



Meeting Minutes

The February 27, 2025 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/DPHA
- Co-Chair: Stephen Eppes, MD; ChristianaCare
- Co-Chair: John O’Neill, DO; ChristianaCare

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- Andrea Babineau, MPH; DPH
- Carol Ballentine
- Alison Biloan; Dover Youth Committee
- Rhys Butler
- Anneke J. Cerri; Delaware DOC
- Marci Drees, MD; ChristianaCare
- Kristin Dwyer; Nemours External Affairs
- Arynn Forgan; Delaware State University
- Lisa Gruss; Medical Society of Delaware, External Affairs
- Elise Harry; Quality Insights
- Natasha Littleton; JTVCC
- Jason Maier; Sanofi
- Diane Oliver; University of Delaware Cooperative Extension
- Maria Rodriguez-Cintron; Westside Family Healthcare
- Nancy L. Scott; Henrietta Johnson Medical Center
- Cindy Siu, MD
- Abigail Spoorer; CSL Seqirus Medical Affairs
- Elizabeth Teron; Westside Family Healthcare
- Joann White; DPH-WIC

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 21, 2024 were reviewed.

Additions/Changes: None.

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

Motion seconded: Dr. Stephen Eppes
Meeting minutes from November 21, 2024 were approved.

Agenda Items

Item 1. Standing Agenda Items

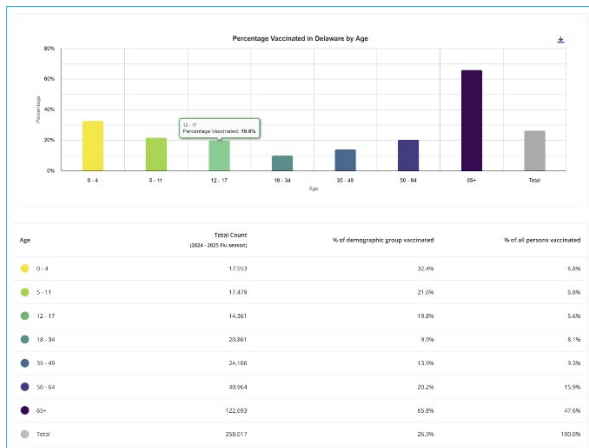
2024-2025 Respiratory Virus Season

A. Week 40 to Week 7 – Delaware

Total cases: 7,840

- New Castle: 4,452
- Kent: 1,645
- Sussex: 1,743
- New cases this week: 1,061
- Flu vaccine does: 258,017
- Percent vaccinated: 26.3%

Figure 1. Percent Vaccinated in Delaware by Age



Most of the vaccines have gone to people over the age of 65. Less than 30% of Delaware have been vaccinated.

Figure 2. Hospital Trends in Delaware



More people are visiting the hospital for COVID-19 Like Illnesses versus Influenza Like Illnesses. Delaware was in the moderate to low range of RSV, with influenza pushing a very high range.

B. USA Influenza, Week 7

- Classified as high severity season for all age groups
 - First since 2017-2018
- Hospitalization Rate: 88.9 per 100,000
 - Admitted to hospitals with Influenza: 43,367
- Deaths
 - Attributed to influenza: 3%
 - Pediatric: 18 (Total of 89)
- 2024-2025 Estimates
 - Illnesses: 33 million
 - Hospitalizations: 430,000
 - Deaths: 19,000

