



Meeting Minutes

The August 28, 2025 meeting of the Immunization Coalition of Delaware took place from 2:00pm-3:30 pm, virtually, via Zoom.

Attendees

- Kate Smith, MD, MPH; Program Manager, Delaware Academy of Medicine/DPHA
- Stephen Eppes, MD; ChristianaCare – Co-Chair

- Luke Cunniff, Merck Vaccines Public
- Marci Drees; ChristianaCare
- Lisa Gruss; Medical Society of Delaware
- Michelle Fisher; Delaware State University
- Clotilda Fletcher; ChristianaCare
- Shirley Klein; AAP CIR
- Brett Lown; Dynavax
- Tabe Masse; ChristianaCare
- Davia McKoy, Delaware Public Health
- Jim Niland; Sanofi Vaccines
- Paula Novabilski; Merck
- Diane Oliver; University of Delaware Cooperative Extension
- Monisha Prakash; AstraZeneca Medical
- Katy Rodriguez; La Red Health Center
- Milka Rodriguez; Moderna
- Chrissy Schabacker; Pfizer Vaccines Medical Affairs
- Dot Talley
- Daniel Thifault; Bavarian Nordic
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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 May 22, 2025 were reviewed.

Additions/Changes: None.

Motion to accept previous meeting minutes: Dr. Stephen Eppes

Motion seconded: Dr. Brett Lown

Meeting minutes from May 22, 2025 were approved.

Item 1. Respiratory Viruses

USA: Acute Respiratory Illness

- Deaths and hospitalizations remain low, as the respiratory illness season has not yet begun.
- The findings indicate that while RSV and influenza activity remain low, COVID-19 is beginning to trend upward.
- In Delaware, wastewater data show elevated levels of COVID-19.

COVID-19

As of August 5th, according to the CDC, we are beginning to see an upward trend in COVID-19 activity. The highest rates are currently observed in children aged 0 to 4 years, with a positivity rate of 4%. This is followed by slightly higher rates among those aged 15 to 17 compared to adults 65 and older, and those aged 18 to 64.

These trends suggest that COVID-19 may once again become more prominent this year. In Delaware, CDC data indicate that COVID-19 infections are likely increasing. While the weekly percentage of emergency department visits diagnosed with COVID-19 remains low, the probability of growth is estimated at 82.5%.

Dr. Steve Eppes: Given that the 0–4 age group is at high risk for hospitalization, the current recommendations appear inconsistent with the risk profile.

Long COVID

Those at risk for long COVID include individuals with preexisting asthma and COPD, exposure to air pollution (fine particulate matter); lower physical fitness; and an elevated risk due to profession – healthcare, dentistry

There are no FDA-approved treatments for long COVID. Symptom relief, rehab, and trial-and-error management are currently used. Scientists have indicated that biomarkers to diagnose/track and therapies to target root causes are needed. There are two promising RCTs, one on repurposed anti-inflammatory drugs initially indicated for arthritis and lung disease; and another for a monoclonal antibody

The number of new cases is falling

- Vaccination contributed to about [70%](#) of the decline
- Each new variant brings [lower](#) long COVID rates (likely due to rising immunity)
- Reinfections carry [a lower risk](#) of long COVID than initial infections (6% compared to 15%, preprint)
- Reinfections still [increase the likelihood](#) of long COVID compared with never being reinfected by about 35% (preprint)

These are some of the studies currently under review that examine differences in long COVID severity based on illness duration, symptom progression, and vaccination status.

One area of focus is the use of glucocorticoids in treating long COVID. While some recent studies explore outcomes related to SARS-CoV-2, one notable study on SARS-CoV (not SARS-CoV-2) assessed the long-term impact of a short course of high-dose glucocorticoids. With 17 years of follow-up data, this study suggests that such treatment may reduce the persistence of symptoms associated with long COVID-like syndromes.

Dr. Steve Eppes: There may not be a treatment, but there's no question That vaccination prevents long COVID.

Influenza

Avian/Bovine/Human Influenza

According to the CDC, there are currently 70 reported cases nationwide. However, the case map has not been updated since February 2025. Of the reported cases, 41 are linked to exposure in dairy herds (cattle), 24 are associated with poultry farms and culling operations, 2 involve other types of animal exposure, and 3 cases have an unknown source of exposure.

