Meeting Minutes

The May 22, 2025 meeting of the Immunization Coalition of Delaware took place from 2:00pm-3:30 pm, virtually, via Zoom.

Attendees

- Program Manager: Kate Smith, MD, MPH;
- Co-Chair: Stephen Eppes, MD;
- Co-Chair: John O'Neill, DO; ChristianaCare
- Marci Drees; ChristianaCare
- Elise Harry; Quality Insights
- Shirley Klein; AAP CIR
- Daniel Thifault; Bavarian Nordic
- Nicole Schwegler; KidWell Network/Nemours
- Diane Oliver; University of Delaware Cooperative Extension
- Andrea Babineau; DPH
- Jim Niland; Sanofi Vaccines
- Brett Lown; Dynavax
- Paula Novabilski; Merck
- Chrissy Schabacker; Pfizer Vaccines Medical Affairs
- Andrea Babineau, MPH; Delaware Division of Public Health
- Ernie Racz; Sanofi Vaccines
- Natasha Littleton; JTVCC
- Milka Rodriguez; Moderna

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 February 22, 2025 were reviewed.

Additions/Changes: None.

Motion to accept previous meeting minutes: Dr. John O'Neill
Motion seconded: Dr. Stephen Eppes
Meeting minutes from February 22, 2025 were approved.

Agenda Items

Item 1. Standing Agenda Items

2024-2025 Respiratory Virus Season

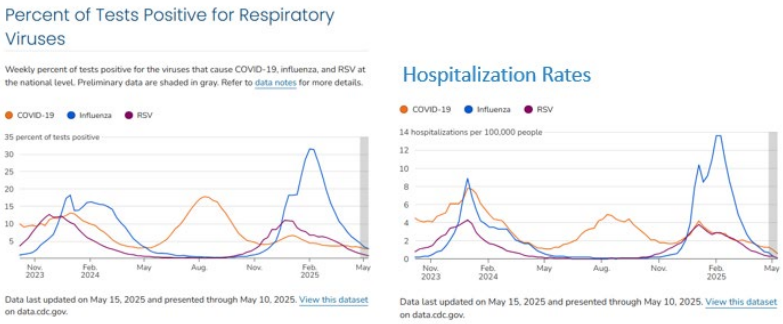
1. Influenza in Delaware

Overall, there are more flu cases seen in New Castle County versus Sussex and Kent, which is what occurs every year. There were over 10,000 cases in the 2024-2025 flu season. A peak in Influenza A cases occurred in February and that was higher than the previous years.

Children aged 4 and under (37.9%), along with adults 65 and older (64.4%), have the highest flu vaccination rates. The lowest rates are seen in the 18–34 and 35–49 age groups. While education efforts have been effective with older populations, it remains important to reach and engage the rest of the state.

2. USA: Acute Respiratory Illness

Figure 1. Percent of Tests Positive for Respiratory Illnesses/Hospitalization Rates



The graphs show data for COVID-19, influenza, and RSV. The left side displays the weekly percentage of positive tests, while the right side shows hospitalization rates. Influenza had a major peak in both test positivity and hospitalizations. RSV had a smaller peak around the new year. COVID-19 showed a larger peak during the summer, but since then, its activity has remained relatively steady.

Vaccinations

Flu and RSV vaccination rates in the U.S. are quite similar. Flu vaccination is just over 40% overall, with adults and children both between 40–50%. RSV vaccination rates for adults over 75 are also just over 40%.

