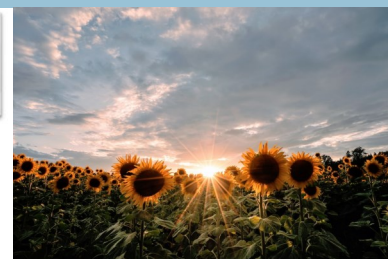




# CVP Update



**National Immunization Awareness Month**

#ivax2protect

## National Immunization Awareness Month

August is National Immunization Awareness Month! National Immunization Awareness Month, also known as NIAM, is an observance held in August each year to recognize the importance of staying up to date on

routine vaccinations for people of all ages. It takes the efforts of **both** healthcare professionals and patients to do their part to ensure on-time vaccination against preventable diseases, including polio, influenza, and COVID-19.

NIAM serves as an important reminder to catch up on routine visits and vaccinations that may have been disrupted by the COVID-19 pandemic. While some providers are still experiencing backup with their patients, it is important that they are receiving the most accurate information and resources needed to catch up safely and efficiently. Research has consistently shown that healthcare providers are the most trusted source of vaccine information for parents and patients.

We encourage healthcare professionals to take necessary steps to provide the best quality of care for their patients when it comes to their annual exams and vaccinations. All staff, including those who are non-clinical, can play a significant role. The resources on CDC's NIAM webpage can help better your patient experience, including the Adult Vaccine Quiz and Childhood Vaccine Quiz which will help patients identify which vaccines they or their children need.

Check out the National Immunization Awareness Month local events planned throughout the state this month!

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### Reminder:

## Data Quality Corner

- [CDC IIS Data Code Sets](#) Enter your email address on the CDC webpage to receive updates to keep your electronic health record (EHR) system updated (*as new vaccine codes are added*) and to ensure accurate reporting to CT WIZ.
- View the current list of the [Vaccines Supplied by Connecticut Vaccine Program \(CVP\)](#). Remember to check back for updates for Flu season and when other new vaccines are added.

### Reporting Medicaid ID in CT WIZ

- Providers can visit: [Updating Medicaid ID Health Insurance in CT WIZ](#) and [Frequently Asked Questions on Reporting Medicaid ID](#) to learn how to enter the Medicaid ID number in the **user interface** or report **from your HER**.
- This helps ensure patient records are complete, will improve patient matching, and will facilitate more advanced coverage analytics by the Connecticut Department of Public Health CT WIZ.

### Transcribing/reporting vaccines from other countries in CT WIZ

Visit the [World Health Organization \(WHO\) link](#) which provides information on vaccines given in other countries and the year in which they became available.

- Select topics: 'Vaccination introduction' and 'Vaccination schedule'
- Select regions and countries: use the drop-down box (not the excel)
- Click on the red box for information on the vaccine

For example, this WHO link is helpful with polio:

1. If reporting through your electronic health record (EHR), enter OPV on/after April 1, 2016 as **bOPV** (bi-valent OPV) unless the record clearly states that it is **tOPV** (tri-valent OPV).

Note: tOPV will be rare and is **only** occurring in polio eradication campaigns in Pakistan and Afghanistan.

2. If entering in the CT WIZ User Interface, enter all OPV on/after April 1, 2016 as **OPV-UF** (OPV-unspecified formulation), or enter t as **bOPV** if it specified as such, in CT WIZ.

(Reminder: Doses of OPV administered on or after April 1, 2016, should not be counted.)

## COVID-19 Commercialization Update

Below are some key assumptions and anticipated timeline that providers can use to start planning:

- Once COVID-19 vaccines are available on the commercial market they will no longer be supplied by the U.S. Government (USG) at no cost through the COVID-19 vaccine program. However, COVID-19 vaccines will be available to order like other routine vaccines:
  1. for children (under 19) vaccines will be available [through the Vaccines for Children \(VFC\) program](#);
  2. for adults (19+) vaccines will be available for purchase on the commercial market and for uninsured adults through the [USG's Bridge Program](#). [CDC's Bridge Access Program](#) will provide free COVID-19 vaccines for a limited time after these products move onto the commercial market in Fall 2023. Free vaccines through this temporary program will not be available after December 2024.
- Vaccine administration reimbursement rates are expected to change once the vaccine is commercialized.
- No-cost ancillary supply kits will cease when the USG no longer supplies the vaccine.