The most recent USDA updates include:

Highly Pathogenic Avian Influenza in Wild Birds

Delaware

- Sussex – 6/3 – Snow Goose
- Kent – 1/30 - Mallard

Maryland

- Dorchester – 7/10 – Blue Heron
- Cecil – 6/13 – Canada Goose

Pennsylvania

- York – 8/7 – Turkey Vulture
- Hanover – 8/7 – Black Vulture

Virginia

- City of Winchester – 7/30 – Black Vulture
- Spotsylvania – 7/10 – Canada Goose
- James City – 7/3 – Bald Eagle

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Detections of HPAI in Wild and Captive Wild Mammals, May 2022 – Present

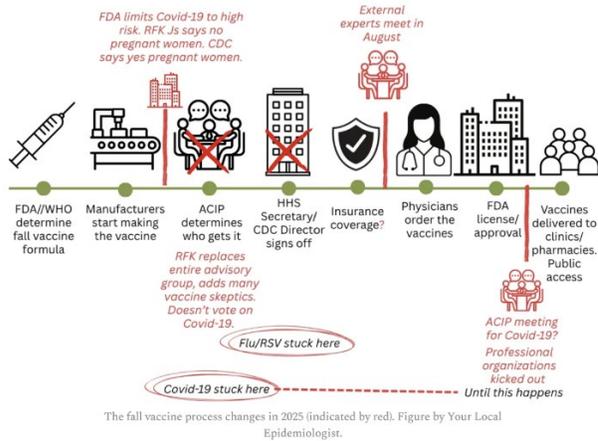
On 1/14/25, a red fox was found in New Castle County, Delaware.

Item 2. Fall Vaccine Updates

A. What Usually Happens?

- February – formulations are selected by FDA/VRBPAC
- Spring – ACIP makes recommendations on versions based on strain
- Summer – production, CDC defines eligibility
- August – labeling finalized, insurers confirm coverage
- Fall – shelves are stocked, vaccines go in arms (or butts)

Figure 1. Fall Vaccine Process



B. ACIP Updates: June 22-25

Influenza Update

Burden of 2024–25 season:

- Highest hospitalization rate since 2010.
- 246 pediatric deaths (most ever in a non-pandemic season); 89% unvaccinated.

Vaccine effectiveness: ~38–62% depending on age/outcome.

2025–26 recommendations:

- Annual vaccination for ≥6 months old.
- Preference for high-dose/adjuvanted/recombinant in ≥65 years.
- Composition change: new H3N2 strains.
- Expanded Flublok age indication: ≥9 years (was ≥18).
- FluMist now approved for self-/caregiver administration.
- Continued emphasis: single-dose, thimerosal-free syringes for children & pregnant women

COVID Update

Epidemiology:

- Highest pediatric hospitalizations in <2 years; infants <6 months comparable to older adults.
- 65% of ≥65 adults hospitalized had no record of recent vaccination .

Vaccine effectiveness (2024–25 dose):

- 9 mo–4 yrs: 79% VE against ED/urgent care visits.
- ≥65 yrs: 44–46% VE against hospitalization; stronger protection against critical illness.

Genomics: Current JN.1-lineage; FDA recommends LP.8.1 strain for 2025–26.

Coverage:

- Adults ≥18 yrs: 23% up to date.
- Adults ≥65 yrs: 44%.
- Children 6 mo–17 yrs: 13%.

Safety: Myocarditis confirmed risk; otherwise no new safety concerns. Largest vaccine safety program in U.S. history.

Next step: No ACIP vote yet; pending full review; COVID immunization working group

RSV Update

Prevention products: maternal vaccine & monoclonal antibodies (nirsevimab, clesrovimab).

Effectiveness (2024–25 season):

- Nirsevimab effective against ED visits, hospitalization, critical illness in infants.
- Maternal RSV vaccine effective against infant ED/hospitalization.
- 38% drop in infant RSV hospitalizations compared to pre-product era.

Safety:

- Maternal vaccine: no risks for preterm, SGA, stillbirth; small increase in hypertensive disorders of pregnancy.
- Nirsevimab: no signal for seizures, ITP, anaphylaxis; mild urticaria in some cases

Policy vote: ACIP voted 5–2 recommending clesrovimab for infants <8 months not covered by maternal vaccination

Recommendations

Recommend infants less than 8 months of age born during or entering their first RSV season who are not protected by maternal vaccination receive one dose of clesrovimab (5-2)

Annual influenza vaccination **remains recommended** for those aged > 6 months who do not have contraindications (6-0, 1 abstain)

Recommends children 18 or less should only receive thimerosal-free influenza vaccine (5-1, 1 abstain)

