Quarterly Meeting

MAY 22, 2025

2:00 – 3:30 PM

Please sign in by putting your name and institution in the chat box.

Agenda

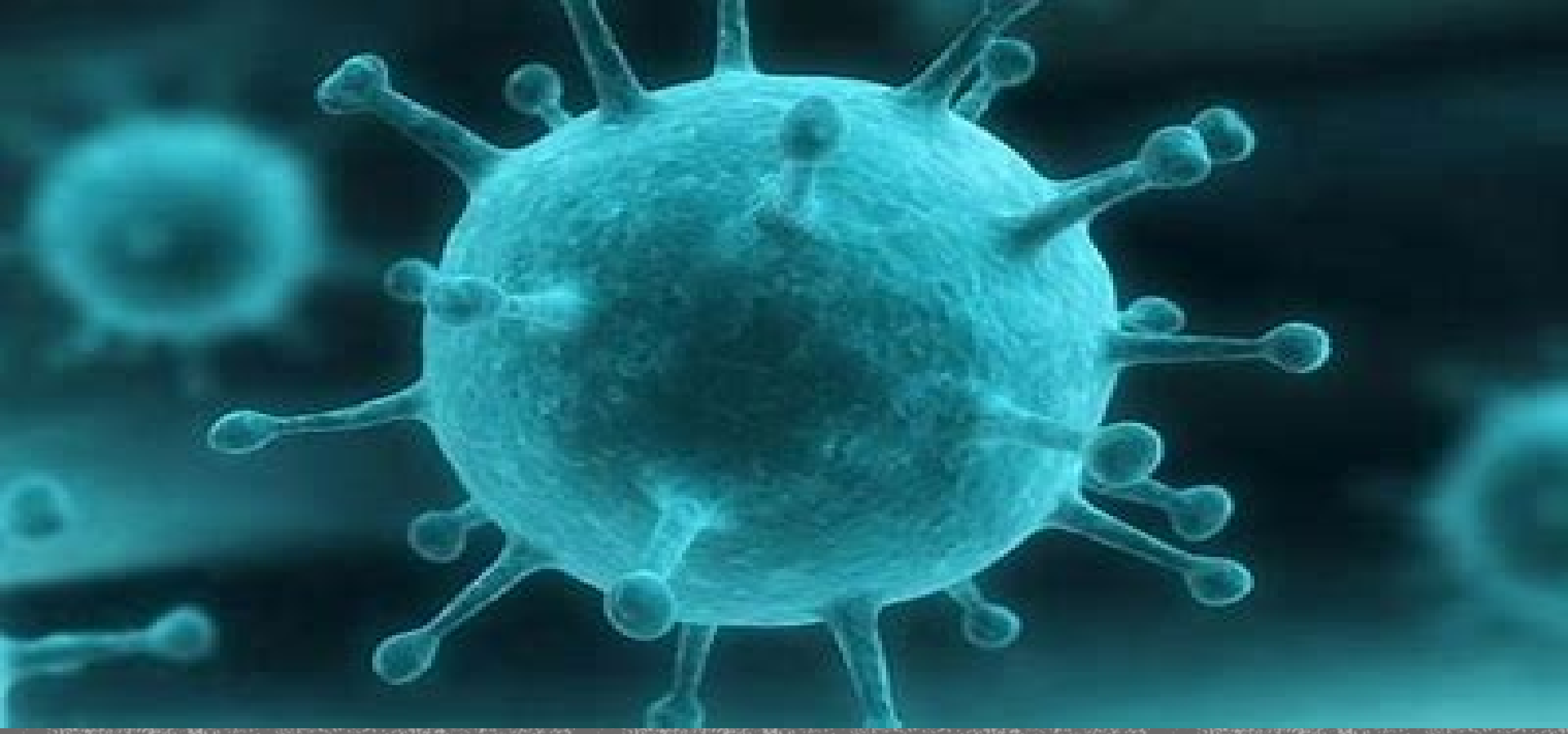
Time	Agenda Item	Presenter
2:00 pm	Call to Order / Welcome	Dr. Smith
2:00 pm	Review of February Minutes • Vote to Approve	Dr. Smith
2:05 pm	Updates • 2024-2025 Respiratory Season • Emerging Infectious Disease • Measles	Dr. Smith
2:25 pm	ACIP Updates	Dr. Smith
2:30 pm	Division of Public Health Updates	Mr. Talbott
2:40 pm	Updated pneumococcal recommendations for adults	Dr. Schabacker
3:10 pm	Other Discussion	