The plan for commercialization involves multiple agencies like the Centers for Medicare and Medicaid Services, Centers for Disease Control and Prevention, and USG. **CT DPH will continue to share more information as it becomes available.**

The following summary table provides an estimated sequence of events based on the FDA's VRBPAC meeting that took place on June 15, 2023:

Projected Timeline (All subject to change)	Action/Event
<b>06/15/23</b>	FDA's VRBPAC meeting held, committee recommended updated fall vaccine composition
<b>06/16/23</b>	<a href="#">FDA statement</a> on XBB.1.5 as recommended fall vaccine composition
<b>08/01/23</b>	<b>Vaccines ordered through the USG ends.</b>
<b>TBD</b> (expected in mid to late September)	FDA decisions and amendments to Emergency Use Authorizations (EUAs) / Biologics License Applications (BLAs) for new updated COVID-19 vaccines
<b>TBD</b> (concurrent with FDA decision)	USG discontinues distribution and authorization of current COVID-19 vaccine composition
<b>TBD</b> (pending FDA decision)	Advisory Committee on Immunization Practices (ACIP) discussion on COVID-19 epidemiology and vaccine effectiveness and CDC recommendation
<b>TBD</b> (pending FDA decision, CDC recommendation, and manufacturer readiness)	Fall vaccine availability for administration begins across all age groups with traditional pathways for procurement, distribution, and payment

For additional information on commercialization of COVID-19 medical countermeasure, see the USG's frequently asked questions [here](#).

## Get Ready to Go Back to School with the CT WiZ Public Portal!

The [CT WiZ Public Portal](#) allows individuals who were vaccinated in Connecticut to access their own immunization records, while parents and guardians can also access their child's records. Providers can remind patients of this helpful resource, especially helpful with back to school, camp, and sports forms.



## Advisory Committee on Immunization Practices (ACIP) Updates

The Advisory Committee on Immunization Practices (ACIP) approved the following recommendations by majority vote at its June 21-23, 2023 meeting:



### **Respiratory Syncytial Virus (RSV) Vaccines – Adult**

- Adults 60 years of age and older may receive a single dose of Respiratory Syncytial Virus (RSV) vaccine, using shared clinical decision-making.

### **Polio Vaccine**

- Adults who are known or suspected to be unvaccinated or incompletely vaccinated against polio should complete a primary vaccination series with inactivated polio vaccine (IPV).<sup>(1)</sup>
- Adults who have received a primary series of trivalent oral polio vaccine (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.

### **Influenza Vaccines**

- All persons ages  $\geq 6$  months with 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.
- Affirm the updated *MMWR Recommendations and Reports*, "Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices—United States, 2023-24 Influenza Season".

### **Pneumococcal Vaccines**

- Use of either pneumococcal conjugate vaccines (PCV) PCV15 or PCV20 is recommended for all children aged 2–23 months according to currently recommended PCV dosing and schedules.
- For children with an incomplete PCV vaccination status, use of either PCV15 or PCV20 according to currently recommended PCV dosing and schedules is recommended for:
  - Healthy children aged 24–59 months
  - Children with specified health conditions<sup>(2)</sup> aged 24 through 71 months
- For children aged 2–18 years with any risk condition who have received all recommended doses of PCV before age 6 years
- Using  $\geq 1$  dose(s) of PCV20: No additional doses of any pneumococcal vaccine are indicated. This recommendation may be updated as additional data become available.
- Using PCV13 or PCV15 (no PCV20): A dose of PCV20 or PPSV23 using previously recommended dosing and schedules is recommended.
- For children aged 6–18 years with any risk condition who have not received any dose of PCV13, PCV15, or PCV20, a single dose of PCV15 or PCV20 is recommended. When PCV15 is used, it should be followed by a dose of PPSV23 at least 8 weeks later if not previously given.

These recommendations were adopted by the CDC Director on June 27, 2023 and are now official. They will be published in MMWR in the coming months.

<sup>(1)</sup>**Important context in clinical considerations:** In general, unless there are specific reasons to believe they were not vaccinated, most adults who were born and raised in the United States can assume they were vaccinated against polio as children.

<sup>(2)</sup>Risk conditions include: cerebrospinal fluid leak; chronic heart disease; chronic kidney disease (excluding maintenance dialysis and nephrotic syndrome, which are included in immunocompromising conditions); chronic liver disease; chronic lung disease (including moderate persistent or severe persistent asthma); cochlear implant; diabetes mellitus; immunocompromising conditions (on maintenance dialysis or with nephrotic syndrome; congenital or acquired asplenia or splenic dysfunction; congenital or acquired immunodeficiencies; diseases and conditions treated with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, Hodgkin disease, and solid organ transplant; HIV infection; and sickle cell disease and other hemoglobinopathies).