> *Dr. Steve Eppes: Just a few days ago, the MMWR reported on the success rate during the recent RSV season, which was more typical than previous ones. It highlighted reduced RSV rates in children under 5, particularly those under 7 months of age, due to maternal vaccination and the use of monoclonal antibodies. Although the rates have dropped significantly, they could have been even lower with better vaccine uptake. This decline likely also contributed to the decrease in infant mortality last year.*

Article: Interim Evaluation of Respiratory Syncytial Virus Hospitalization Rates Among Infants and Young Children After Introduction of Respiratory Syncytial Virus Prevention Products — United States, October 2024–February 2025 https://www.cdc.gov/mmwr/volumes/74/wr/mm7416a1.htm

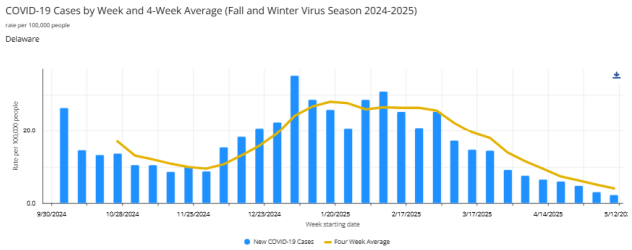
The study showed that, among infants aged 0-7 months eligible for protection with maternal vaccination or monoclonal antibody, RSV-associated hospitalization rates were lower compared with 2018-2020 pooled rates. The largest rate reduction was in infants aged 0-2 months.

The CDC estimates that between 47 and 82 million people had the flu or flu-like illnesses. Of those, between 21 and 37 million sought care from a physician or other medical provider for their illness.

According to a report released by the CDC, 216 children were reported to have died from the flu (https://www.pbs.org/newshour/health/216-children-have-died-from-flu-this-season-cdc-reports). This is more than the 207 pediatric flu deaths reported last year and marks the highest number of child flu deaths since the 2009–2010 H1N1 (swine flu) pandemic.

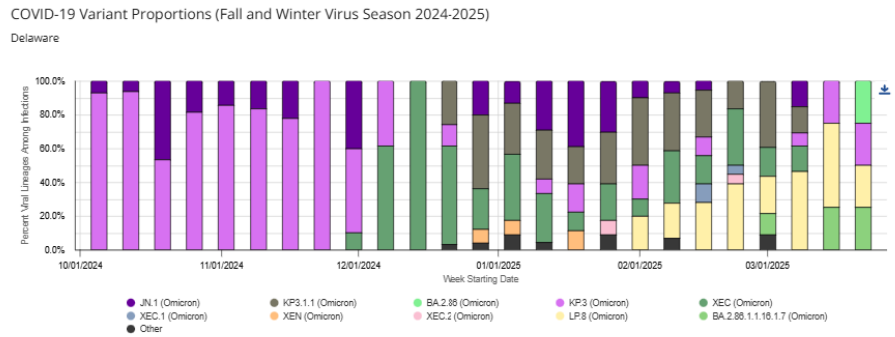
3. COVID-19 – Delaware

Figure 2. COVID-19 Cases



The chart shows weekly COVID-19 cases, with a yellow line representing the 4-week average for the current season. Cases peaked in August–September, declined, and then rose again in winter as expected. The peak reached about 35 cases per 100,000 people, which is relatively low compared to the much higher case numbers seen during the 2021–2022 period.