Please sign in by putting your name and institution in the chat box.

Minutes From February Meeting

Amendments or Additions

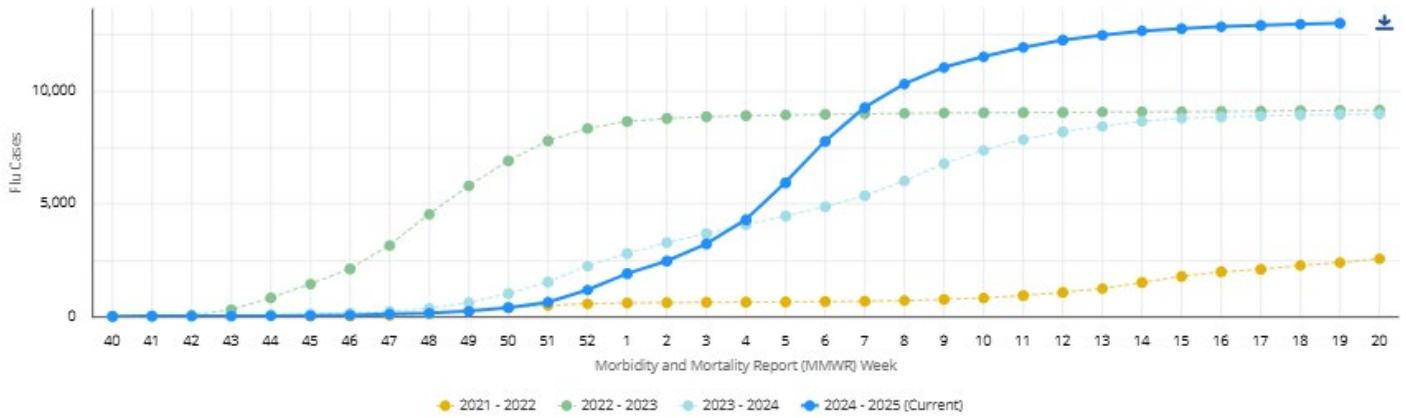
Motion to Approve