On August 3rd, ACIP voted unanimously (10 YES – 0 NO for all votes) to recommend nirsevimab for use in infants <8 months born or entering their first RSV season, and for children aged 8-19 months who are at increased risk of RSV disease entering their second RSV season. **The Committee also voted for the inclusion of nirsevimab in VFC:**

- Infants aged <8 months born during or entering their first RSV season are recommended to receive one dose of nirsevimab (50 mg for infants <5 kg and 100 mg for infants  $\geq 5$ kg)
- Children aged 8-19 months who are at increased risk of severe RSV disease and entering their second RSV season are recommended to receive one dose of nirsevimab (200 mg)
- Approve the Vaccines for Children (VFC) resolution for nirsevimab for RSV.

**More information on when nirsevimab will be available through the VFC will be forthcoming.**

## Intern Spotlight

### **Catherine Rowllins**, Student at the University of Vermont



Cate Rowllins joined our team in June for a summer internship! She is entering her senior year at the University of Vermont, where she studies Environmental Science with a concentration in environmental health. During her time with the Immunization Program, Cate learned how to write a literature review and create educational materials that cater to specific audiences. She additionally had the opportunity to go into the field and participate in data collection activities with the Naugatuck Valley Health District (NVHD) during their Rapid Community Assessment (RCA). Cate worked to strengthen her interviewing and health communication skills during the RCA and worked with the NVHD team to spotlight their work this summer in our Practice Spotlight. She also worked closely with our Immunization Quality Improvement for Providers (IQIP) Coordinator to prepare educational materials and communication for our providers. When asked her favorite part of the internship experience, Cate shared that it has been “meeting and building relationships with staff from all areas of the Department of Public Health and hearing about their projects along with their own experiences that have led them to their work.” When Cate is not studying, she can be found running or traveling.

“We were so fortunate to have Cate working with us this summer. She took every opportunity to learn new information and skills and was dedicated to making an impact with her projects. We will miss her but are confident that she will be an incredible public health professional and leader in whatever path she chooses” shares Natalie Anderson, Cate’s preceptor. Cate’s last day with the program will be August 11<sup>th</sup>. We wish her well on her studies and future endeavors!

## Provider Spotlight

### **Naugatuck Valley Health District**

As the public health emergency of COVID-19 dwindled to an end, it was important to hear from the community and find the areas full of questions, confusion, misinformation, and strong opinions that still linger around immunizations. And what better way to find the perspectives of others than diving in and working hand-in-hand with the community. This is the approach the Naugatuck Valley Health District (NVHD) took when collaborating with the Connecticut Department of Public Health during the third pilot Rapid Community Assessment (RCA). This project was led by the NVHD’s COVID-19 Immunization Action Plan (CAP) team, consisting of CAP Program Coordinator Nancy Serrano and Community Outreach Worker Vanessa Lopez.



Pictured from Left: Nancy Serrano, Vanessa Lopez, Beatriz Allen, Savannah Prince

For their RCA, the team decided to focus on routine childhood immunizations, feeling that they would be able to capture community insights on all vaccines through these opinions. Recognizing Naugatuck’s diversity, Nancy and team chose to explore key places in the community, such as the Naugatuck Public Library and the YMCA, that catered to populations with varying economic status, race, ethnicity, and backgrounds. For the data collection, Nancy and Vanessa chose to speak with people directly. “We learned the most from talking to people” Nancy said, “I try to keep it very easy like a conversation... we are trying to hear your voice and your opinions. Posing it like this is nicer and allows people to open up more and share”. The goal was to use this feedback to inform strategies to communicate information to the public, increasing vaccine confidence, especially among those in underserved populations and before ‘back to school’ time.

The team faced challenges during the RCA, including the heat, which made it difficult to take the time outside to talk with people, and the rapid nature of the RCA made it difficult to get stakeholders together in a short period of time. To overcome this challenge, the team strove to use their time efficiently and onboard people who were going to be participating. Despite these challenges, the team saw many successes from their project. The NVHD was able to develop a stronger relationship with the Naugatuck Board of Education during their in-person meeting and share findings, ideas, and immediate solutions. “At the end of the day, when we’re talking about childhood vaccines, we were talking about parents” Nancy stated, “because parents are the ones that decide if their child gets it or not and that’s the best pool to work with through the Board of Education.”

When asked if she had any advice for others who may be starting an RCA in the future, Nancy emphasized the importance of identifying communication methods that can connect the team the quickest. For her team, she found that texting was more efficient on days in the field versus an email. Furthermore, she suggested that team members should teach each other strategies of how to approach the public. Finally, Nancy shared that flexibility is key. “Don’t be afraid to go to different communities and ask questions.” For more information, please visit their website at [nvhd.org](http://nvhd.org)