VISITORS. **ORDER OTC TESTS THROUGH THE FOLLOWING LINK:**  
[HTTPS://LABSUPPORT.POWERAPPSPORTALS.US/ORDERCOVIDOTC/](https://labsupport.powerappsportals.us/ordercovidotc/)

# COVID-19 THERAPEUTICS

- CURRENT OUTPATIENT COVID-19 TREATMENTS PREFERRED OUTPATIENT THERAPIES FOR CERTAIN HIGH-RISK PATIENTS:
  - PAXLOVID (RITONAVIR – BOOSTED NIRMATRELVIR)
  - REMDESIVIR
  - MOLNUPIRAVIR (ALTERNATIVE THERAPY FOR USE WHEN THE ABOVE THERAPIES ARE NOT AVAILABLE, FEASIBLE TO USE, OR CLINICALLY APPROPRIATE)

SOURCE: CDPH IMMUNIZATION UPDATES FOR PROVIDERS WEBINAR - JULY 26, 2024

# COVID-19 THERAPEUTICS KEY POINTS

- COVID-19 TREATMENTS CAN HELP PREVENT SEVERE ILLNESS IN ELIGIBLE\* PATIENTS
- CDPH RECOMMENDS THAT PROVIDERS PRESCRIBE:
  - NIRMATRELVIR/RITONAVIR (PAXLOVID) TO NON-HOSPITALIZED, SYMPTOMATIC, AND ELIGIBLE PATIENTS
  - REMDESIVIR (VEKLURY) SHOULD BE CONSIDERED WHEN NIRMATRELVIR/RITONAVIR (PAXLOVID) IS CLINICALLY CONTRAINDICATED
  - MOLNUPIRAVIR (LAGEVRIO) MAY BE CONSIDERED IF REMDESIVIR IS IMPRACTICAL AND PAXLOVID IS CLINICALLY CONTRAINDICATED.

\*ELIGIBILITY DEPENDS ON EXPOSURE STATUS, SYMPTOMS, AND [RISK FACTORS](#) FOR SEVERE DISEASE.

RISK FACTORS

SOURCE: CDPH IMMUNIZATION UPDATES FOR PROVIDERS - JULY 26, 2024

# COVID-19 VACCINATION DOCUMENTATION

- IHS COVID VACCINE DATA MANAGEMENT WEBSITE UPDATED TO REFLECT MOST CURRENT INFORMATION/ RESOURCES FOR DOCUMENTATION:

[HTTPS://WWW.IHS.GOV/CORONAVIRUS/COVID-19-VACCINE-DATA-MANAGEMENT/](https://www.ihs.gov/coronavirus/covid-19-vaccine-data-management/)

- INCLUDES UPDATED COVID VACCINE FORMS, ETC.





# 2024-2025 SEASONAL INFLUENZA VACCINES AND SURVEILLANCE UPDATES

# UPDATED INFLUENZA VACCINES FOR 2024-2025

- **UPDATED 2024-2025 FLU VACCINES WILL ALL BE TRIVALENT** AND WILL PROTECT AGAINST AN **H1N1, H3N2 AND A B/VICTORIA LINEAGE VIRUS**.
  - THE COMPOSITION OF THIS SEASON'S VACCINE, COMPARED TO LAST SEASON, HAS BEEN UPDATED WITH A NEW INFLUENZA A(H3N2) VIRUS.
- **MOST PEOPLE NEED ONLY ONE DOSE OF THE FLU VACCINE EACH SEASON.** WHILE CDC RECOMMENDS FLU VACCINATION AS LONG AS INFLUENZA VIRUSES ARE CIRCULATING, **SEPTEMBER AND OCTOBER REMAIN THE BEST TIMES FOR MOST PEOPLE TO GET VACCINATED.** FLU VACCINATION IN JULY AND AUGUST IS NOT RECOMMENDED FOR MOST PEOPLE, BUT THERE ARE SEVERAL CONSIDERATIONS REGARDING VACCINATION DURING THOSE MONTHS FOR SPECIFIC GROUPS:
  - PREGNANT PEOPLE WHO ARE IN THEIR THIRD TRIMESTER CAN GET A FLU VACCINE IN JULY OR AUGUST TO PROTECT THEIR BABIES FROM FLU AFTER BIRTH, WHEN THEY ARE TOO YOUNG TO GET VACCINATED.
  - **CHILDREN [WHO NEED TWO DOSES](#) OF THE FLU VACCINE** SHOULD GET THEIR FIRST DOSE OF VACCINE AS SOON AS IT BECOMES AVAILABLE. THE SECOND DOSE SHOULD BE GIVEN AT LEAST FOUR WEEKS AFTER THE FIRST.
  - **VACCINATION IN JULY OR AUGUST CAN BE CONSIDERED** FOR CHILDREN WHO HAVE HEALTH CARE VISITS DURING THOSE MONTHS IF THERE MIGHT NOT BE ANOTHER OPPORTUNITY TO VACCINATE THEM.
  - **FOR ADULTS (ESPECIALLY THOSE 65 YEARS OLD AND OLDER) AND PREGNANT PEOPLE IN THE FIRST AND SECOND TRIMESTER, VACCINATION IN JULY AND AUGUST SHOULD BE AVOIDED** (UNLESS IT WON'T BE POSSIBLE TO VACCINATE IN SEPTEMBER OR OCTOBER).