Recommends pregnant women only receive a single-dose thimerosal-free influenza vaccine (5-1, 1 abstain)

Recommends all adults only receive a single-dose thimerosal-free influenza vaccine (5-1, 1 abstain)

Figure 2. Influenza Vaccine Products for the 2025-2026 Influenza Season

Manufacturer	Trade Name (vaccine abbreviation) ¹	How Supplied	Mercury Content (mg/kg/0.5mL)	Age Range	CVX Code	Vaccine Product Billing Code ² CPT
AstraZeneca	FluMist (LAIV3)	0.2 mL (single-use nasal spray)	0	2 through 49 years	111	90660
					333*	NA*
GSK	Fluarix (IV3)	0.5 mL (single-dose syringe)	0	6 months & older ³	140	90656
		FluLaval (IV3)	0.5 mL (single-dose syringe)	0	6 months & older ³	140
Sanofi	Flublok (RV3)	0.5 mL (single-dose syringe)	0	9 years & older	155	90673
		0.5 mL (single-dose syringe)	0	6 months & older ³	140	90656
	Fluzone (IV3)	0.5 mL (single-dose vial)	0	6 months & older ³	140	90656
		5.0 mL multi-dose vial (0.25 mL dose)	25 ⁴	6 through 35 months ³	141	90657
	Fluzone High-Dose (HD-IV3)	5.0 mL multi-dose vial (0.5 mL dose)	25 ⁴	6 months & older	141	90658
		0.5 mL (single-dose syringe)	0	65 years & older ³	135	90662
CSL Seqirus	Afluria (IV3)	5.0 mL multi-dose vial (0.25 mL dose)	24.5 ⁴	6 through 35 months ³	141	90657
		5.0 mL multi-dose vial (0.5 mL dose)	24.5 ⁴	3 years & older ⁴	141	90658
	Flucelvax (cclIV3)	0.5 mL (single-dose syringe)	0	3 years & older ³	140	90656
		Fluad (aIV3)	0.5 mL (single-dose syringe)	0	65 years & older ³	168
	Flucevax (cclIV3)	0.5 mL (single-dose syringe)	0	6 months & older ³	153	90661
		5.0 mL multi-dose vial (0.5 mL dose)	25 ⁴	6 months & older ³	320	90661

AAP Recommendations for COVID-19 Vaccines in Infants, Children, and Adolescents

1. **Infants and children 6-23 months of age** who do not have contraindications receive 2025-2026 COVID-19 vaccine
 - Previously unvaccinated should receive initial series
 - Previously vaccinated but incomplete should complete initial series
 - Previously vaccinated and completed initial series should receive a single dose (8 weeks after last dose received)
 - Previous asymptomatic infection or symptomatic disease should receive vaccination
2. **Children 6 months – 18 years of age who are moderately or severely immunocompromised** require 2+ doses of age-appropriate 2025-2026 COVID-19 vaccine depending on previous vaccination status

3. A single dose of age-appropriate 2025-2026 COVID-19 vaccine for all children and adolescents 2-18 years in the following **high-risk groups** (regardless of prior COVID-19 vaccination status)
 - At high risk of severe disease
 - Residents of long-term care facilities or other congregate settings
 - Persons who have never been vaccinated against COVID-19
 - Persons whose household contacts are at high risk for severe COVID-19
4. Children 2-18 years not included in these high-risk groups whose **parent or guardian desires their protection** from COVID-19 should be offered a single dose of age-appropriate vaccine

Dr. Marci Drees: I've heard there may be upcoming changes requiring that the specific underlying condition qualifying an individual for a COVID-19 vaccine be formally documented. However, details on how or where this documentation would need to be submitted have not yet been clarified.

Dr. Kate Smith: So far, I haven't seen anything official. The current understanding is that vaccine eligibility will be based on self-attestation—individuals will likely fill out a form and check a box indicating they have a qualifying condition. It's unclear if this will be verified, but for now, it seems pharmacies will rely on the form without further checks. Since the FDA approval just came through a few days ago, details are still unfolding. I haven't seen confirmation from insurance companies yet, but anecdotally, it sounds like they may follow last year's coverage policies. I'll share updates as more information becomes available.

Dr. Steve Eppes: I think that's the goal of the HHS, to have it be so confusing and so difficult that people will not do it, and fewer people will get vaccinated.

FDA Approves COVID-19 Vaccines

EUAs for COVID vaccines have been rescinded.