Figure 3. Week 7

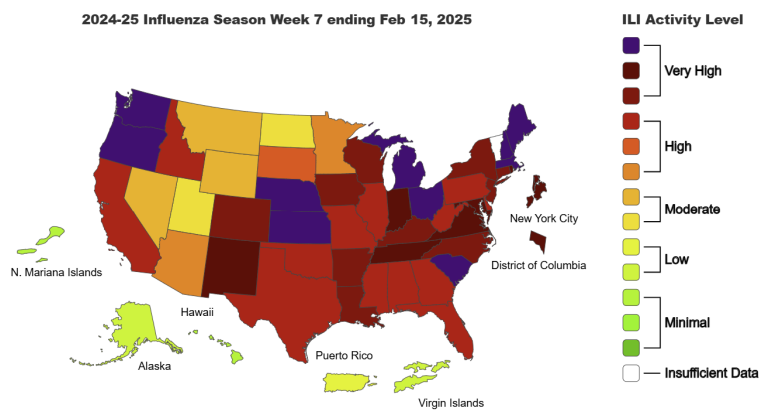
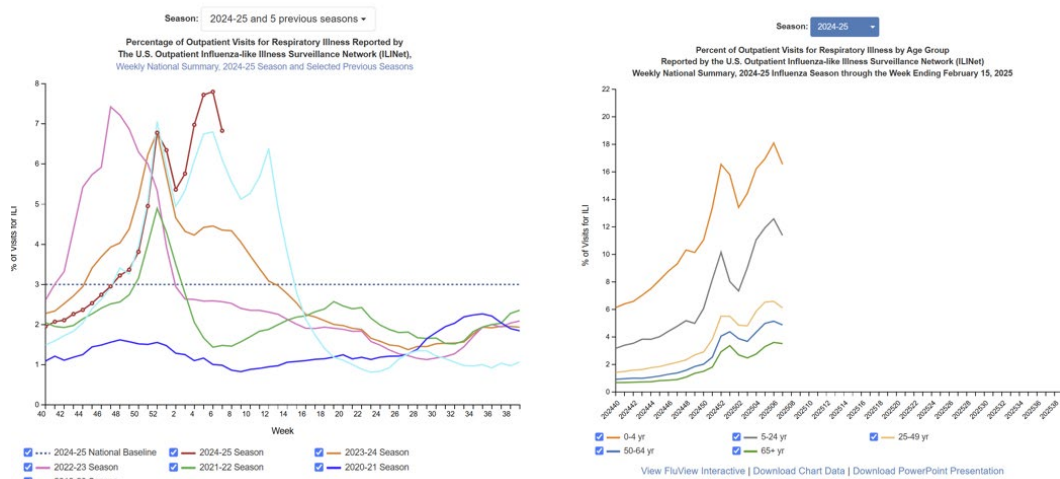


Figure 4. Trends



There is a downtrend this week, and has been for the past several years. The highest age groups seen as outpatients are 0-4 and 5-24.

Marci Drees: I haven't seen any official vaccine effectiveness reports yet, as they may have been delayed. I think the antigenic match for the H1N1 stars is good, but it's only 50% with the H3N2 strain.

Dr. Abigail Sporer: The MMWR with the interim estimates was published a 1 hour ago. It looked similar to last year, 40-60%, depending on the patient population and the outcome measured.

C. COVID-19 – Delaware

As of 2/15/2025

New cases this week: 225 (22.9 per 100,000)

- New Castle: 109 (19.2)
- Kent: 44 (24.4)
- Sussex: 65 (27.8)

Variants: JN.1 (Omicron, 20%) & KP.3 (Omicron, 40%), XEC (Omicron, 20%)

Vaccinated (Updated booster)

- Doses: 137,533
- Percentage: 14.0%

Hospital (average, over 7-day period)

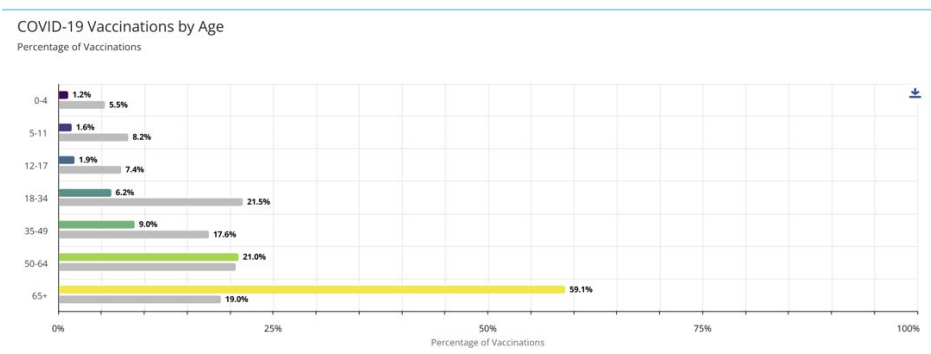
- Number in hospital with COVID-19: 48.6
- Number in ICU with COVID-19: 4.3