# INFLUENZA VACCINE PRODUCTS FOR THE 2024–2025 INFLUENZA SEASON

## Influenza Vaccine Products for the 2024–2025 Influenza Season

Manufacturer	Trade Name (vaccine abbreviation) <sup>1</sup>	How Supplied	Mercury Content (mg/Hg/0.5mL)	Age Range	CVX Code	Vaccine Product
						Billing Code <sup>2</sup>
AstraZeneca	FluMist (LAIV3)	0.2 mL (single-use nasal spray)	0	2 through 49 years	111	90660
GSK	Fluarix (IV3)	0.5 mL (single-dose syringe)	0	6 months & older <sup>3</sup>	140	90656
	FluLaval (IV3)	0.5 mL (single-dose syringe)	0	6 months & older <sup>3</sup>	140	90656
Sanofi	Flublok (RV3)	0.5 mL (single-dose syringe)	0	18 years & older	155	90673
	Fluzone (IV3)	0.5 mL (single-dose syringe)	0	6 months & older <sup>3</sup>	140	90656
		0.5 mL (single-dose vial)	0	6 months & older <sup>3</sup>	140	90656
		5.0 mL multi-dose vial (0.25 mL dose)	25	6 through 35 months <sup>3</sup>	141	90657
		5.0 mL multi-dose vial (0.5 mL dose)	25	6 months & older	141	90658
	Fluzone High-Dose (HD-IV3)	0.5 mL (single-dose syringe)	0	65 years & older <sup>4</sup>	135	90662
CSL Seqirus	Afluria (IV3)	5.0 mL multi-dose vial (0.25 mL dose)	24.5	6 through 35 months <sup>3</sup>	141	90657
		5.0 mL multi-dose vial (0.5 mL dose)	24.5	3 years & older <sup>3</sup>	141	90658
		0.5 mL (single-dose syringe)	0	3 years & older <sup>3</sup>	140	90656
	Fluad (aIV3)	0.5 mL (single-dose syringe)	0	65 years & older <sup>4</sup>	168	90653
	FluceLVax (ccIV3)	0.5 mL (single-dose syringe)	0	6 months & older <sup>3</sup>	153	90661
		5.0 mL multi-dose vial (0.5 mL dose)	25	6 months & older <sup>3</sup>	320	90661

### NOTES

- All 2024–2025 seasonal influenza vaccines are trivalent. IV = egg-based inactivated influenza vaccine (injectable); where necessary to refer to cell culture-based vaccines, the prefix "cc" is used (e.g., ccIV); RIV = recombinant hemagglutinin influenza vaccine (injectable); aIV = adjuvanted inactivated influenza vaccine.
- An administration code should always be reported in addition to the vaccine product code. Note: Third party payers may have specific policies and guidelines that might require providing additional information on their claim forms.
- Dosing for infants and children age 6 through 35 months:
  - Afluria: 0.25 mL
  - Fluarix: 0.5 mL
  - FluceLVax: 0.5 mL
  - FluLaval: 0.5 mL
  - Fluzone: 0.25 mL or 0.5 mL
- Solid organ transplant recipients age 18 through 64 years who are on immunosuppression medication regimens may receive HD-IV influenza vaccine as options for influenza vaccination, without a preference over other age-appropriate IVs or RVs.
- Afluria is approved by the Food and Drug Administration for intramuscular administration with the PharmaJet Stratis Needle-Free Injection System for persons age 18 through 64 years.