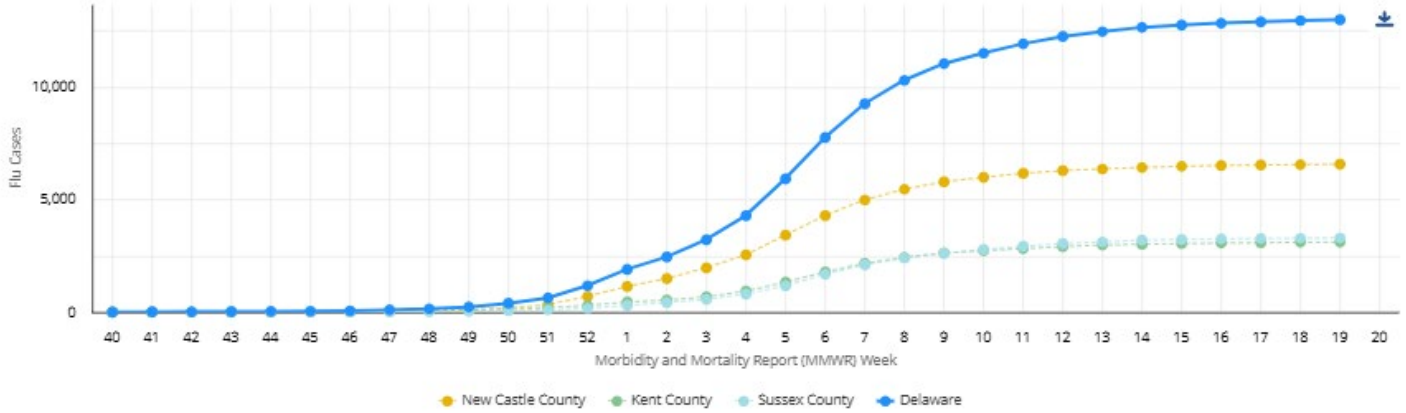
Respiratory Virus Season 2024-2025

IMMUNIZATION COALITION of DELAWARE

Total Flu Cases for Delaware



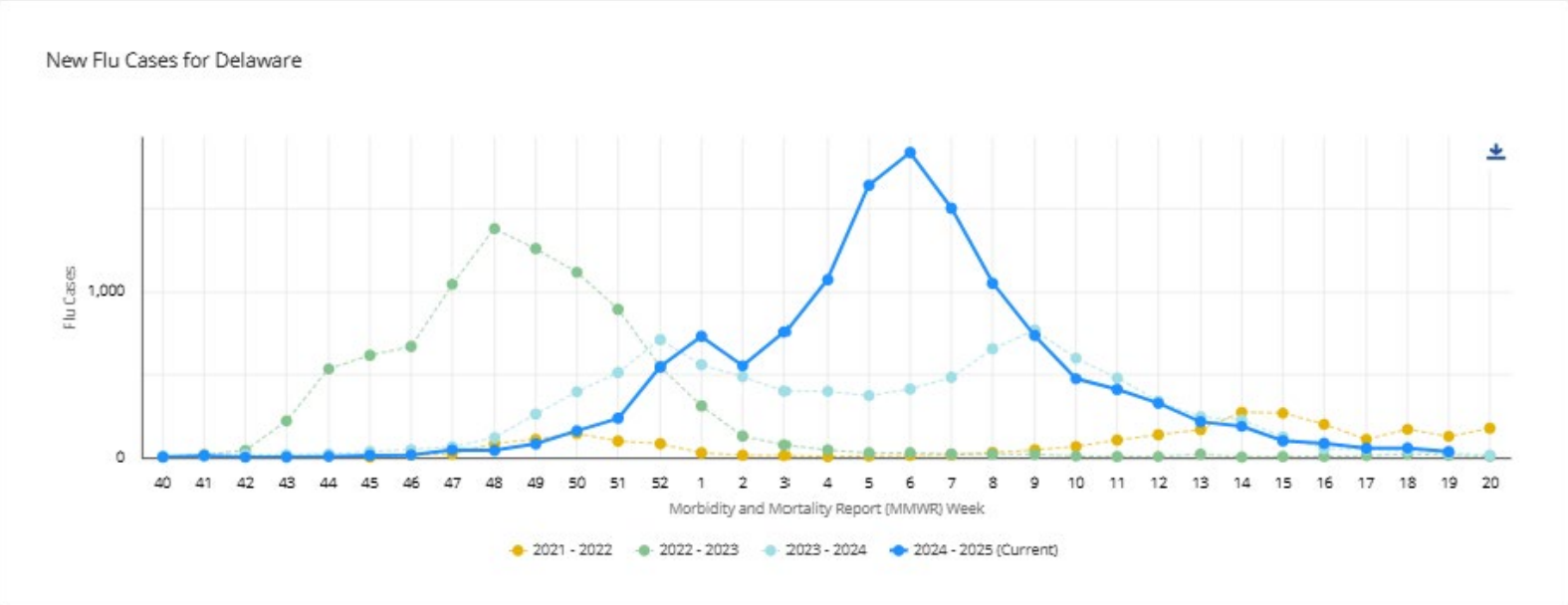
Total Flu Cases by County (Cumulative)