Deaths Sept – Oct 2024: 25

- Total (March 2020- Jan 2025): 3,821
- This season (Sept 2024- Jan 2025): 69

Figure 5: COVID-19 Vaccinations by Month, County, and Age

COVID-19 Vaccinations by Month and County		
Last Month (January 2025)		
Location	Count number of vaccinations	Percentage of residents
New Castle County	77,557	13.7%
Kent County	17,136	9.5%
Sussex County	41,610	17.8%
Delaware	136,020	13.9%

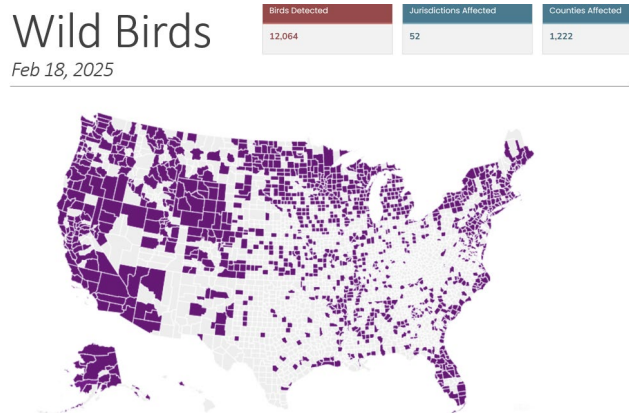


D. Avian/Bovine/Human Influenza

National Total Cases: 70

- Dairy Herds (Cattle) : 41

Figure 8. Wild Birds



E. H5N1 in Cats

Cats Effectuated

- Barn & feral cats
- Indoor cats
- Big cats (wild and zoo): mountain lions, tigers, leopards, bobcats

What do we know?

- Cats are susceptible to H5N1 (previous knowledge)
- Cat-to-cat transmission is unknown
- Risk of cat-to-human transmission is extremely low
 - May increase with prolonged, unprotected exposure to infected animals
 - Might be possible:
 - Naraharisetti et al, 2025:
 - HPAI A(H5N1) virus was detected in two indoor domestic cats with respiratory and neurologic illness that lived in homes of dairy workers but had no known direct exposure to HPAI A(H5N1)-affected farms. Both dairy workers declined testing; other household members received negative test results for influenza A.
- Source of infection: food (unpasteurized milk, raw/undercooked meat, raw colostrum, raw dairy, exposure)

F. Listeria Outbreak

What? Frozen supplemental shakes sold to LTC

- Prairie Farms Dairy
- Lyons ReadyCare, Sysco Imperial
- 4 oz

38 cases, 37 hospitalizations, 12 deaths

- Alabama, California, Colorado, Connecticut, Florida, Illinois, Indiana, Maryland, Mississippi, Minnesota, Montana, North Carolina, Nevada, New York, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Washington, West Virginia

G. Chikungunya Vaccine Investigation

CDC is currently investigating

- Following vaccination with IXCHIQ

- 65+ years of age
- 5 hospitalizations
- Cardiac or neurologic events

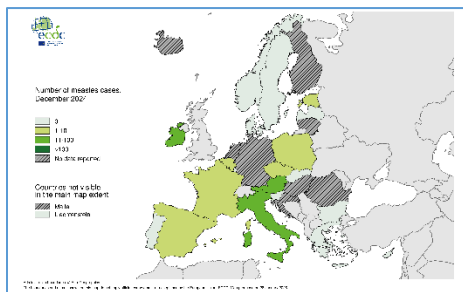
“This topic will be discussed at an upcoming meeting of the Advisory Committee on Immunization Practices (ACIP). Healthcare providers should discuss the benefits and risks of vaccination with individual travelers based on their age, destination, trip duration, and planned activities.” - CDC

Item 2. Emerging Infectious Disease

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

A. Measles

Figure 1. Measles, Europe

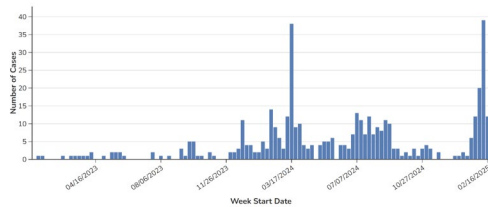


There aren't any countries with over 100 cases in December 2024. The top 10 countries with measles outbreaks from Sept 2024 - Dec 2024 are Pakistan (7,148), Thailand (6,852), India (6,203), Yemen (5,000), Ethiopia (4,724), Afghanistan (3,999), Indonesia (2,873), Russian Federation (2,090), Kyrgyzstan (1,890), and Vietnam (1,837).