Marketing authorizations have been given for

- Moderna
 - Spikevax (6 mo – 64 years with 1+ underlying condition)
 - mNEXSPIKE (12-64 years with 1+ underlying condition, all adults 65+ years)
 - Novavax
 - Nuvaxovid (12-64 with 1+ underlying condition and aged 65+)
 - Pfizer
 - COMIRNATY (5-64 years with underlying conditions, 65+ years)
- Rescinding Pfizer's EUA removes the only COVID-19 vaccine approved for all children (6 mo – 4 years)
 - Infectious Disease Society of America, AAP, ACOG, and others reaffirmed their recommendation for vaccination in children, pregnant people, and those at high risk; called out the FDA for severely undermining trust in science-driven policy and dangerously limiting vaccine access
 - Physicians can give COVID vaccines off-label, and are strongly urged to continue recommending and administering based on best available science
 - Pharmacists ability to provide off-label vaccines may be constrained

CDC recommendation is now that children aged 6 months – 17 years may receive a COVID vaccine based on parent preference and the clinical judgement of healthcare providers. Estimates of vaccine uptake in children aged less than 4 years is ~ 5.6% for 2024-2025 season

ACOG Guidance

COVID-19

- Patients receive an updated vaccine or booster at any point during pregnancy, when planning to become pregnant, in the postpartum period, or when lactating

Influenza

- Strongly recommends all individuals who are or will be pregnant during influenza season receive an inactivated or recombinant vaccine as soon as it is available, during any trimester; if possible, at the start of flu season
- Live-attenuated, intranasal vaccine approved for home use is not approved for pregnant patients, but may be used by postpartum patients

RSV

- Patients should receive bivalent RSV PreF vaccine during RSV season (specifically between 32 0/7 and 36 6/7 weeks gestation, if they do not have a planned delivery within 2 weeks, if they did not receive the maternal RSV vaccine during a previous pregnancy, and they are not planning on having their infant receive a monoclonal antibody (nirsevimab or clesrovimab))

Dr. Shirley Klein: Last year there was a problem with distribution, availability and VFC coverage. I'm not sure if it was ever resolved. With RSV season starting again, are we going to have a repeat of this problem or is VFC going to provide it?

Dr. Davia McKoy: Our flu is now being able to be ordered, as far as I'm aware, and RSV has gone out the door, so as far as the VFC providers with the RSV vaccine, we... that should not be a problem. We aren't anticipating anything, and that is also a part of our vaccine replacement program for the state, so I don't foresee that happening in the future, with that holdup and delay.

Dr. Steve Eppes: Christiana Care, which is the biggest delivering hospital in the state, for the past two seasons, we've not been able to offer it to our postpartum babies, but only to NICU babies, but because of the inpatient VFC replacement program, I think it's moving along. It's slower than I would like, but I'm impatient. We expect that by RSV season, this will be in place, and we will be able to provide it to all babies prior to discharge.

Dr. Davia McKoy: Our VFC coordinator, Kim Henry, has been working very closely with ChristianaCare. You are one of our hospitals, and there was a question about babies that are being transferred into your facility, and I think we believe we answered that question, they are eligible. As long as they are VFC eligible, we can provide that vaccine, and they are considered under that replacement program. We'll get this transition covered, and we won't have an issue, but I'm happy to take on the issue.

Item 3. Emerging Infectious Disease

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

A. Pertussis, USA

Figure 1. Pertussis

As of July 19th, the cumulative year-to-date pertussis case counts in the United States is over 16,000. In New England, it is 265. In Delaware, there were 6 cases year to date.

Pan American Health Organization

PAHO warns antibiotic-resistant pertussis is spreading

- **Increase surveillance and immunization efforts**
- Since 2024, antibiotic resistant strains have been detected in Brazil, Mexico, Peru, and the US
 - Current treatment: macrolide antibiotics (azithromycin, clarithromycin, erythromycin)
 - Genetic mutations in current strains reduces macrolide effectiveness

Dr. Marci Drees: Diagnostic testing is PCR-based and quite expensive—often part of a broader panel that can cost around \$1,000. As a result, most outpatients are likely not being tested, which suggests actual case numbers are underreported. Surveillance is challenging, particularly because we no longer culture Bordetella pertussis, which limits our ability to monitor for antibiotic resistance. I'm not sure if specialty labs are conducting cultures in select cases or if there's a recommended process for detecting resistance when a case is identified.