# CDPH – IMMUNIZATION BRANCH – 2024 – 2025 **VFC FLU VACCINE** ORDERING CHANGES

## 2024 – 2025 FLU VACCINE ORDERING CHANGES

- **FLU ORDERS WILL NOW BE PROCESSED THROUGH MYCAVAX.**
- THERE IS NO SEPARATE FLU VACCINE ORDER FORM.
- **FLU VACCINE WILL APPEAR ON THE REGULAR VFC VACCINE ORDER FORM.**
- **INITIAL FLU VACCINE ORDERS WILL NOT BE SHIPPED AUTOMATICALLY BY VFC.**
- **PROVIDERS WILL BE ALLOCATED DOSES BASED ON AVAILABLE SUPPLY.**
- PROVIDERS WILL BE EXPECTED TO ACTIVELY GO IN AND SUBMIT THEIR FLU VACCINE REQUEST UP TO THEIR ALLOCATED AMOUNT.
- PROVIDERS CAN SUBMIT A NEW FLU VACCINE ORDER AFTER THEIR PREVIOUS ORDER IS IN “COMPLETED” STATUS.

SOURCE: CDPH IMMUNIZATION WEBINAR UPDATES FOR PROVIDERS - AUGUST, 2024



# 2024-2025 INFLUENZA VACCINE DISTRIBUTERS OR MANUFACTURERS

Distributor or Manufacturer			Influenza Vaccine Product											
Date of last report	Name of distributor or manufacturer	Where to place order (Please note that some distributors and manufacturers may have return policies. Ask at the time of your order.)	GSK		AstraZeneca	Seqirus					Sanofi			
			Fluarix (IIV3)	FluLaval (IIV3)	FluMist (LAIV3)	Afluria (IIV3)	Fluad (allIV3)	Flucelvax (ccIIV3)			Flublok (RIV3)	Fluzone (IIV3)		Fluzone High-Dose (HD-IIV3)
			Single-dose syringe (0.5 mL)	Single-dose syringe (0.5 mL)	Single-dose nasal sprayer			Single-dose syringe (0.5 mL)	Multi-dose vial (5.0 mL)	Single-dose syringe (0.5 mL)		Single-dose syringe (0.5 mL)	Multi-dose vial (5.0 mL)	
8/12/2024	ABO Pharmaceuticals	(877) 226-2266 <a href="mailto:marcus@abopharmaceuticals.com">marcus@abopharmaceuticals.com</a>				✓	✓	✓	✓	✓	✓	✓	✓	✓
8/14/2024	Cardinal Health	<a href="mailto:fluteam@cardinalhealth.com">fluteam@cardinalhealth.com</a>	✓	✓		✓	✓	✓	✓	✓		✓		✓
8/12/2024	Dealmed Medical Supplies	(800) 569-0570 <a href="mailto:support@dealmed.com">support@dealmed.com</a>				✓	✓	✓	✓	✓				
8/16/2024	GSK	(866) 475-8222 <a href="mailto:vaccine.service-center@gsk.com">vaccine.service-center@gsk.com</a>	✓	✓										
8/12/2024	Henry Schein	(800) 473-4346 <a href="mailto:medsiss@henryschein.com">medsiss@henryschein.com</a>	✓	✓		✓	✓	✓	✓	✓	✓	✓		✓
8/12/2024	McKesson	(877) 625-4358	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8/12/2024	Nationwide Medical Surgical	(818) 997-8848 <a href="mailto:flu@nmsincusa.com">flu@nmsincusa.com</a>				✓	✓	✓	✓	✓		✓		✓
8/12/2024	Sanofi	(800) 822-2463 <a href="http://www.vaccineshop.com">www.vaccineshop.com</a>									✓	✓		✓