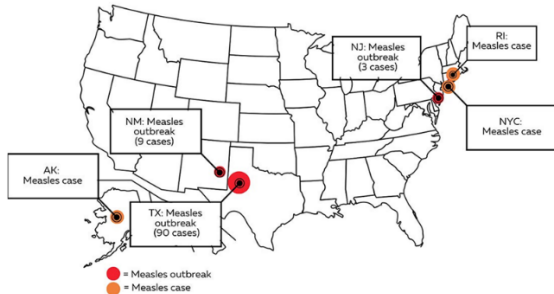
Figures 2 & 3. Measles, USA

Weekly measles cases by rash onset date

2023-2025* (as of February 20, 2025)



Outbreaks Across the U.S.
(past week)



In 2025, there are measles cases in Alaska, California, Georgia, New Jersey, New Mexico, New York City, Rhode Island, and Texas. There are many states with less than 90% vaccinated, including Delaware (89.5%).

Comments:

Andrea Babineau: I was part of the collection for this specific year for the 2023-2024 kindergarten survey. The numbers are lower than they have been. We are currently in the process of conducting this year for the kindergarten class of 2024-2025, and we will have probably even lower numbers on that in the coming months.

Dr. Kate Smith: Is Delaware staying the same or is it going down overall?

Andrea Babineau: Overall, it's been doing down very slightly. We haven't broken it up by specific vaccine yet, but if we're seeing exemptions, it's usually to the MMR. We are seeing a rise in religious exemptions. The medical exemptions are not going anywhere, but the religious ones are rising.

Measles, Texas

South Plains Region

- 124 cases identified since late January
 - 18 hospitalized
 - 5 vaccinated, all other unvaccinated or status unknown
 - Gaines County unvaccinated rate in schools = 18%
 - There are 9 counties. Gaines County and Terry County have the highest number of cases. It is strong in the Mennonite communities.
 - The State of Texas Public Health Department have mobile health care units set up offering tests and vaccines.
 - Infected individual traveled outside outbreak area – cases will likely rise
 - One unvaccinated school-aged child has died (2/25)
 - First measles death in the US since 2015
 - RFK stated the US HHS is “watching” the cases, and dismissed Texas’ outbreak as “not unusual” during a Wednesday Cabinet meeting

Measles, New Mexico

Lea County

- Near Gaines County, TX
- 9 cases since February 14
 - 5-17 years: 4 cases
 - 18+ years: 5 cases

Tuberculosis, Kansas

Wyandotte and Johnson Counties

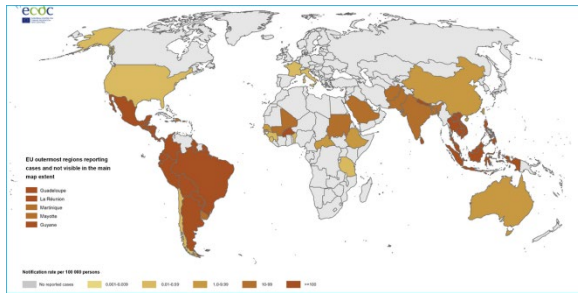
As of February 7

- 67 active cases
- 79 latent infections
 - No symptoms, not contagious
 - Without treatment, can develop into active TB in weeks/years

- Largest incidence of the disease over the span of a year
 - Close proximities at work
 - Multigenerational households
 - Many living with chronic conditions

B. Dengue

Figure 4. Three-month Dengue Virus Disease Case Notification Rate per 100,000 population, October-December 2024



In January 2025, over 100,000 cases and 20 deaths have been reported from 24 countries/territories.