https://myhealthycommunity.dhss.delaware.gov/topics/flu/overview/state/2024-2025

Influenza in Delaware

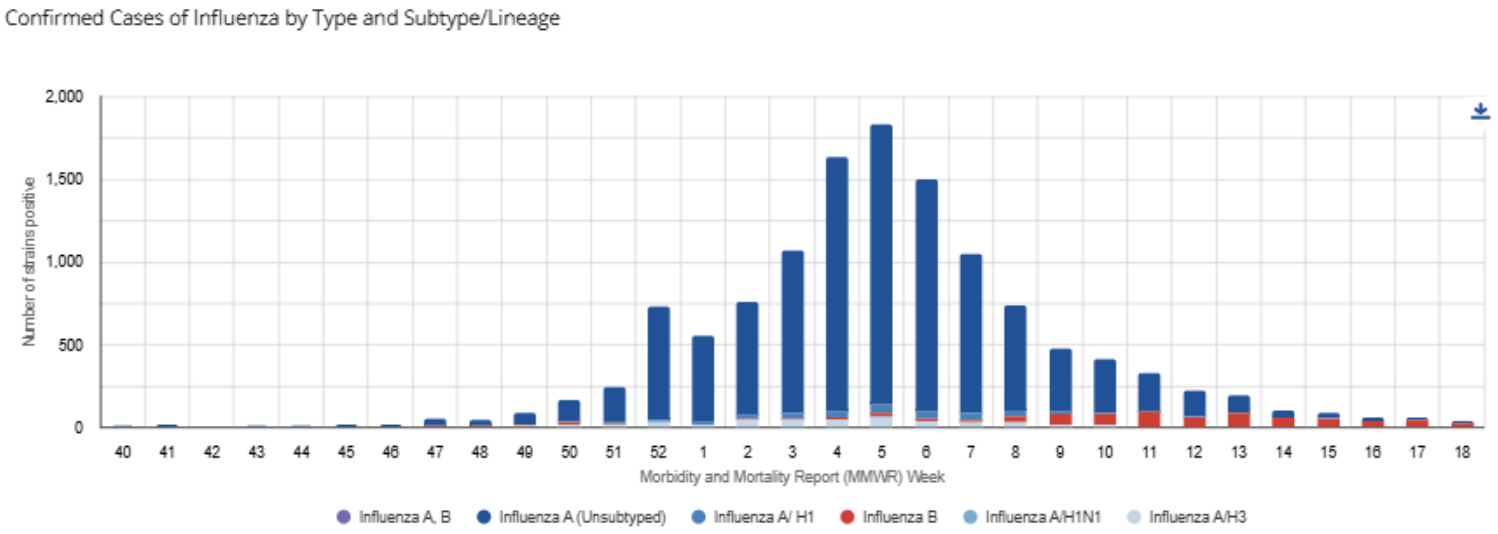
2024-2025, Incidence



https://myhealthycommunity.dhss.delaware.gov/topics/flu/overview/state/2024-2025

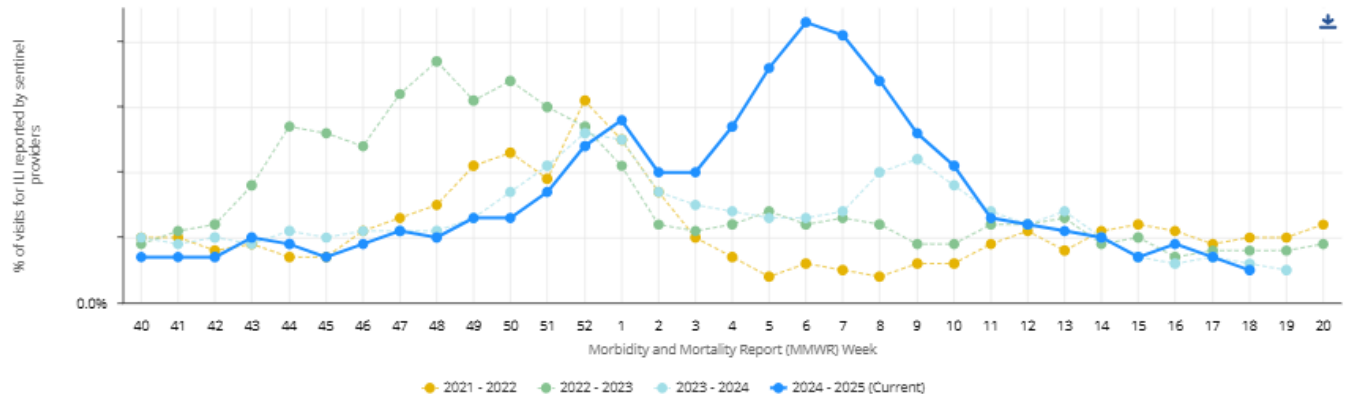