Note: All information is provided by distributors and manufacturers on a voluntary basis and is not intended to endorse or promote one distributor's/manufacturer's product over another.  
 IIV4 = quadrivalent inactivated vaccine; ccIIV4 = cell culture-based quadrivalent inactivated influenza vaccine; LAIV = quadrivalent live attenuated influenza vaccine; RIV4 = quadrivalent recombinant influenza vaccine

# RESPIRATORY SYNCYTIAL VIRUS

- IN SEPTEMBER OF 2023, [CDC RECOMMENDED A NEW RSV](#) BIOLOGIC FOR INFANTS THAT HAS BEEN SHOWN TO **REDUCE THE RISK OF BOTH RSV-RELATED HOSPITALIZATIONS AND HEALTHCARE VISITS IN INFANTS BY ABOUT 80 PERCENT.**

# RESPIRATORY SYNCYTIAL VIRUS (RSV) VACCINE CODES FALL 2024

CVX Code	CVX Description	Sale Proprietary Name	Sale Labeler	MVX Code	Unit of Sale NDC11	Unit of Use NDC11	Presentation	CPT Code	CPT Description
303	Respiratory syncytial virus (RSV), vaccine, recombinant, protein subunit RSV prefusion F, adjuvant reconstituted, 0.5 mL, preservative free	Arexvy	GlaxoSmithKline Biologicals SA	SKB	58160-0848-11	58160-0723-03	VIAL, 0.5 mL, reconstituted	90679	Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use
305	Respiratory syncytial virus (RSV), vaccine, bivalent, protein subunit RSV prefusion F, diluent reconstituted, 0.5 mL, preservative free	Abrysvo	Pfizer Laboratories Div Pfizer Inc	PFR	00069-0344-01 00069-0344-05 00069-0344-10	00069-0207-01	VIAL, 0.5 mL, reconstituted	90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use
305	Respiratory syncytial virus (RSV), vaccine, bivalent, protein subunit RSV prefusion F, diluent reconstituted, 0.5 mL, preservative free	Abrysvo	Pfizer Laboratories Div Pfizer Inc	PFR	00069-2465-01 00069-2465-10	00069-2465-19	VIAL, 0.5 mL, SINGLE-DOSE	90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use
326	Respiratory syncytial virus (RSV), mRNA, injectable, preservative free	mRESVIA	Moderna US, INC.	MOD	80777-0345-96 80777-0345-90	80777-0345-01	SYRINGE, 0.5 mL	90683	Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use
<b>Respiratory Syncytial Virus (RSV) Monoclonal Antibody Codes (*)</b>									
CVX Code	CVX Description	Sale Proprietary Name	Sale Labeler	MVX Code	Unit of Sale NDC11	Unit of Use NDC11	Presentation	CPT Code	CPT Description
306	Respiratory syncytial virus (RSV) monoclonal antibody, IgG1κ, (nirsevimab-alip), 0.5 mL, neonates and children to 24 months	BEYFORTUS	Sanofi Pasteur Inc.	PMC	49281-0575-15	49281-0575-00	SYRINGE, 0.5 mL	90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use
307	Respiratory syncytial virus (RSV) monoclonal antibody, IgG1κ, (nirsevimab-alip), 1 mL, neonates and children to 24 months	BEYFORTUS	Sanofi Pasteur Inc.	PMC	49281-0574-15	49281-0574-88	SYRINGE, 1 mL	90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use

(\*) The BEYFORTUS nirsevimab monoclonal antibody codes are included in the vaccine code set in a manner similar to regular vaccines to enable reporting or other program data exchange in accordance with ACIP and CDC guidelines.