Figure 3. Variants



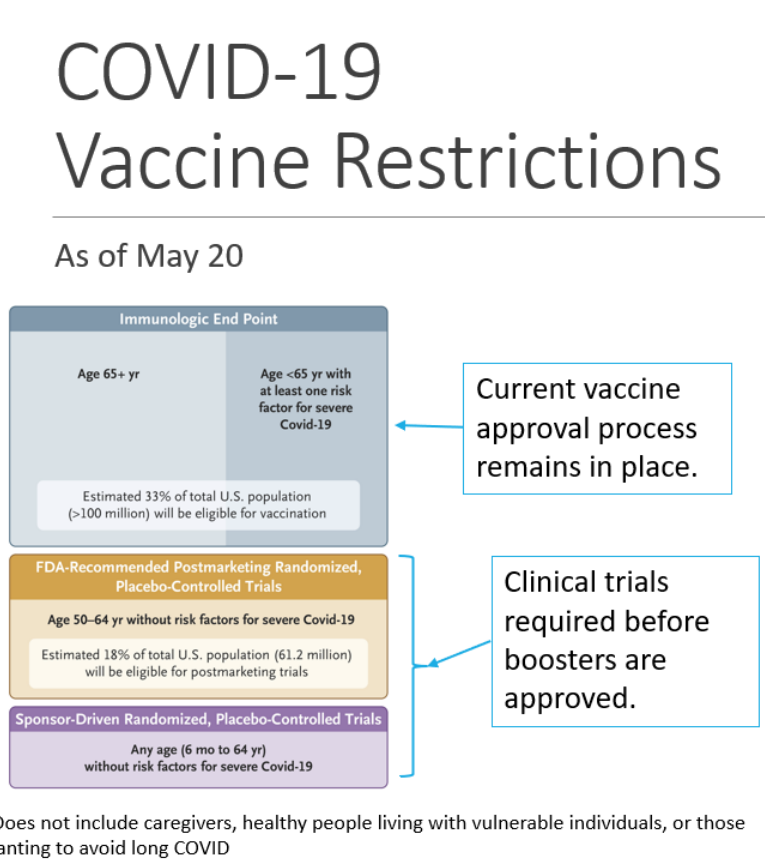
All of the variants we saw this year originated from the Omicron strain, starting primarily with KP.3. By the end of the season, there was a fairly even distribution among several variants, including BA.2.86, KP.3, LP.8, and BA.2.86.1.1.16.1.7.

Hospital cases started high during the peak, then dipped low, rose again in January and February, and is now decreasing once more.

In April, Delaware had 4 people die due to COVID-19. However, the overall death rate was only 0.3 people per 100,000 residents. Kent County had a rough January but has since improved. Sussex County had a rate of about one, and New Castle was around one and a half. Overall, hospitalizations and deaths from COVID-19 are much lower now compared to the peak of the pandemic.

In New Castle County, 83,349 people were vaccinated against COVID-19 in April; the majority of vaccinations were given to those aged 65 and older. In general, younger age groups are less likely to receive the COVID-19 vaccine.

Figure 4. COVID-10 Vaccine Restrictions
The FDA appointees published COVID-19 vaccine restrictions in the New England Journal of Medicine on May 20, 2025, including eligibility requirements for individuals interested in receiving a COVID-19 vaccine. .



CDC 2025 List of Underlying Medical Conditions That Increase a Person's Risk of Severe Covid-19
Asthma
Cancer Hematologic malignancies
Cerebrovascular disease
Chronic kidney disease* People receiving dialysis
Chronic lung diseases limited to the following: Bronchiectasis COPD (chronic obstructive pulmonary disease) Interstitial lung disease Pulmonary embolism Pulmonary hypertension
Chronic liver diseases limited to the following: Cirrhosis Nonalcoholic fatty liver disease Alcoholic liver disease Autoimmune hepatitis
Cystic fibrosis
Diabetes mellitus, type 1
Diabetes mellitus, type 2*
Gestational diabetes
Disabilities‡, including Down's syndrome
Heart conditions (such as heart failure, coronary artery disease, or cardiomyopathies)
HIV (human immunodeficiency virus)
Mental health conditions limited to the following: Mood disorders, including depression Schizophrenia spectrum disorders
Neurologic conditions limited to dementia‡ and Parkinson's disease
Obesity (BMI ≥30 or ≥95th percentile in children)
Physical inactivity
Pregnancy and recent pregnancy
Primary immunodeficiencies
Smoking, current and former
Solid-organ or blood stem-cell transplantation
Tuberculosis
Use of corticosteroids or other immunosuppressive medications

* Indicates presence of evidence for pregnant and nonpregnant women.
‡ Underlying conditions for which there is evidence in pediatric patients.

https://www.nejm.org/doi/full/10.1056/NEJMsb2506929

Dr. Steve Eppes: If I could just chime in, I hope everyone on the call understands that this situation is highly irregular. This is not how the FDA typically operates. Currently, there are two appointees—neither of whom are vaccine scientists—who are making policy decisions. I believe this will be challenged at the June ACIP meeting, so it's unclear if this is the final decision.

