



Meeting Minutes

The February 26, 2026 meeting of the Immunization Coalition of Delaware took place from 2:00pm-3:30 pm, virtually, via Zoom.

Attendees

- Executive Director: Kate Smith, MD, MPH; Delaware Academy of Medicine & Public Health
- Co-Chair: Stephen Eppes, MD; ChristianaCare, Delaware Academy of Medicine & Public Health
- Co-Chair: John O'Neill, DO; ChristianaCare
- Mollee Dworkin, State of Delaware
- Sarah Goldring, MS; University of Delaware
- Shirley Klein, MD; AAP CIR
- Kristin Oliver, Merck
- Maria Rodriguez-Cintron, RMA; Westside Healthcare
- Chrissy Schabacker, PharmD; Pfizer
- Natasha Scheinberg, PharmD; GSK
- Cindy Siu, MD

Call to Order/Welcome

Dr. Smith called the meeting to order and welcomed everyone to the meeting.

Review of Previous Meeting Minutes

The meeting minutes from November 20, 2025 were reviewed.

Additions/Changes: None.

Motion to accept previous meeting minutes: Dr. John O'Neill

Motion seconded: Dr. Shirley Klein

Meeting minutes from November 20, 2025 were approved.

ACIP Childhood Vaccination Recommendations

Changes to the US Childhood Immunization Schedule – Dr. Stephen Eppes

Dr. Stephen Eppes presented an overview of recent changes to the U.S Childhood Immunization schedule. He highlighted the followed 2025-2026 recommendations:

2025-2026 COVID Vaccine for Kids

Approved vaccines:

- Moderna \geq 6 months

- Pfizer-BioNtech ≥ 5 years
- Novavax ≥ 12 years
- mNEXSPIKE ≥ 12 years

FDA Recommendations: Children ≥ 6 months with high risk medical conditions

CDC Recommendations: Children > 6 months (and all adults) based on shared clinical decision making

American Academy of Pediatrics (AAP) recommends COVID vaccine for:

- All children 6-23 months
 - If previously unvaccinated, give primary series
 - If previously vaccinated, one dose this season
- Children 6 month – 18 years who are moderately to severely immunocompromised → 2 doses this season
- Children 2-18 years should get one dose if:
 - High risk of severe COVID-19
 - Residents of congregate settings
 - Never vaccinated for COVID
 - Family members are at high risk for severe COVID
 - Anyone desiring protection from COVID

Hepatitis B

As of December 5, 2025:

- Recommendation by “new” ACIP that newborns born to mothers with negative testing for hepatitis B during pregnancy **NOT** have birth dose
- **Delay** onset of vaccine series to 2 months of age
- Not based on any new evidence regarding safety or effectiveness of previously recommended schedule
- Disregards the fact that many women are not tested during pregnancy
- Many children will become unnecessarily infected with HBV

Federal Changes to Pediatric Vaccination Schedule (January 5, 2026)

New HHS Childhood Immunization Schedule
(released January 5, 2026)

Recommended for All Children	Recommended for Certain High-Risk Groups or Populations	Recommended Based on Shared Clinical Decision-Making
<ul style="list-style-type: none">• Diphtheria• Tetanus• Acellular pertussis (whooping cough)• Haemophilus influenzae type b (Hib)• Pneumococcal conjugate• Polio• Measles• Mumps• Rubella• Human papillomavirus (HPV)• Varicella (chickenpox)	<ul style="list-style-type: none">• RSV*• Hepatitis A• Hepatitis B• Meningococcal <p><small>*Note: any children whose mother did not have the vaccine should get one dose</small></p>	<ul style="list-style-type: none">• Rotavirus• COVID-19• Influenza• Hepatitis A• Hepatitis B• Meningococcal

Your Local Epidemiologist Common Health Coalition

Recommended for All

- DTaP / Tdap
- *H. influenzae* type b
- PCV 15 and 20
- IPV
- MMR
- Varicella
- HPV

MMRV and HPV Vaccines

MMRV: Not recommended for age 1 year

HPV: Recommended as a single dose

- Emerging data suggest that immunogenicity and protection against cervical dysplasia is similar to 2 doses, but NO such data regarding protection against oropharyngeal cancer and NO data on single dose in immunocompromised individuals or males
- Boys and girls who have received first dose may not be able to receive 2nd or 3rd doses (or they may not be paid for by insurance)

Delaware School Immunization Requirements

DTaP – 5 doses (4 doses if the 4th given at ≥ 4 years)

Polio (IPV) – 4 doses (3 doses if the 3rd given at ≥ 4 years)