<b>Respiratory Syncytial Virus (RSV) Unspecified Codes</b>		
CVX Code	CVX Description	CVX Note
314	Respiratory syncytial virus (RSV) vaccine, unspecified	Unspecified, for historic records where the specific vaccine administered is not known
315	Respiratory syncytial virus (RSV) monoclonal antibody (MAB), unspecified	Unspecified, for historic records where the specific RSV MAB administered is not known
304	Respiratory syncytial virus (RSV), unspecified	Unspecified, for historic records where it is not known if RSV vaccine or RSV MAB was administered

# RSV VACCINES FOR OLDER ADULTS

- **WHAT TYPES OF RSV VACCINES ARE THERE?**

- THERE ARE NOW THREE RSV VACCINES LICENSED BY THE U.S. FOOD AND DRUG ADMINISTRATION FOR USE IN **ADULTS 60 AND OLDER IN THE UNITED STATES:**

- RSVREF3 (GSK AREXVY) \_ PROTEIN SUBUNIT
- RSVREF (PFIZER ABRYVO) – PROTEIN SUBUNIT
- MRNA RSV VACCINE (MODERNA MRESVIA) - **MRNA**

- **ACIP UPDATE: ON JUNE 26, 2024, ACIP VOTED TO UPDATE THESE RECOMMENDATIONS AS FOLLOWS: ALL ADULTS AGED  $\geq 75$  YEARS AND ADULTS AGED 60–74 YEARS WHO ARE AT INCREASED RISK FOR SEVERE RSV DISEASE SHOULD RECEIVE A SINGLE DOSE OF RSV VACCINE.** (PREVIOUS ELIGIBILITY RECOMMENDATION - “SHARED CLINICAL DECISION-MAKING” BETWEEN PATIENT AND PROVIDER)\*
- ADULTS WHO HAVE PREVIOUSLY RECEIVED RSV VACCINE SHOULD **NOT** RECEIVE ANOTHER DOSE.



# .....RSV VACCINES FOR OLDER ADULTS

- THESE UPDATED RECOMMENDATIONS ARE INTENDED TO **MAXIMIZE RSV VACCINATION COVERAGE AMONG PERSONS MOST LIKELY TO BENEFIT**, BY CLARIFYING WHO IS AT HIGHEST RISK AND BY REDUCING IMPLEMENTATION BARRIERS ASSOCIATED WITH THE PREVIOUS SHARED CLINICAL DECISION-MAKING RECOMMENDATION. \*

\*IF YOU HAVE ANY QUESTIONS ABOUT RSV OR THE PRODUCTS MENTIONED, TALK WITH A LICENSED HEALTHCARE PROVIDER

SOURCE: BRITTON A, ROPER LE, KOTTON CN, ET AL. USE OF RESPIRATORY SYNCYTIAL VIRUS VACCINES IN ADULTS AGED  $\geq 60$  YEARS: UPDATED RECOMMENDATIONS OF THE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES — UNITED STATES, 2024. MMWR MORB MORTAL WKLY REP 2024;73:696-702. DOI: [HTTP://DX.DOI.ORG/10.15585/MMWR.MM7332E1](http://dx.doi.org/10.15585/mmwr.mm7332e1)

# RSV BIOLOGICS TO PROTECT INFANTS AND YOUNG CHILDREN

- **MONOCLONAL ANTIBODY PRODUCTS ARE AVAILABLE TO PROTECT INFANTS AND YOUNG CHILDREN FROM SEVERE RSV \***.
  - 1 DOSE OF NIRSEVIMAB FOR **ALL** INFANTS YOUNGER THAN 8 MONTHS BORN DURING OR ENTERING THEIR FIRST RSV SEASON.
  - 1 DOSE OF NIRSEVIMAB FOR INFANTS AND CHILDREN 8–19 MONTHS OLD WHO ARE AT INCREASED RISK FOR SEVERE RSV DISEASE AND ENTERING THEIR SECOND RSV SEASON.
- *NOTE:* A DIFFERENT MONOCLONAL ANTIBODY, PALIVIZUMAB, IS LIMITED TO CHILDREN UNDER 24 MONTHS OF AGE WITH CERTAIN CONDITIONS THAT PLACE THEM AT HIGH RISK FOR SEVERE RSV DISEASE. IT MUST BE GIVEN ONCE A MONTH DURING RSV SEASON. PLEASE SEE [AAP GUIDELINES FOR PALIVIZUMAB](#).