Dr. Kate Smith: This statement came from the head of the FDA—or at least, in theory, from the head of the FDA. The VRBPAC meeting is happening right now, and this statement was released before the meeting started. I don't

know what will be said during the meeting or what the outcome will be. I want to note that the people in this at-risk group do not include caregivers, healthy individuals living with vulnerable people, or anyone wanting to avoid long COVID. If it were up to me, my list would be different and would include everyone.

Dr. Shirley Klein: Does this apply to all vaccines?

> *Dr. Kate Smith: Right now, this only applies to COVID-19 vaccine restrictions, but I can see them using it as a kind of test to gauge the population's reaction. If it's accepted, I could easily see this approach being extended to all vaccines.*

Dr. Marci Drees: The public comment period for VRBAC is open until tomorrow. ACIP can recommend vaccine use beyond the FDA, but the CDC must approve those recommendations, and that's uncertain with the incoming director. Their rationale isn't fully evidence-based, and this process limits personal choice. Many details about implementation remain unclear—most vaccines are given at pharmacies without full medical histories, so how will eligibility be verified? Insurance coverage is also uncertain. While most adults will likely qualify, it's unclear how this will all be managed.

4. Avian/Bovine/Human Influenza

National Total Cases: 70

- Dairy Herds (Cattle): 41
- Poultry Farms and Culling Operations: (24)
- Other Animal Exposure: 2
- Exposure Source Unknown: 3

Note: One additional case was previously detected in a poultry works in Colorado in 2022. Louisiana reported the first H5 bird flu death in the U.S. Majority of the cases are in California and Washington. This dashboard has not changed since January 2025.

Article: H5 Influenza Virus mRNA-Lipid Nanoparticle (LNP) Vaccination Elicits Adaptive Immune Responses in Holstein Calves. An (H5) Influenza Virus Vaccine has been studied, but not peer-reviewed, doi: 10.1101/2025.05.01.651548). It is a Clade 2.3.4.4b H5 mRNA-LNP vaccine, and studied in calves. The vaccine induced a robust antibody and CD8+ T cellular-mediated immune response, and conferred protection against clade 2.3.4.4b H5N1 infection.

Confirmed Cases of HPAI in:

- Domestic Livestock (cattle, 1/16/25): 1,065 confirmed cases in 17 states.
- There have been over 169 million birds affected in 51 States, 685 counties, and 1,700 reported outbreaks. There have not been any poultry cases in Delaware since February 2025.
- There have been 13,025 cases in wild birds detected, 51 jurisdictions affected, and 1,240 counties affected

Item 2. Emerging Infectious Disease

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

A. Pertussis, USA

Figure 1. Pertussis

Since the beginning of 2025, there have been over 9,000 cumulative cases of whooping cough. Fortunately, Delaware has only reported 6 cases so far, with many of the cases concentrated in Louisiana.

Dr. Steve Eppes: That number is likely an underrepresentation, since typical cases that get recognized, tested, and reported are mostly in young children. Many adults may have pertussis but only experience a lingering cough that goes undiagnosed and unreported. It's also worth noting that Louisiana recently decided to stop recommending childhood vaccines through its public health division.

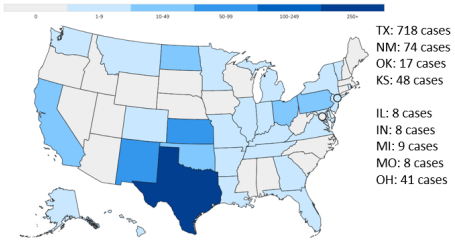
B. Measles

As of May 15, a total of 1,024 confirmed measles cases were reported by 31 jurisdictions. There have been 14 outbreaks (3+ related cases), and 92% of confirmed cases (947) are outbreak-associated. The breakdown of vaccination in these cases are: Unvaccinated/Unknown: 96%; MMR 1 dose: 1%; MMR 2 doses: 2%

Two young girls (Texas), and 1 adult (New Mexico) have died. Links to state data dashboards can be found via the links in the slides, as well as links to the CDC's "Be Ready For Measles" campaign.