Dr. Smith: Given the current limitations in testing and surveillance, we should assume that there are more than six cases in Delaware, even if only a few have been confirmed. Case confirmation is difficult under these circumstances, so our focus should remain on prevention. From a public health standpoint, this means reinforcing immunization efforts. Vaccination rates in Delaware are declining across the board, so it's important to continue engaging communities and encouraging immunization through consistent outreach and conversation.

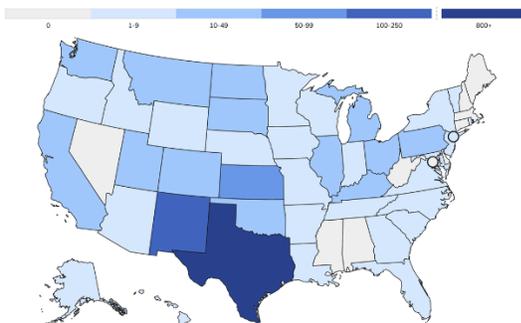
B. Measles

USA

- As of August 19th, a total of 1,375 confirmed measles cases were reported by 42 jurisdictions.
- 35 outbreaks (3+ related cases), 87% of confirmed cases (1,190) are outbreak-associated.
- Vaccination: Unvaccinated/Unknown: 92%; MMR 1 dose: 4%; MMR 2 doses: 4%
- Death: 2 young girls (Texas), 1 adult (New Mexico)

Figure 3. Measles USA Cases

States (as of August 19)



Outbreaks Ended

- Texas (762 cases, 99 hospitalizations, 2 deaths, 37 counties)
- Kansas (90 cases, 1 hospitalized, 12 counties)
- Illinois (10 cases)

Still Monitoring / Contained

- Arkansas (8 cases, 3 counties)
- Colorado (21 cases, 5 hospitalizations, 5 counties)

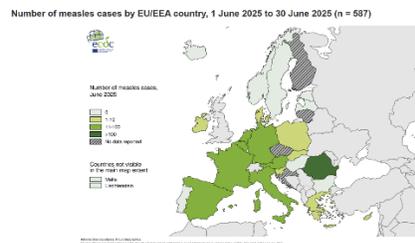
- Indiana (9 cases, 2 counties)
- Michigan (27 cases, 6 counties)
- Montana (31 cases, 2 hospitalizations, 5 counties) – last case: 8/3/25
- New Mexico (97 cases, 7 hospitalizations, 1 death, 9 counties) – last case: 7/27/25
- North Dakota (36 cases, 3 hospitalizations, 4 counties) – last case 7/14/25
- Ohio (42 cases, 11 counties)
- Oklahoma (20 cases)
- Wisconsin (14 cases, 1 county)

Recent KFF Report – Texas, August 25, 2025

- CDC did not reach out to Texas public health until after the first child died on Feb 26
- In Texas: health misinformation (Vitamin A) surged and facilities became overwhelmed
- CDC: communications crackdowns, stalled reports, staff & budget cuts
- Outbreak spread to 5 US states and Mexico (killing at least 16 – 13 in Mexico and 3 in the US)

As of August 16, 2025, there were 4,718 cases of measles in Canada.

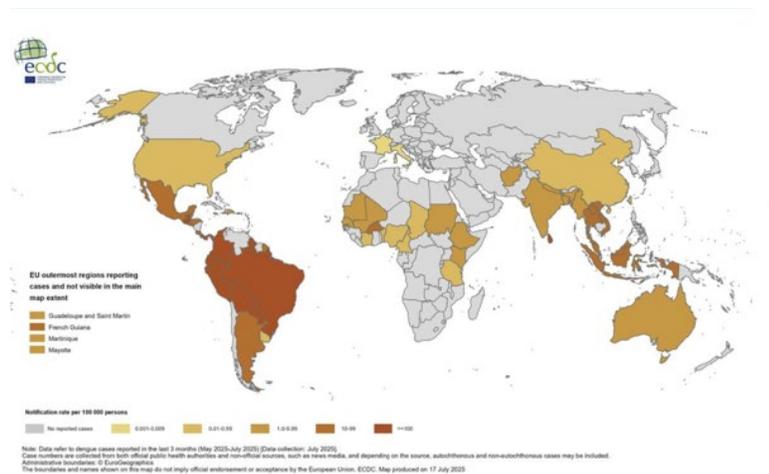
Figure 4. Measles, Europe



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

C. Dengue

Figure 5. Three-month Dengue Virus Disease Case Notification Rate per 100,000 population, May 2025 – July 2025



There are multiple cases in South America, French Guyana, and in Mexico. The United States is also starting to see endemic cases of Dengue.