MMR – 2 doses

Hepatitis B – 3 doses

Varicella – 2 doses (or acceptable history of disease)

Students entering 9th grade (and higher)

- 1 dose Tdap (adult booster)
- 1 dose MenACWY (meningococcal)

2026 AAP Pediatric Vaccination Schedule

- “At this time, the American Academy of Pediatrics (AAP) **no longer endorses** the recommended childhood and adolescent immunization schedule from the Centers for Disease Control and Prevention”
- Enflonsia, Penmeny, and Flublok were added
- Changed **HPV age range** for recommendation to 9-12 years, to align with AAP policy
- Updated COVID recommendations to align with updated AAP policy
- No preference for MMR+V over MMRV for toddlers

Comments:

Dr. John O’Neill: *As an internist, I rely on the National Foundation for Infectious Diseases (NFID) as a trusted source for evidence-based vaccine information. It’s led by Dr. Robert Hopkins at the University of Arkansas and offers seminars and strong online resources on immunization for adults and children. The American College of Physicians (ACP), representing 160,000 internists, is also strongly pro-immunization and aligned with current recommendations. For adult physicians, NFID and ACP are key organizations for staying current, alongside the AAP.*

Regarding shared decision-making, we experienced its challenges in prostate cancer screening discussions. While valuable, these conversations are time-consuming and can take up an entire visit, limiting time for other issues. It also reduces the effectiveness of standing orders, which have helped raise vaccine rates into the 90% range. In adult medicine—where vaccination rates are already low—removing standing orders for strongly recommended vaccines is a setback.

Dr. Steve Eppes: *In addition to standing orders, many electronic health records include automatic prompts that alert clinicians when patients meet age or medical criteria for recommended vaccines, making it easier to stay on track with immunizations. Regarding adult vaccination recommendations, NFID is an excellent organization, and we’re fortunate to have John O’Neill working alongside us to help advance adult immunization efforts.*

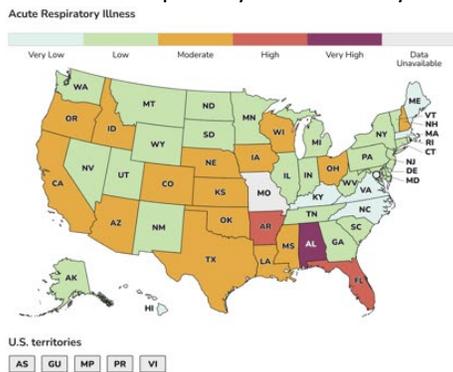
Dr. Shirley Klein: You could also note that the AAP has released a wide range of resources for both parents and providers on how to effectively recommend vaccines and explain the rationale behind those recommendations—even when a vaccine is no longer included on the CDC schedule.

Standing Agenda Items

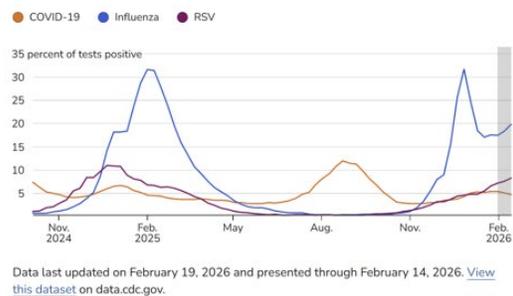
Item 1. 2025-2026 Respiratory Season

A. USA: Respiratory Illness

Figure 1. Level of Respiratory Illness Activity



Weekly percent of tests positive for the viruses that cause COVID-19, influenza, and RSV at the national level. Preliminary data are shaded in gray. Refer to [data notes](#) for more details.



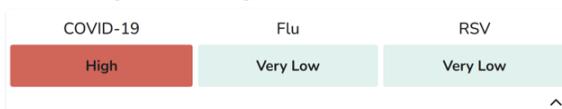
As of February 14, 2026

- **Flu:** Activity dipped slightly but is showing a small uptick.
- **RSV:** Cases are starting to rise.
- **COVID-19:** Activity has mostly plateaued.
- **Delaware:** Overall acute respiratory illness is low. Outpatient respiratory visits are below 2024–25 levels but above 2023–24.

Emergency department visits in Delaware



Community viral activity level in Delaware



B. Influenza

This season in the U.S., influenza is estimated to have caused 24–42 million cases, 11–19 million medical visits, 310,000–560,000 hospitalizations, and 20,000–66,000 deaths. Hospitalization and mortality trends are generally

downward, though influenza admissions remain steady. Unfortunately, there have been 5 new pediatric influenza-associated deaths, bringing the total to 71 so far this season.