Symptoms of measles (7-21 days after exposure) include high fever, sore throat, the "three C's" (cough (dry, persistent), coryza (runny nose, nasal congestion), and conjunctivitis (inflammation of the eyes – redness, watery discharge, light sensitivity)), koplik spots, a rash which starts on face and behind the ears, then spreads to the body. The spots are sometimes raised, and can join together, but are hot usually itchy.

Figure 5. Measles Cases, United States



Currently, Delaware is 90-94.9% vaccinated.

Article: Long-Term Dynamics of Measles Virus-Specific Neutralizing Antibodies in Children Vaccinated Before 12 Months of Age. Doi: 10.1093/cid.ciae537.

A recent study has found that there is a significant association between the age of the first MMR and MeV-specific neutralizing antibody levels later in life. Most children who received early vaccination seroconverted after the first dose, but children vaccinated before 8.5 months of age exhibited faster antibody decay and lost their protective antibody levels over 6 years.

Article: MMR Vaccine: When is the Right Time for the Second Dose? Doi: 10.5863/1551-6776.20.2.144.

The second dose of MMR vaccine can be given at least one month after initial dose; the wait until age four is more for consistency and need for a physical for school entry.

Measles: AAP RedBook (Views-Figures and Tables)

- Postexposure Prophylaxis (PEP) for People Exposed to Measles Who Are NOT Pregnant or Immunocompromised/ Postexposure Prophylaxis (PEP) for People Exposed to Measles Who ARE Pregnant or Immunocompromised https://publications.aap.org/redbook/book/755/chapter/14079321/Measles

There have been 1,846 cases of measles in Canada in 2025, as of May 3, 2025. From January 1 – April 16, there have been 421 cases of measles in Mexico. The first confirmed case was an unvaccinated child in Oaxaca, history of international travel to the US.

- Age Range
  - 5-9 years (57, 13.5%)
  - 25-44 years (145, 34.4%)
- Vaccination History
  - No vaccination history: 389 (92.4%)
  - MMR 1 dose: 16 (3.8%)
  - MMR 2 dose: 16 (3.8%)

Figure 6. Measles, Europe

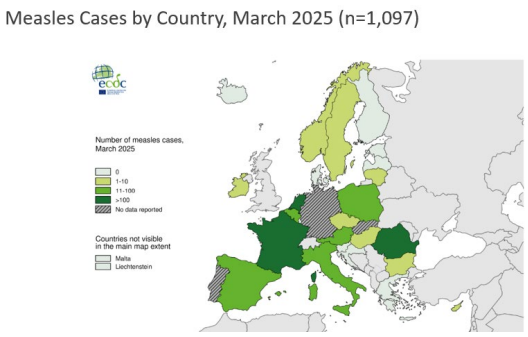
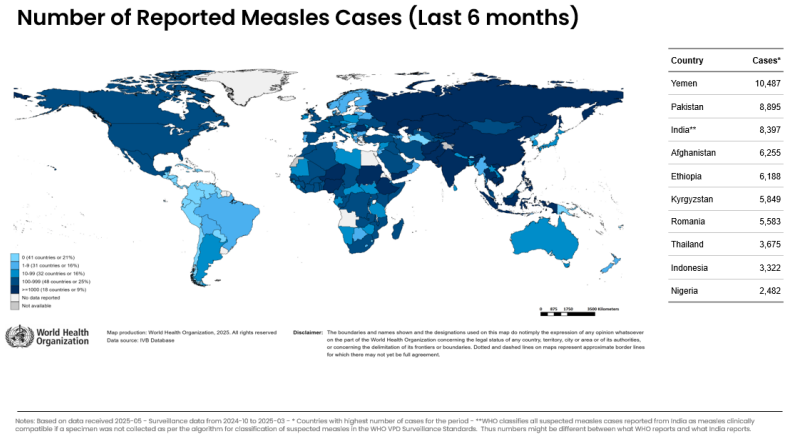