D. Europe – (August 16-22nd, 2025)

- West Nile Virus: Nine countries (Albania, Bulgaria, France, Greece, Hungary, Italy, Romania, Serbia, and Spain)
- Orpouche Virus: Germany & France (1 case), UK (3 cases)
- Chikungunya Virus: France (156 cases), Italy (29 cases), World (317K cases, 135 deaths), China (830 cases)
- CCHF: Greece (2 cases), Spain (3 cases)
- Nipah Virus Disease: India (1 case, 2 contacts being treated)
- Dengue: France (11 cases), Italy (4 cases), Portugal (2 cases)
- World (4M cases, 2500 deaths)

E. Africa – (August 20, 2025)

- Bacterial Meningitis (152 cases, 27 deaths, CFR 2.63%, 4 countries)
- Cholera (7,433 cases, 4,740 deaths, CFR 2.12%, 23 countries)
- Dengue (1,175 cases, 18 deaths, CFR 0.19%, 10 countries)
- Polio, Vaccine Derived (83 cases, 8 countries)
- Chikungunya (1,764 cases, 4 countries)
- Malaria (68,966 cases, 99 deaths, CFR 0.14%, 2 countries)
- Measles (8,488 cases, 837 deaths, CFR 0.74%, 18 countries)
- Mpox (30,404 cases, 607 deaths, CFR 0.61%, 25 countries)
- Rift Valley Fever (1 case, 1 death, CFR 100%, 1 country)
- Anthrax (1 case, 1 death, CFR 100%, 1 country)

Item 4. Partner Updates

**A. Pfizer - RSV Update: Maternal Vaccine & Adult Recommendations
Dr. Chrissy Schabacker**

RSV Maternal Immunization

- ABRYVO – only RSV vaccine approved pregnant individuals 32-36 weeks
- Recommendation hasn't changed in the past 2 seasons, this is year three
 - 1-time dose, during seasonal administration (Sep 1 – Jan 31)
 - FAQ: should additional doses be given in subsequent pregnancies? – no recommendation (no data to support subsequent pregnancies); infant should receive monoclonal antibody after birth
- Planning
 - Estimated date of delivery (Sep 23 – Mar 28) – eligible.
 - May be limited days of eligibility (i.e., if patient is 36 6/7 on Sep 1, that is the only day of eligibility, Sep 2 will be 37 weeks and out of eligibility as per the FDA/CDC)

Adult Recommendations

- Recommendations were updated in April 2025, went live in early July
 - All adults aged 75+ should get a one-time dose
- A dose should be given to those aged 50-74 years at increased risk (used to be 60 – 75 years)

- Adults are eligible if they have not been vaccinated previously and meet all requirements
- Risk of Guillain-Barre Syndrome with the protein subunit vaccine
- Can be given any time of year

B. Moderna, Clinical Update
Dr. Milka Rodriguez

mNEXSPIKE (Mrna-1283) Data

- Safety:
mNEXSPIKE demonstrated a safety profile comparable to Spikevax, with no new safety concerns identified.
- Immunogenicity & Efficacy:
Both immunogenicity and efficacy objectives were achieved.
 - A trend toward higher immunogenicity and relative vaccine efficacy was observed in:
 - Older age groups
 - Individuals with comorbidities
- Severe COVID-19 Protection:
In an analysis focused on the prevention of severe COVID-19, mNEXSPIKE demonstrated an efficacy estimate of 38.1%.

Mrna-1345 in Adults, 18-57 Years at Increased Risk of RSV Disease

- The data presented for the 18–59 age group show that Arexvy was well-tolerated in this population.
- Immune responses to both RSV-A and RSV-B were non-inferior compared to those observed in adults aged 60 and older.
- Immunogenicity was consistent across:
 - Age groups (18–59 vs. 60+)
 - Individuals with various underlying medical condition

SPIKEVAX

The original COVID-19 vaccine is now approved for:

- Adults 65 years and older
- Individuals aged 6 months to 64 years with at least one underlying condition that increases the risk for severe COVID-19

Dosing & Administration Updates

Ages 6–23 months

- Dosing is based on prior vaccination history:
 - No prior doses: 2 doses of 0.25 mL
 - 1 or more prior doses: 1 dose of 0.25 mL

Ages 2–11 years

- Regardless of previous vaccination history:
 - 1 dose of 0.25 mL

Ages 12 years and older

- Regardless of previous vaccination history:
 - 1 dose of 0.5 mL

**C. AstraZeneca Medical
Dr. Monisha Prakash**

FluMist – The intranasal influenza vaccine that has been FDA approved and ACIP recommended for over two decades. There were two flu seasons when it was not recommended by ACIP, due to a strain in the vaccine being over-attenuated, resulting in a suboptimal immune response. Since the 2018–2019 season, FluMist has been reformulated with improvements to both the manufacturing process and strain selection methods.