C. Europe

Chikungunya

- La Reunion, France (endemic) – 1,069 cases

Dengue

- Portugal – 2 locally acquired cases

Ebola

- Uganda – all cases have recovered and passed the 49-day waiting period

Unknown

- DRC – 431 cases, 53 deaths (CFR 12.2 %)
- Ongoing investigation

Respiratory Virus

- COVID-19 & RSV
 - Circulating at low levels
- Influenza
 - Continued, widespread activity
 - A(H1)pdm09, A(H3), and B/Vic
- Avian Influenza
 - A(H5N1) – USA
 - A(H9N2)
 - 2 cases, Hong Kong
 - 6 cases, China

D. Africa (Feb 18, 2025)

Bacterial Meningitis

- 137 cases (22 confirmed, 115 suspected), 17 deaths (CFR 12.41%)
- Risk: Moderate
- 3 countries: Ghana, Mali, Togo

Dengue Fever

- 2,645 cases (272 confirmed, 156 probable, 2,217 suspected), 1 death (CFR 0.04%)
- Risk: Moderate
- 5 countries: **Burkina Faso**, Cabo Verde, Senegal, Sudan

Lassa Fever

- 1,929 cases (362 conf, 1,567 sus), 72 deaths (CFR 19.89)
- Risk: HIGH
- 4 countries: Guinea, Liberia, **Nigeria**, Sierra Leone

Measles

- 14,958 cases (2,703 confirmed, 12,255 suspected), 39 deaths (CFR 0.26%)
- Risk: Moderate
- 6 countries: Cameroon, Mali, **Morocco**, Senegal, Somalia, Uganda

Mpox

- 13,386 cases (4,031 confirmed), 116 deaths (CFR 0.87%)
- Risk: Moderate
- 15 countries: Burundi, Cameroon, CAR, Congo, Cote d'Ivoire, **DRC**, Ghana, Kenya, Liberia, Nigeria, Sierra Leone, S. Sudan, Rwanda, **Uganda**, Zambia

Most affected countries are in bold

Unknown Illness, Africa (Feb 18, 2025)

Democratic Republic of the Congo, Equateur Province

- 431 cases, 53 dead (CFR 12.3%)
 - Bolomba Health Zone: 12 cases, 8 deaths (CFR 66.7%)
 - Basankusu Health Zone: 419 cases, 45 deaths (CFR 10.7%)
 - No epidemiological links established between health zones
- Symptoms similar to hemorrhagic fever (negative for Ebola, Marburg, common hemorrhagic fevers); some tested positive for malaria
 - Fever, chills, headache, myalgia, body ache, sweating, rhinorrhea, neck stiffness, cough, vomiting, diarrhea, abdominal cramps
- Interval between symptom onset and death was 48 hours 48.9% of deaths
 - Initial cases reported January 21: 3 children <5 years, consumed a bat carcass
 - Developed fever, headache, diarrhea, fatigue; hemorrhagic signs (subconjunctival hemorrhage, epistaxis, hematemesis) → death

Item 3. Advisory Committee on Immunization Practices (ACIP) Updates

ACIP February Meeting

- Cancelled
- Not enough time for public comment

VRBPAC March 13 Meeting – Composition of Flu Vaccines

- Cancelled
- No explanation given
- “The FDA will make its recommendations to manufacturers in time for updated vaccines to be available for the 2025-2026 influenza season.” - FDA

Item 4. Partner Updates

Division of Public Health, Infectious Disease Epidemiology – Andrea Babineau

- The measles outbreak is what’s most concerning at the moment.
- It’s creeping closer to Delaware with Kentucky and New Jersey getting reports.

Sequirus, Medical Affairs – Abigail Sporer, PHD

- Every year, approximately 8.3% of the US populations gets infected with symptomatic flu
 - Highest in the oldest adults and youngest children; children are a big transmitter
- The effectiveness of seasonal influenza vaccines varies every year.

SEASONAL INFLUENZA VACCINES

VACCINE EFFECTIVENESS

CDC data show wide variability in influenza vaccine effectiveness

Adjusted vaccine effectiveness estimates for influenza seasons from 2004–2021*

Adjusted vaccine effectiveness estimates for influenza seasons from 2004–2021*

Influenza Year	Number of Patients	Adjusted Overall VE (%)	95% CI
2004–2005	762	10	-36, 40
2005–2006	346	21	-52, 59
2006–2007	871	52	22, 70
2007–2008	1914	37	22, 49
2008–2009	6713	41	30, 50
2009–2010	6757	56	23, 75
2010–2011	4757	60	53, 66
2011–2012	4771	47	36, 56
2012–2013	6452	49	43, 55
2013–2014	5999	52	44, 59
2014–2015	9311	19	10, 27
2015–2016	6879	48	41, 55
2016–2017	7410	40	32, 46
2017–2018	8436	38	31, 43
2018–2019	10,041	29	21, 35
2019–2020	8,845	39	32, 44
2020–2021†	NE	NE	NE
2021–2022‡	3,636	14	-17, 37