C. COVID-19

This respiratory illness season, COVID-19 is estimated to have caused 2.9–8.4 million illnesses, 600,000–1.6 million outpatient visits, 95,000–160,000 hospitalizations, and 10,000–28,000 deaths in the U.S. Weekly COVID-19 hospital surveillance shows decreasing hospitalization rates across all age groups, with the highest rates among adults 65 and older—especially those 75+—and young children aged 0–4.

D. Avian/Bovine/Human Influenza

According to the CDC, there are currently 71 reported cases nationwide. Of the reported cases, 41 are linked to exposure in dairy herds (cattle), 24 are associated with poultry farms and culling operations, 3 involve other types of animal exposure, and 3 cases have an unknown source of exposure. One additional case was previously detected in a poultry worker in Colorado in 2022. Louisiana reported the first H5 bird flu death in the U.S.

From the USDA:

H5N1 in Domestic Livestock: From 3/25/24 - present, there have been 1,088 confirmed cases in 19 states. Delaware is not included.

H5N1 in Commercial & Backyard Flocks

Figure 2. State Data



In commercial and backyard flocks, avian influenza activity is increasing. Pennsylvania (dark green) recently reported numerous cases in egg layers and broilers in Lancaster County, close to Delaware, and several Maryland counties have also seen outbreaks. The most recent case in Delaware occurred in mid-January in Kent County, affecting a flock of about 150,000 birds.

H5N1 in Wild and Captive Wild Mammals, May 2022 – Present

On 1/14/25, a red fox was found in New Castle County, Delaware. There has not been any update since then.

Item 2. Emerging Infectious Disease

Dr. Smith reviewed emerging infectious diseases from a global view.

A. Pertussis in USA

As of February 14, 2026, the cumulative year-to-date pertussis case counts in the United States is 1,292. In Delaware, there were zero cases year to date.

B. Measles

Figure 1: Measles by Age, Cases & Hospitalizations per the CDC

Age	2026 Cases	2026 Hospitalization	2025 Cases	2025 Hospitalization
< 5 years	248 (25%)	16 (6%)	584 (26%)	107 (18%)
5-19 years	575 (59%)	11 (2%)	1012 (44%)	57 (6%)
20+ years	152 (15%)	10 (7%)	672 (29%)	82 (12%)
Unknown	7 (1%)	1 (14%)	13 (1%)	0 (0%)

- From January 1-February 19, a total of 982 confirmed measles cases were reported by 26 jurisdictions.
- 7 outbreaks in 2026, 89% of confirmed cases (870) are outbreak-associated.
- Vaccination. Unvaccinated/Unknown: 94%; MMR 1 dose: 3%; MMR 2 doses: 4%
- Deaths in 2025: 3
- In the past 12 months, there have been 3309 measles cases reported in the United States.

Exposure

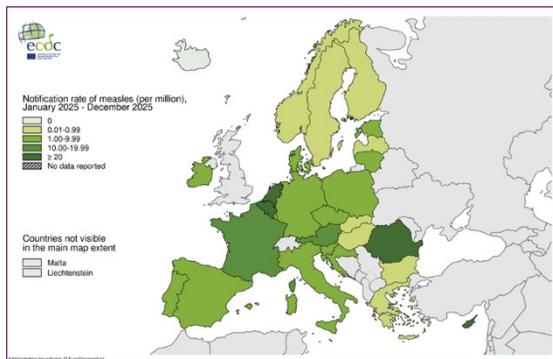
- Nemours Children’s Hospital Emergency Department, Wilmington
- Date of Exposure: February 18, 2026
- Monitor for symptoms for 21 days (March 11, 2026)
- Pregnant people regardless of vaccination status who might have been exposed should go to an emergency room for assessment and treatment.

Potential Exposure:

- Philadelphia International Airport, Terminal E
- Date of Exposure: Thursday, February 12 between 1:35 – 4:30 pm
- Monitor for symptoms until March 5, 2026