\*IF YOU HAVE ANY QUESTIONS ABOUT RSV OR THE PRODUCTS MENTIONED, TALK WITH A LICENSED HEALTHCARE PROVIDER

# RSV VACCINES DURING PREGNANCY

## VACCINATION OF PREGNANT INDIVIDUALS\*:

- CDC **RECOMMENDS** A RESPIRATORY SYNCYTIAL VIRUS (RSV) VACCINE FOR PREGNANT PEOPLE **TO PROTECT THEIR BABIES FROM SEVERE RSV DISEASE.**
- PREGNANT PEOPLE SHOULD GET A SINGLE DOSE OF PFIZER'S BIVALENT RSV PREF VACCINE (ABRYSVO) DURING **WEEKS 32 THROUGH 36 OF PREGNANCY** – BETWEEN SEPTEMBER AND JANUARY
- FOR ADDITIONAL INFORMATION: [HTTPS://WWW.CDC.GOV/VACCINES/VPD/RSV/HCP/PREGNANT-PEOPLE.HTML](https://www.cdc.gov/vaccines/vpd/rsv/hcp/pregnant-people.html)

\*IF YOU HAVE ANY QUESTIONS ABOUT RSV OR THE PRODUCTS MENTIONED, TALK WITH A LICENSED HEALTHCARE PROVIDER

# NEWLY ADOPTED ACIP RECOMMENDATION FOR PREVENTION OF HAEMOPHILUS INFLUENZAE TYPE B (HIB) DISEASE

- **DTAP-IPV-HIB-HEPB (VAXELIS®) VACCINE**
- ACIP RECOMMENDS DTAP-IPV-HIB-HEPB (VAXELIS®) SHOULD BE INCLUDED WITH PRP-OMP (PEDVAXHIB®) IN THE **PREFERENTIAL RECOMMENDATION** FOR AMERICAN INDIAN AND ALASKA NATIVE INFANTS BASED ON THE *HAEMOPHILUS INFLUENZAE* TYPE B (HIB) COMPONENT.
- THIS RECOMMENDATION WAS ADOPTED BY THE CDC DIRECTOR ON JUNE 26, 2024 AND IS NOW OFFICIAL



# IHS NATIONAL E3 VACCINE STRATEGY

- **VACCINATION IS A CLINICAL & PUBLIC HEALTH PREVENTION PRIORITY IN IHS.**
- **IHS E3 PROGRAM EVERY PATIENT, EVERY ENCOUNTER, EVERY RECOMMENDED VACCINE, WHEN APPROPRIATE.**
- **INCLUSIVE OF ALL ACIP-RECOMMENDED VACCINES.**
- **WEBPAGE: [HTTPS://WWW.IHS.GOV/NPTC/E3-VACCINE-STRATEGY/](https://www.ihs.gov/nptc/e3-vaccine-strategy/)**
  - **RESOURCE BANK, E3 CHAMPIONS PILOT, BEST PRACTICES**

# FALL 2024-2025 RESPIRATORY VIRUS, VACCINE AND DOCUMENTATION UPDATES – UPCOMING EVENTS AND RESOURCES

- **IHS** HAS SCHEDULED A TOTAL OF 5 **E3 SESSIONS** ASSOCIATED WITH 2024-2025 FALL/WINTER RESPIRATORY VIRUS SEASON:
  - AUGUST 7 - COVID (COMPLETED- RECORDING ARCHIVED)
  - AUGUST 8 - (RSV) (COMPLETED- RECORDING ARCHIVED)
  - AUGUST 21 - E3 FALL VACCINES 2024 - INFLUENZA 2024-2025 SEASON VACCINES
  - AUGUST 28 – ICARE OFFICE HOURS E3 FALL VACCINES 2024 - ICARE POPULATION MANAGEMENT...
  - SEPTEMBER 5 - E3 FALL VACCINES 2024 - RPMS EHR PATCH 37 & BI PATCH 28 CONSIDERATIONS...