Influenza in Delaware

2024-2025, Typing



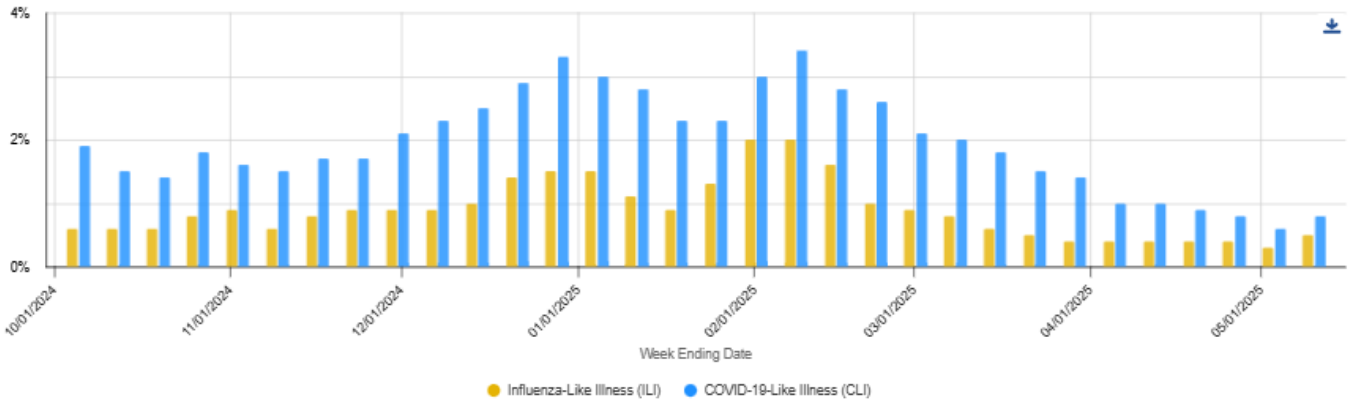
https://myhealthycommunity.dhss.delaware.gov/topics/flu/overview/state/2024-2025

Percentage of visits for influenza-like illness (ILI) reported by sentinel providers