New vaccine effectiveness data for FluMist

- The results are descriptive in nature, but they consistently demonstrate that FluMist's point estimates for vaccine effectiveness are comparable to those of injectable influenza vaccines.
- Across multiple seasons, the confidence intervals overlap, and the range of point estimates remains consistent year to year. This pattern has also been observed in several prior seasons, reinforcing the conclusion that FluMist performs similarly to injectable options in terms of effectiveness.
- FluMist continues to be well-tolerated, with no new safety concerns identified. The most commonly reported adverse events are consistent with expectations and include (these reactions are generally mild and self-limited):
 - Runny nose
 - Nasal congestion
 - Sore throat
 - Fever (more commonly observed in children)

Online Pharmacy Service Fully Supports Patients Interested in Administering FLUMIST at Home

- FluMist can now be ordered directly by patients for home delivery. It is approved for self-administration by adults, or administration by parents or caregivers to eligible children at home.
- AstraZeneca, in collaboration with the online pharmacy Aspen, recently launched the *FluMist Home* program as of last week. This new service is not intended to replace existing flu vaccination efforts, but rather to complement them by offering an additional option.
- FluMist Home provides a convenient alternative for patients who may be unable to visit a healthcare provider or pharmacy, helping to expand access and support broader influenza protection this season.
- FluMist Home will not be available in Delaware this season, along with a few other states, due to existing pharmacy and telemedicine laws that currently prevent this type of service from operating locally. It can still be beneficial for those to practice across state lines.

<p>1 Finding Out & Learning More About FLUMIST</p> <p>FLUMIST AstraZeneca website Includes educational resources & support¹</p>  <p>Flumist.com</p> <p>ASPN website Third-party website that supports FLUMIST home service²</p>	<p>2 Ordering Through Online Pharmacy</p> <p>Adult completes a digital form to determine eligibility²</p>  <p>Medical Questionnaire Please answer the following questions to see if FluMist is right for you and everyone you are ordering for.</p> <p>1 Does anyone have any government insurance? Government insurance is any state or federally funded insurance...Show more ▼</p>	<p>3 Confirming Eligibility</p> <p>Online HCP reviews the form, confirms eligibility and generates and fills prescription²</p> <ul style="list-style-type: none"> Commercial insurance for the 2025/26 season Only private health insurance Age³ 2–49 years Medical eligibility² ACIP Recommendations <p>Pharmacist is available via chat or a toll-free number for questions,² as per Immunize.org FLUMIST screening tool²</p>	<p>4 Shipping & Delivery</p> <p>Shipped under conditions to maintain appropriate temperature²</p> <p>Patients will receive tracking updates and/or delivery notifications via text/email²</p> <p>FLUMIST is delivered on the date selected by the patient²</p> 	<p>5 Handling & Administration</p>  <p>Instructions for home storage & administration²</p>  <p>FLUMIST vaccine information statement²</p> <p>Additional resources:²</p> <ul style="list-style-type: none"> QR code for "How to administer FLUMIST" video Online and toll-free number for pharmacist support
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Dr. Steve Eppes: There is abundant data demonstrating that FluMist is safe in children with a history of wheezing, and notably, other countries do not list this as a precaution or contraindication. Given this, do you foresee the FDA revisiting or removing this precaution in the U.S.? If so, is there a timeline or process currently underway to support that change?

Dr. Monisha Prakash: We had hoped the February ACIP meeting—which was canceled—would include the GRADE assessment on FluMist safety in children with asthma, but it wasn't rescheduled due to a full agenda at the next meeting. Our goal was to start by updating the ACIP recommendations, which currently list a contraindication for children under 5 with a history of wheezing. The FDA label only lists it as a warning and precaution, so there's a disconnect between the two. At this time, it's unclear if or when the FDA will update the package insert, but I'll share any updates as I receive them.

D. Chikungunya Update – Dr. Daniel Thifault, Bavarian Nordic

FDA recently suspended the license for the live, attenuated chikungunya vaccine based on updated VAERS. The protein-based virus-like particle (VLP) is still available.