Figure 7. WHO Monthly Surveillance, Oct 2024 – April 2025

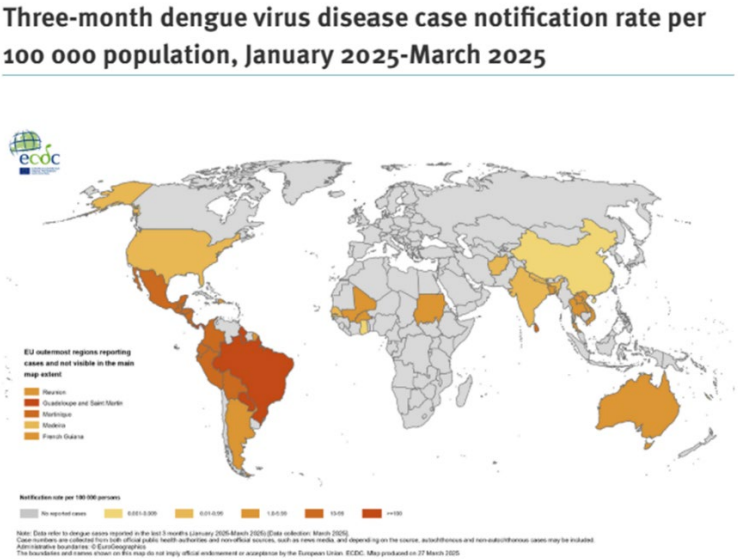


Country	Cases*
Yemen	10,487
Pakistan	8,895
India**	8,397
Afghanistan	6,255
Ethiopia	6,188
Kyrgyzstan	5,849
Romania	5,583
Thailand	3,675
Indonesia	3,322
Nigeria	2,482

The top 10 countries with reported measles cases are: Yemen, Pakistan, India, Afghanistan, Ethiopia, Kyrgyzstan, Romania, Thailand, Indonesia, and Nigeria

C. Dengue

Figure 8. Three-month Dengue Virus Disease Case Notification Rate per 100,000 population, January 2025 – March 2025



Some of the cases in Mexico and in the lower States, are endemic transmission, meaning that the mosquitoes are here and not brought in.

D. Europe Infectious Disease Oversight (as of May 16, 2025)

Chikungunya: Reunion & Mayoette, France – 47,500 cases, 12 deaths
Diphtheria – ST-574: Germany – 25 cases
Influenza

- A(H10N3) – China (1 case)
- A(H9N2) – China (17 cases)

MERS-CoV: Saudi Arabia: 10 cases, 2 fatalities
Nipah Virus Disease: India – 1 case, 2 contacts being treated

E. Africa Infectious Disease Oversight (as of May 18, 2025)

Bacterial Meningitis (123 cases, 27 deaths): Ghana, Mali, Togo
Cholera (5,592 cases, 2,424 deaths): 20 countries
Dengue (800 cases, 6 deaths): 7 countries
Malaria (68,966 cases, 99 deaths): Botswana, Namibia
Measles (6,454 cases, 416 deaths): 16 countries
Mpox (13,680 cases, 472 deaths): 19 countries – now declared a health emergency

F. WHO – Disease Outbreak News

- 5/20: Circulating Vaccine-Derived Poliovirus Type 2 – Papua New Guinea
- 5/16: Yellow Fever – Americas
- 5/13: Measles – Morocco
- 5/12: MERS-CoV – Saudi Arabia

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

April 15-16, 2025 - Votes

- Recommend GSK's MenABCWY vaccine may be used when MenACWY and MenB are indicated at the same visit (unanimous)
- Recommend adults 50-59 years of age at an increased risk of severe RSV disease receive a single dose of RSV vaccine (unanimous)
- Recommend virus-like particle (VLP) chikungunya vaccine for persons aged 12+ years travelling to country or territory where there is a chikungunya outbreak (unanimous)
- VLP chikungunya vaccine may be considered for persons aged 12+ years traveling or taking up residence in a country or territory without an outbreak but with elevated risk for US travelers if planning travel for an extended period of time (6 months or more)
- Recommend VLP chikungunya vaccine for laboratory workers with potential for exposure to chikungunya virus (unanimous)
- Change the recommendation for live-attenuated chikungunya vaccine (only approved for adults 18+) to be the same as that for the VLP vaccine, add precaution for individuals aged 65+ (unanimous, based on post-marketing surveillance)

Dr. Marci Drees: Ixchiq (live vaccine) should not be used in people over the age of 60.