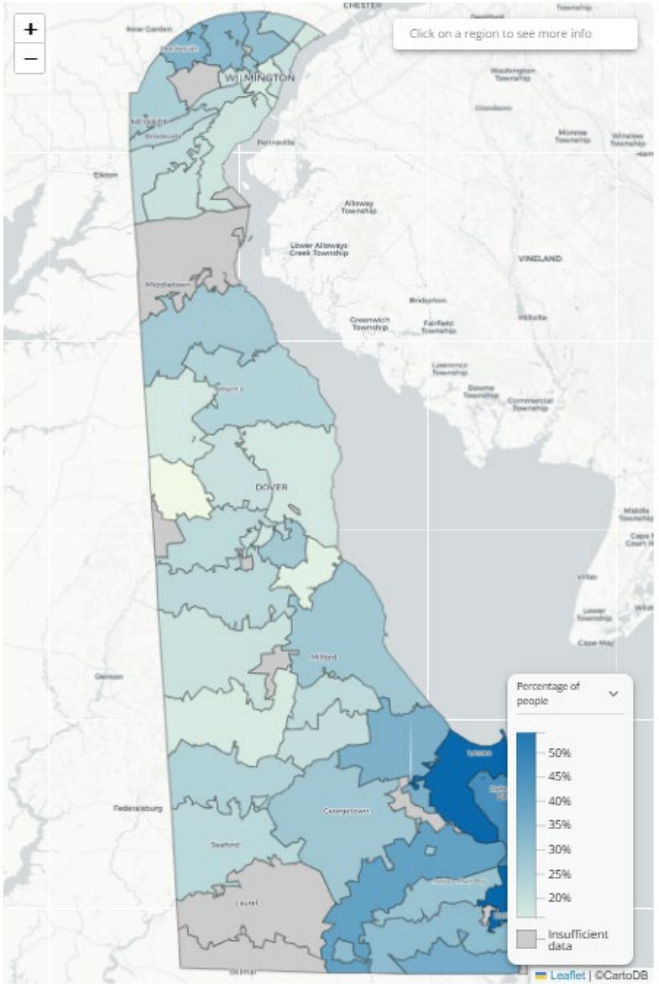


Data note: Weekly data points are released one week after the end of the week to enhance completeness.

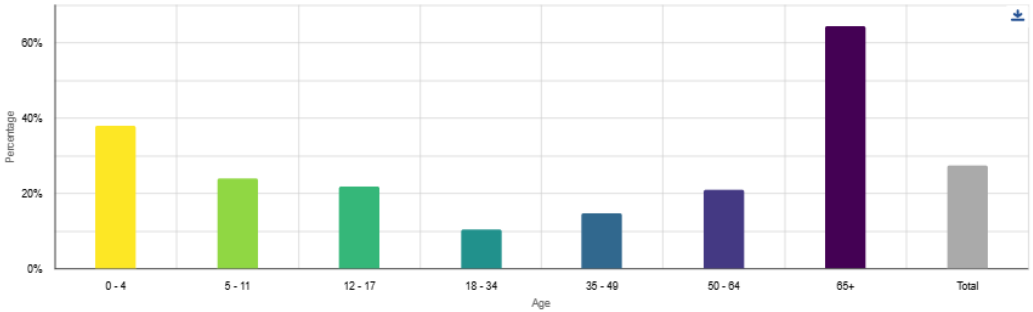
Percentage of Emergency Department Visits for Influenza-Like Illness (ILI) and COVID-19-Like Illness (CLI) by Week (Fall and Winter Virus Season 2024-2025)



Zip Codes | Percentage Vaccinated



Percentage Vaccinated in Delaware by Age

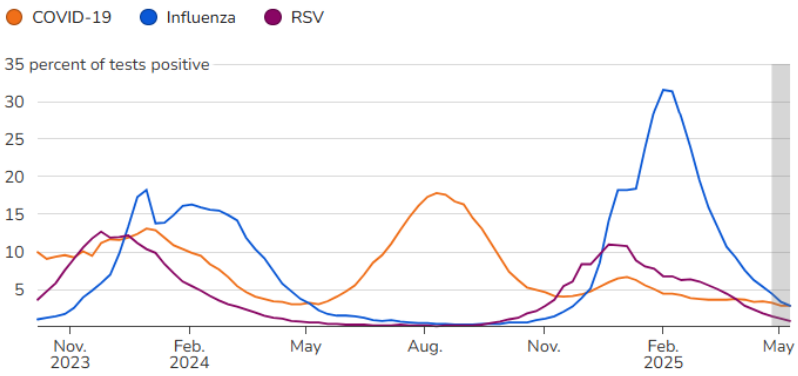


Age	Total Count (2024 - 2025 Flu season)	% of demographic group vaccinated	% of all persons vaccinated
0 - 4	20,460	37.9%	7.5%
5 - 11	19,369	24.0%	7.1%
12 - 17	15,817	21.8%	5.8%
18 - 34	22,351	10.4%	8.2%
35 - 49	25,439	14.6%	9.4%
50 - 64	42,780	21.0%	15.7%
65+	125,502	64.4%	46.2%
Total	271,718	27.3%	100.0%