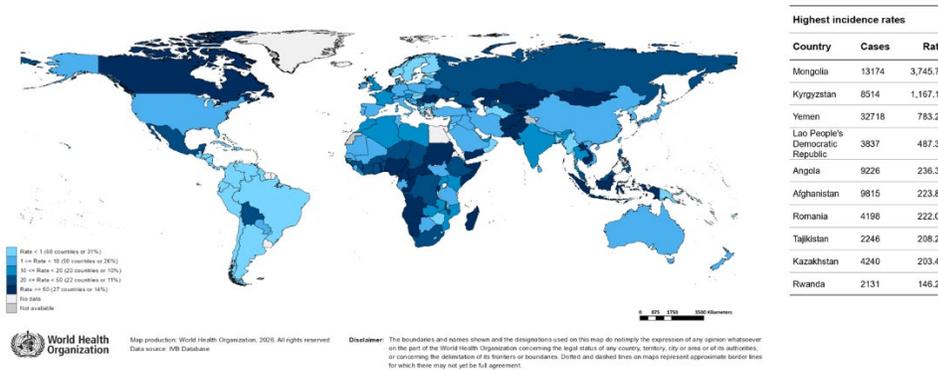
Canada has 254 cases of Measles as of February 14, 2026.

Figure 2. Measles, Europe



From January 1 – December 31, 2025, 30 EU/EEA member states reported a total of 7,655 cases of measles.

Figure 3. WHO Monthly Surveillance, January – December 2025

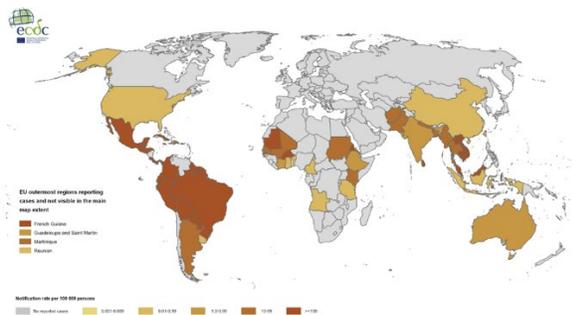


The top 10 countries with reported measles cases are: Mongolia, Kyrgyzstan, Yemen, Romania, Lao People’s Democratic Republic, Angola, Afghanistan, Tajikistan, Kazakhstan, Rwanda.

C. Dengue

Figure 4. Three-month Dengue Virus Disease Case Notification Rate per 100,000 population, November 2025 to January 2026

Three-month dengue virus disease case notification rate per 100 000 population, November 2025 to January 2026



D. Europe Surveillance – (Week 8: February 14-20, 2026)

Influenza A(H5N1)

- Cambodia – 1 case, male adult
- Since 2003: 994 cases, 476 deaths, CFR 48%
- No sustained human-to-human transmission

Influenza A(H10N3)

- China – 1 case, 34 y/o male
- Since 2021: 7 cases in China, 0 deaths

Mpox

2026: 255 cases

- Clade I: 80 cases {Spain (36), Italy (19), Germany (10), France (8), the Netherlands (5), Czechia (1), Ireland (1)}
- Total: Spain (84), Germany (45), Italy (30), Netherlands (28), Portugal (28), France (26), Ireland (6), Norway (4), Czechia (2), Poland (2)
- Clade Ib and clade IIb recombinant – 2 cases

Monitoring

- Nipah Virus Disease – India and Bangladesh
- MERS-CoV – Multi-Country

E. Africa

Crimean Congo Hemorrhagic Fever

- Uganda (Feb 11 – 1 case, 21 yo male nurse)
- Senegal (Feb 10 – 1 case, 7 yo male)
- S/S: headache, fever, loss of appetite, malaise → non-bloody diarrhea, vomiting, joint pain, conjunctivitis, epigastric burning, chest pain, jaundice, bleeding from nose/gums

Dengue

- 99 confirmed, 258 suspected (=357, 0 deaths)
- 3 member states
- Mali, Mauritania, Senegal

Measles

- 17,788 cases, 179 deaths (CFR 2.01%)
- 8 member states
DRC, Guinea, Liberia, Mali, Mozambique, Senegal, Somalia, South Africa

Bacterial Meningitis

- 13 confirmed, 39 suspected
- Mali
- *S. pneumoniae* (9), *N. meningitidis* W135 (1), *H. influenzae* (2), *H. influenzae non-b* (1)

Mpox

- 6,838 cases, 43 deaths (CFR 0.63%)
- 15 member states: Burundi, Cameroon, CAR, Comoros, Congo, DRC, Ghana, Guinea, Kenya, Liberia, Malawi, Mali, Madagascar, Mozambique, Nigeria, Rwanda, Senegal, South Africa, South Sudan, Tanzania, Uganda, Zambia

F. WHO & Other Outbreak News

January

- Marburg Virus Disease – Ethiopia
- Nipah Virus Infection – India

February

- Nipah Virus Infection – Bangladesh
- Mpox (recombinant virus with genomic elements of clades Ib and IIb) - Global