ACCESS TO TRAINING REGISTRATION: [HTTPS://WWW.IHS.GOV/RPMS/TRAINING/UPCOMING-CLASSES/](https://www.ihs.gov/rpms/training/upcoming-classes/)

ACCESS TO ARCHIVED SESSION RECORDINGS: [HTTPS://WWW.IHS.GOV/RPMS/TRAINING/RECORDING-AND-MATERIAL-LIBRARY/](https://www.ihs.gov/rpms/training/recording-and-material-library/)

# IMMUNIZATION BEST PRACTICES AND TRAINING OPPORTUNITIES

- THE FOLLOWING ARE SOME **WAYS YOU CAN PREPARE FOR FALL 2024-2025 SEASONAL RESPIRATORY DISEASES:**
  - **ENGAGE YOUR TEAM IN LEARNING** OPPORTUNITIES WITH [CDC'S IMMUNIZATION EDUCATION AND TRAINING COURSES](https://www.cdc.gov/vaccines/ed/index.html): [HTTPS://WWW.CDC.GOV/VACCINES/ED/INDEX.HTML](https://www.cdc.gov/vaccines/ed/index.html)
  - STAFF/PROVIDER EDUCATION/LEARNING— JOIN CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH) IMMUNIZATION BRANCH STAFF FOR **BI-WEEKLY (FRIDAYS 9-10 AM PT) CDPH IMMUNIZATION UPDATES FOR PROVIDERS (NEXT SESSION, FRIDAY AUGUST 23): REGISTRATION LINK:** [HTTPS://ZOOM.US/WEBINAR/REGISTER/WN\\_HYYQDL-ZR5YMB27MVDPGQA#/REGISTRATION](https://zoom.us/webinar/register/wN_HYYQDL-ZR5YMB27MVDPGQA#/REGISTRATION)
  - MAKE YOUR PRACTICE A SUPPORTIVE SPACE THAT WELCOMES [VACCINE QUESTIONS AND CONCERNS FROM PATIENTS AND PARENTS](#).
  - USE [PROVEN STRATEGIES](#) TO ENCOURAGE PARENTS AND PATIENTS TO STAY CURRENT ON VACCINATIONS. OR CHECK-OUT INNOVATIVE STRATEGIES BEING PILOTED BY IHS/TRIBAL/URBAN INDIAN HEALTHCARE CLINICS ACROSS THE COUNTRY THROUGH THE [IHS E3 PROGRAM](#).
  - MAKE [UP TO DATE IMMUNIZATION SCHEDULES](#) EASY FOR PARENTS AND PATIENTS TO FIND BY DISPLAYING THEM ON YOUR [WEBSITE](#) AND POST THEM IN YOUR WAITING ROOMS.
  - USE TOOLS LIKE [PNEUMORECS VAXADVISOR MOBILE APP](#) TO HELP YOU MAKE VACCINE RECOMMENDATIONS.



# IMPORTANT VACCINE RECOMMENDATION AND PRACTICE RESOURCES

- LATEST INFORMATION ON **COVID-19 VACCINE AVAILABILITY** AT CERTAIN PROVIDERS OR PHARMACIES: [HTTPS://VACCINES.GOV](https://vaccines.gov)
- **NIRSEVIMAB RECOMMENDATIONS PUBLISHED IN MMWR:** [HTTPS://WWW.CDC.GOV/MMWR/VOLUMES/72/WR/MM7234A4.HTM](https://www.cdc.gov/mmwr/volumes/72/wr/mm7234a4.htm)
- **CDC RESPIRATORY SYNCYTIAL VIRUS (RSV) IMMUNIZATIONS INFORMATION** (INCLUDES INFORMATION ON MATERNAL RSV VACCINE): [HTTPS://WWW.CDC.GOV/VACCINES/VPD/RSV/INDEX.HTML](https://www.cdc.gov/vaccines/vpd/rsv/index.html)
- ACCESS TO **VACCINE INFORMATION STATEMENTS (VIS):** [HTTPS://WWW.CDC.GOV/VACCINES/HCP/VIS/INDEX.HTML](https://www.cdc.gov/vaccines/hcp/vis/index.html)
- **IHS E3 VACCINE STRATEGY** WEBPAGE: [HTTPS://WWW.IHS.GOV/NPTC/E3-VACCINE-STRATEGY/](https://www.ihs.gov/nptc/e3-vaccine-strategy/)
- **CDC'S INTERIM CLINICAL CONSIDERATIONS** WEBPAGE:  
[HTTPS://WWW.CDC.GOV/VACCINES/COVID-19/CLINICAL-CONSIDERATIONS/INTERIM-CONSIDERATIONS-US.HTML](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html)
- **EZIZ WEBSITE – CALIFORNIA DEPARTMENT OF PUBLIC HEALTH IMMUNIZATION BRANCH UP-TO-DATE IMMUNIZATION AND VACCINE RESOURCES FOR PROVIDERS AND IMMUNIZATION PROFESSIONALS:** [HTTPS://EZIZ.ORG/](https://eziz.org/)



