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Sent: Wednesday, June 28, 2023 1:41 PM
Subject: ACIP Updates June 2023



DEPARTMENT OF PUBLIC HEALTH

Please find attached an update from ACIP meeting on June 21-23, 2023.

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STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Immunization Program

TO: All CVP Providers

FROM: Mick Bolduc

Handwritten signature of Mick Bolduc in blue ink.

Vaccine Coordinator-Connecticut Immunization Program

DATE: June 28, 2023

SUBJECT: ACIP Updates

The Advisory Committee on Immunization Practices (ACIP) met on June 21–23, 2023, to discuss Respiratory Syncytial Virus (RSV), polio, influenza, pneumococcal, dengue, chikungunya, mpox, meningococcal, and COVID-19 vaccines. See [agenda](#) and [slides](#). ACIP voted on RSV (adults only), polio, influenza, pneumococcal, and meningococcal vaccines. Full ACIP guidance on the new recommendations is not yet published, but should become available in the Morbidity and Mortality Weekly Report (MMWR) in the coming months.

Influenza

ACIP voted that all eligible persons aged ≥ 6 months with an egg allergy should receive influenza vaccine. Any influenza vaccine (egg based or non-egg based) that is otherwise appropriate for the recipient's age and health status can be used.

RSV – Adults

ACIP voted to recommend a single dose of RSV vaccine using shared clinical decision making to persons 60 years of age and older. Although there are currently limited data available on immunogenicity of coadministration of adult RSV vaccines and other vaccines, the *General Best Practice Guidelines for Immunization* provides that coadministration of RSV vaccines with other adult vaccines is acceptable. This includes giving RSV vaccines to adults simultaneously with seasonal influenza vaccines.

RSV – Maternal and Pediatric

ACIP reviewed a draft of combined clinical considerations for use of a monoclonal antibody (nirsevimab) and a maternal RSV vaccine (RSVpreF). Draft clinical considerations were discussed in the context of available efficacy and safety evidence with final considerations pending licensure of both products.



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Either maternal vaccination with RSVpreF or nirsevimab is recommended to prevent RSV disease, but both products are not needed for most infants. Risks and benefits of both RSVpreF and nirsevimab should be considered when deciding on maternal vaccination. If mother is vaccinated, nirsevimab can be considered if infant is determined to have insufficient protection from vaccine or is at high risk of severe RSV disease.

Polio

Adults (aged ≥ 18 years) who are known or suspected to be unvaccinated or incompletely vaccinated against polio should complete a primary vaccination series with IPV. Adults who have received a primary series of trivalent OPV (tOPV) or IPV in any combination and who are at increased risk of poliovirus exposure may receive another dose of IPV. Available data do not indicate the need for more than a single lifetime booster dose with IPV for adults.

Pentavalent Meningococcal Vaccine

For individuals aged 10 years or older, Pfizer's Pentavalent MenABCWY vaccine may be used as an alternative to MenACWY and MenB vaccines only when both vaccines are indicated to be given at the same time. This proposal applies to healthy individuals (routine schedule) and those at increased risk for meningococcal disease.

Covid-19 Vaccine

ACIP voted that a single dose of an updated COVID-19 vaccine may be reasonable for possible future recommendations for 2–4 year olds, instead of a multidose series. They felt that 6–23 month olds should still receive a multidose series. They also noted that the highest rates of hospitalization currently occur in adults 75+, followed by infants <6 months and adults 65–74 years.

As always if you have any questions, please feel free to contact the Immunization Program at (860) 509-7929.