CHIKV virus-like particle vaccine (CHIKV VLP)

- This vaccine was approved on February 14th of this year for use in individuals 12 years and older. It is adjuvanted and comes in a pre-filled syringe presentation.
- The only labeled contraindication is a history of severe allergic reaction to any component of the vaccine.
- The vaccine has been available in the U.S. since February, in Germany since May, and was most recently introduced in France.

Safety

- The safety of VIMKUNYA has been evaluated in five clinical trials involving over 3,000 participants, including 206 individuals aged 65 and older.
- There was no difference in medically attended adverse events between the vaccine and placebo groups. No neurological, cardiac, or chikungunya-like illness safety signals were identified.
- Overall, VIMKUNYA was well-tolerated, with most adverse reactions being mild to moderate, local rather than systemic, and non-serious.

Item 5. Division of Public Health Updates

ICD signed a contract with the Division of Public Health for November 1, 2025 – June 30, 2026. The contract includes the 2025 Immunization Summit.

Dr. Marci Drees: Topic Idea - Navigating vaccine recommendations in the current political environment

Dr. Davia McKoy, Program Manager for Immunization with DPH

- *Regarding ACIP guidance and documentation, we are currently meeting with our medical director and new chief physician to clarify expectations for our state medical facilities. We are determining if new documentation is needed for clinical indications related to COVID-19 vaccine administration.*
- *We are also reviewing other recommendations to ensure alignment with current requirements, including those for school entry and broader public health policies. This includes considering the impact on our VFC providers, who are expected to follow ACIP guidance. There is some flexibility, and shared clinical decision-making will play a key role, so proper documentation will be essential.*

- *In parallel, we are working on our vaccine replacement program and beginning to outline a framework for our adult immunization program. The CDC has informed us that we may receive a field officer to help lead this effort, aiming to build a more comprehensive and sustainable adult vaccination infrastructure.*

Tools

The Vaccine Education Center

- Parents PACK (<https://chop.edu/parents-pack>)
- Dialogue with families, provide vaccine information more regularly than doctor visits, establish a place to get up-to-date information and answers to vaccine questions
- Monthly newsletter

Vaccinate Your Family

- The Vaccine Intelligence Report
- Clear, fact-based updates on vaccine policy, research, and public health
- Weekly
- https://secure.everyaction.com/AH_c9yU75EmbCoxrR3Sosw2

Item 6. Open Discussion

Diane Oliver, University of Delaware Cooperative Extension: *We're an outreach arm of the university, focused on bringing research directly to the community. I want to share that starting in October, we'll have a new full-time health agent joining our health and well-being team, concentrating on health literacy and immunizations in Delaware and Maryland. I'm also involved in this effort.*

This is part of the EXCITE project, a nationwide initiative across land-grant universities, which will onboard about 20 new health agents this year—some have already started, and all will be in place by October.

Locally, you can reach out to me for more information. While I won't share the new agent's name just yet, she comes with a strong background in health promotion and experience in similar projects. All our health agents hold master's degrees—some are nurses, others have MPH's or degrees in health promotion.

This initiative is funded through the Extension Foundation, with support from the USDA and CDC via an interagency agreement, securing funding for the next three years.

EXCITE Project: <https://excite.extension.org/>

Brett Lown, DynaVax: *It appears that the ACIP will hold a meeting on September 18–19, as posted on the Federal Register. The agenda is expected to include reviews of: COVID-19 vaccines, MMRV, Hepatitis B vaccine, RSV vaccines. There is potential for votes on all items.*

From the hepatitis B perspective, our sources suggest that ACIP may consider a change to the universal birth dose recommendation, possibly limiting it to infants born to surface antigen positive mothers only—but that remains to be determined.

ACIP Meeting Information: <https://public-inspection.federalregister.gov/2025-16706.pdf>

Item 7. Save the Date

2025 Upcoming Quarterly Meetings (online)

4th Thursday, from 2:00 – 3:30 pm

- November 20 (3rd Thursday)

From the Vaccine Education Center

Webinar: Current Issues in Vaccines: Aluminum Adjuvants: Separating Fact from Fear

- Dr. Paul Offit
- Wednesday, September 10 from noon-1pm ET
- Accredited for 1 CPE, 1 CME, and 0.1 CEU
- <https://www.chop.edu/vaccine-update-healthcare-professionals/vaccine-webinar-series>