# IMMUNIZATION-RELATED PUBLICATIONS

- BAUTISTA GJ, MADERA-GARCIA V, CARTER RJ, ET AL. REDUCING VACCINATION DISPARITIES DURING A NATIONAL EMERGENCY RESPONSE: THE US MPOX VACCINE EQUITY PILOT PROGRAM. J PUBLIC HEALTH MANAG PRACT. 2024;30(1):122-129. DOI:10.1097/PHH.0000000000001818. [HTTPS://PUBMED.NCBI.NLM.NIH.GOV/37678261/](https://pubmed.ncbi.nlm.nih.gov/37678261/)
- CHATHAM-STEPHENS K, CARTER RJ, DUGGAR C, ET AL. AN OVERVIEW OF THE COVID-19 PEDIATRIC VACCINE PROGRAM - THE U.S. EXPERIENCE VACCINATING CHILDREN AGES 6 MONTHS THROUGH 17 YEARS. VACCINE. 2024. DOI:10.1016/J.VACCINE.2024.02.019. [HTTPS://PUBMED.NCBI.NLM.NIH.GOV/38429152/](https://pubmed.ncbi.nlm.nih.gov/38429152/)
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- KOYUNCU A, CARTER RJ, MUSAAZI J, ET AL. PUBLIC PERCEPTIONS OF EBOLA VACCINES AND CONFIDENCE IN HEALTH SERVICES TO TREAT EBOLA, MALARIA, AND TUBERCULOSIS: FINDINGS FROM A CROSS-SECTIONAL HOUSEHOLD SURVEY IN UGANDA, 2020. PLOS GLOB PUBLIC HEALTH. 2023;3(12):E0001884. DOI:10.1371/JOURNAL.PGPH.0001884. [HTTPS://PUBMED.NCBI.NLM.NIH.GOV/38113241/](https://pubmed.ncbi.nlm.nih.gov/38113241/)
- MCCARRON M, YAU TS, GRIFFIN C, ET AL. DO PREGNANT PERSONS WANT INFLUENZA VACCINES? KNOWLEDGE, ATTITUDES, PERCEPTIONS, AND PRACTICES TOWARD INFLUENZA VACCINES IN 8 LOW- AND MIDDLE-INCOME COUNTRIES. J INFECT DIS. JUL 2 2024;DOI:10.1093/INFDIS/JIAE340. [HTTPS://PUBMED.NCBI.NLM.NIH.GOV/38954648/](https://pubmed.ncbi.nlm.nih.gov/38954648/)
- MCCARRON M, MARCENAC P, YAU TS, ET AL. HEALTHCARE PERSONNEL ACCEPTANCE AND RECOMMENDATIONS FOR INFLUENZA VACCINE IN TWELVE LOW- AND MIDDLE-INCOME COUNTRIES: A POOLED ANALYSIS FROM 2018 TO 2020. VACCINE. 2024. DOI: [HTTPS://DOI.ORG/10.1016/J.VACCINE.2024.01.095](https://doi.org/10.1016/j.vaccine.2024.01.095)
- SANTIBANEZ TA, BLACK CL, ZHOU T, SRIVASTAV A, SINGLETON JA. PARENTAL HESITANCY ABOUT COVID-19, INFLUENZA, HPV, AND OTHER CHILDHOOD VACCINES. VACCINE. JUL 16 2024;DOI:10.1016/J.VACCINE.2024.07.040. [HTTPS://PUBMED.NCBI.NLM.NIH.GOV/39019662/](https://pubmed.ncbi.nlm.nih.gov/39019662/)
- MMWR: [HEALTH AND ECONOMIC BENEFITS OF ROUTINE CHILDHOOD IMMUNIZATIONS IN THE ERA OF THE VACCINES FOR CHILDREN PROGRAM](#)

# QUESTIONS??

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**CAIHS CATAAC & PROGRAM DIRECTORS MEETING \_ AUGUST 20, 2024**