Item 4. Partner Updates
Pneumococcal Vaccine Recommendations - Chrissy Schabacker, PharmD; Pfizer

- Naïve or unknown
  - Recommended to receive vaccine at 50+ years
  - With risk factors: PCV 20 or PCV21 or PCV15, wait one year → PPSV23
- Age 19-49
  - No Risk Factors: No recommendation
  - With risk factors: PCV20, PCV21, or PCV15, wait one year → PPSV23
- 50+ years
  - If vaccine history is unknown: PCV 20, PCV21 or PCV15, wait one year → PPSV23
  - If history of PPSV23, wait a year, then any three
  - If PCV13 only, wait a year, then PCV20 or PCV21
- CDC has an App (PneumoRecs – updates when vaccination rec changes)
- Some areas of the country have high proportions of serotype 4
  - PCV20 or PCV15/PPSV23 in series – better provide broad coverage than PCV21
  - More likely in those aged <65 years with underlying conditions (history of alcohol use, chronic lung disease, cigarette use, homelessness, or IV drug use)
  - Non-surveilled states – no way of knowing
- Rationale to lower age to 50
  - IPD incidence rates lower during pandemic, now seeing the return to pre-pandemic rates (65+ highest, then 50-64)
  - High proportion of adults over 50 with IPD have 1+ risk factor for pneumo vaccination (87%), similar to those 65+ (87%) – groups look similar, therefore recommendations should be similar
  - Vaccine coverage lower in younger adults (even with age-based recommendation), risk-based recommendations have lower vax coverage
  - Race/Ethnicity – disparities
  - IPD rates in African-Americans are higher than all non-African American races;

        - African Americans at age 50 years: rates higher than all races in ages 65+ years and older
- Key Considerations
    - Supporting Factors
        - High burden of pneumococcal disease in adults aged 50-64, especially among those with risk factors
        - Potential for improved vaccine uptake
        - Potential to reduce pneumococcal disease incidence in demographic groups with the highest burden
        - Projected health benefits from economic models despite increased net costs
    - Potential Implications
        - Economic and cost concerns
        - Variability in health insurance coverage might be limiting (PCV20 in the short term, as PCV21 is newer)
        - Implementation challenges (different age-based recommendations by vaccine)
    - Uncertainties
        - Duration of protection
        - Magnitude of indirect effects from pediatric PCV15/PCV20 vaccination
        - Impact of higher-valency vaccines in Development

Item 5. Updates

ICD does not have a contract with the Division of Public Health for the 2025-2026 fiscal year

- Solvent through June 30, 2025
- Seeking alternate funding streams
- Open to suggestions
- Institutional Membership
    - *Dr. Marci Drees: Institutional membership would likely have more impact than individual memberships. You could try approaching the Delaware Healthcare Association, but you'd need to clearly show the ROI for them. Framing it within the broader context—public health has lost significant funding and can no longer support services like flu vaccine outreach—could help make the case. The key question is how this organization can help fill those emerging gaps.*
- Educational Grants

Action Items

Dr. Smith will do the following:

- Seek alternate funding streams for ICD, including exploring institutional memberships, educational grants, and other ideas.
- Create a document outlining what ICD brings to the table and why funding is needed, then send it to the membership for review.
- Send the finalized funding proposal to institutions in the state after incorporating feedback from members.
- She will assign an intern from the Academy of Medicine to work on ICD tasks through August.

Members to email Dr. Smith with any ideas for funding sources or strategies.

Andrea Babineau, DPH will keep the group updated on changes at the Division of Public Health as information becomes available.

Item 6. Save the Dates

2025 Upcoming Quarterly Meetings (online)

4th Thursday, from 2:00 – 3:30 pm

- 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.