Comments:

Dr. John O'Neill: *I think the Nipah virus illustrates a type of emerging infection that the CDC would normally closely monitor to assess its potential to spread globally, including to the U.S. One concern is that the CDC is stepping back from these responsibilities, which raises worries about preparedness for the next pandemic.*

Item 3. Advocacy & Legislation

Sign on Letters

NFID Letter to HHS re: Pediatric Vaccination Schedule (1/7/26)

APHA Letter to HHS re: Pediatric Vaccination Schedule (1/9/26)

Support for the AAP Pediatric Immunization Schedule (2/25/26)

We've joined several letters supporting the AAP's pediatric vaccination schedule and expressing concerns about HHS's approved schedule changes. Specifically, we signed the NFID letter to HHS, the APHA letter on the schedule change, and sent our own letter supporting the AAP's immunization schedule. Our goal is to ensure that Delaware's voice is heard in support of maintaining strong vaccine coverage for all preventable diseases.

Item 4. Updates

State of the ImmUnion 2026

The State of the ImmUnion report from Vaccinate Your Family highlights that in 2025 there were over 2,255 measles cases, 28,000 pertussis cases, and 289 pediatric flu deaths. While public support for vaccines is high—86% say they save lives, 84% say they prevent illness, and 90% value the MMR—national coverage remains below levels needed for community immunity. The report stresses the importance of consistent, trusted recommendations, and Delaware is part of both the Northeast Public Health Collaborative and the Governor's Public Health Alliance.

National News

ACIP February Meeting

- Cancelled
- Rescheduled for March 18-19
- Chair Dr. Krik Milhoan stated ACIP will be more of a "safety committee" going forward, and focus its attention on potential harms of vaccination, and consider vaccine efficacy as "secondary"

Vaccines and Related Biological Products Advisory Committee (VRBPAC) Meeting

- March 12, 2026
- <https://www.fda.gov/advisory-committees/advisory-committee-calendar/vaccines-and-related-biological-products-advisory-committee-march-12-2026-meeting-announcement>

American College of Obstetricians & Gynecologists (ACOG)

Updated Maternal Immunization Guidance (2/17/26)

- Pregnant people during fall and winter respiratory illness season should receive annual influenza and COVID-19 vaccines
- All eligible pregnant patients who meet criteria should receive RSV vaccine
- All pregnant people should receive Tdap during each pregnancy (as early as possible within the 27-36 gestational week window)
- OB-Gyns may recommend other vaccines during pregnancy depending on the patient's age, prior immunizations, comorbidities, and disease risk factors
- <https://www.acog.org/news/news-releases/2026/02/acog-releases-updated-guidance-maternal-immunizations>

Withdrew from ACIP (2/24/26)

- Concerns that "recent changes undermine the committee's scientific integrity and evidence-based approach to vaccine policy"

- “ACOG will continue to develop evidence-based vaccine guidance for ob-gyns and their patients and will regularly update its clinical guidance on immunizations based on peer-reviewed scientific data and in collaboration with other leading medical organizations committed to evidence-based medicine.”
- <https://www.acog.org/news/news-releases/2026/02/acog-withdraws-from-cdc-advisory-committee-on-immunization-practices>

Unexplained Pauses in Centers for Disease Control and Prevention Surveillance

Medicine and Public Issues | 27 January 2026

Unexplained Pauses in Centers for Disease Control and Prevention Surveillance: Erosion of the Public Evidence Base for Health Policy

Authors: Jeremy W. Jacobs, MD, MHS , Garrett S. Booth, MD, MS, Noel T. Brewer, PhD, and Janet Freilich, JD  [AUTHOR](#)

[ARTICLE & DISCLOSURE INFORMATION](#)

Publication: Annals of Internal Medicine • <https://doi.org/10.7326/ANNALS-25-04022>

Investigators examined 82 CDC databases that had been updated monthly before RFK Jr. became head of HHS. 44 of 82 continued to be updated monthly, but 38 had unexplained pauses. 33 (87%) reported information about respiratory disease (influenza, COVID), including statistics on hospitalizations and ED visits

2026 Immunization Summit

Planning is underway for the 2026 Immunization Summit, and input is being sought on specific topics or focus areas to include.

2026 Upcoming Quarterly Meetings (online)

4th Thursdays, from 2:00 – 3:30 pm

- May 28
- August 27
- November 19 (3rd Thursday)

Meeting information is online, and a link to register is both online and at the bottom of each Week in Review. Please register through Zoom. Emails will be sent at the time of registration which include calendar holds.