*Observational studies using medically attended, lab-confirmed influenza. From 2004–2005 through 2019–2020, influenza seasons, the H1N1vA network also enrolled inpatients.
 †2020–2021 flu vaccine effectiveness was not estimated due to low flu virus circulation during the 2020–2021 flu season.
 ‡Preliminary VE estimates.
 CDC – Centers for Disease Control and Prevention; CI – confidence interval; VE – vaccine effectiveness; NE – not estimated.

- The three factors influencing influenza vaccine effectiveness: immune system, viral strain, manufacturing. There is a need for different influenza vaccines to improve immune response and clinical outcomes.
- ACIP recommends that adults 65 and older receive any one of the higher dose vaccines.
- Data from a recent study (2023-2024 season results) compared the adjuvanted influenza vaccine, Fludax, with the high-dose vaccine, showing no significant difference in effectiveness.
- Cell-Based versus Egg-Based Quadrivalent Influenza Vaccines over Multiple Seasons
 - In every season examined, the cell-based vaccine (QIVc) had a higher relative vaccine effectiveness compare to the egg-based vaccine for laboratory to test confirmed influenza in outpatient care.
- Cell-culture and adjuvanted influenza vaccines are designed to address some of the factors that contribute to variable vaccine effectiveness.

Other Discussion

Dr. Marci Drees: There's a lot of anti-vaccine sentiment that's increasing and decreasing governmental support for vaccines. I feel like there's going to be a huge role at the State level to encourage vaccines, and I know they're not very many people from the State here today, but I think that's something that we need to start talking about from the Coalition standpoint as well. How do we work best with the Delaware Healthcare Association, the individual hospitals and the State to promote vaccination?

Dr. Smith stated that she is happy to continuing promoting it through social media and to the people she speaks with. Coalition members will consider ways to promote vaccination at the State level, given potential reduced federal support.

Lisa Gruss: One of the things that would be interesting is to see if refusals are really going up, or if those that are refusing are just getting louder? Having some data behind that is always helpful to understand what you know is really going on. That's one of the things that you know we've been talking about in general kind of at the Medical Society. I think it's more through school entry and not through the immunization department.

Dr. Marci Drees: I think it's very variable. Flu vaccination for Christiana outpatients is a quality metric. We document when people decline and I push it every single time, even though I have people that have never in their lives accepted a flu vaccine.

Dr. Smith: Delaware has a really low medical exemption rate, and we have a really low religious exemption rate, and those are the only exemptions Delaware offers? Do the doctors keep a record of people refusing? What do those numbers look like? There are things enshrined in Delaware code that say you have to have certain vaccines to enter into public school.

Diane Oliver: UD cooperative extension still has a grant through the end of March to promote immunization education through our nutrition education classes. Just as a way to reach, you know, a different population than maybe we've reached before, so that Grant is through the Extension Foundation, which is part of the Land Grant University system. We are also, as of right now, still expected to receive funding that came through the CDC. So, we're expecting an immunization educator to be housed at the University of Delaware as of right now. There's the MoD squad on Facebook and every day there is a mom from Delaware. MOD stands for mothers of Delaware asking for what doctors give exemptions. They will tell them which doctors give exemptions and will write it out, even if it's not for religious purposes. So, it is out there.

Dr. John O'Neill reflected on concerns that current government policies might negatively impact patients. He emphasizes the importance of physicians advocating for policies that prioritize patient well-being. As adverse effects from these policies emerge, especially concerning illness, outcomes, or injuries, documenting and sharing patient stories becomes crucial for influencing change. The speaker believes that organizations like the ICD and the Medical Society of Delaware should play a role in collecting these stories, particularly related to public health initiatives like vaccination. They urge committee members to stay attentive to such stories and take action from an advocacy standpoint to address any harm caused.

Item 6. Save the Dates

2025 Upcoming Quarterly Meetings (online) will be held on the 4th Thursday of the month, from 2:00 – 3:30 pm

- May 22
- August 28
- November 20 (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.

**Note: If you would like to see or present a topic/presentation at a quarterly meeting, please let Dr. Smith know. **