USA: Acute Respiratory Illness

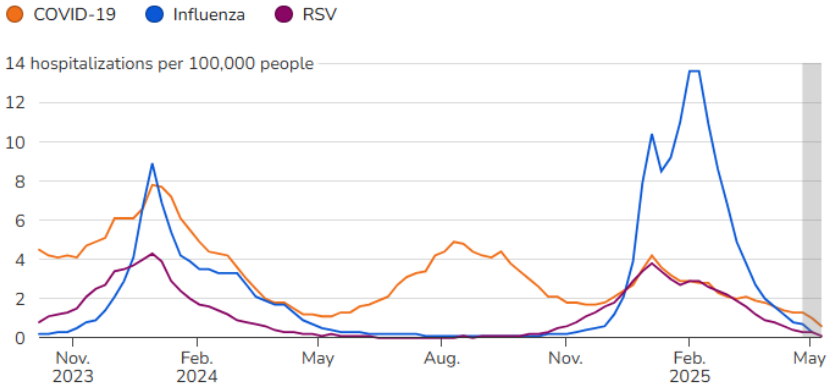
Percent of Tests Positive for Respiratory Viruses

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.



Data last updated on May 15, 2025 and presented through May 10, 2025. View this dataset on data.cdc.gov.

Hospitalization Rates

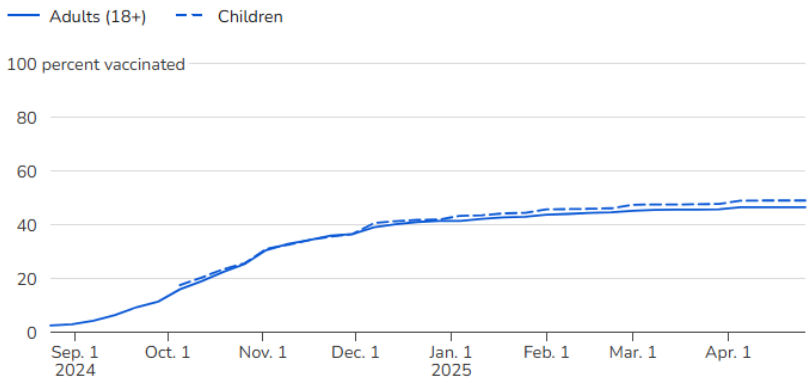


Data last updated on May 15, 2025 and presented through May 10, 2025. View this dataset on data.cdc.gov.

USA: Vaccinations

Flu Vaccination in the United States

Weekly cumulative percent of adults and children vaccinated with 2024-25 seasonal flu vaccine. Refer to data notes for more details.

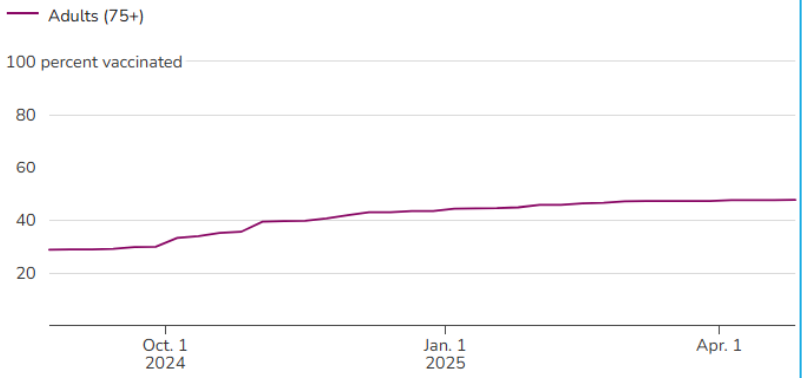


95% confidence intervals for the point estimates are presented at the data.cdc.gov link below.

Data last updated on May 1, 2025 and presented through April 26, 2025. View this dataset on data.CDC.gov.

RSV Vaccination in the United States

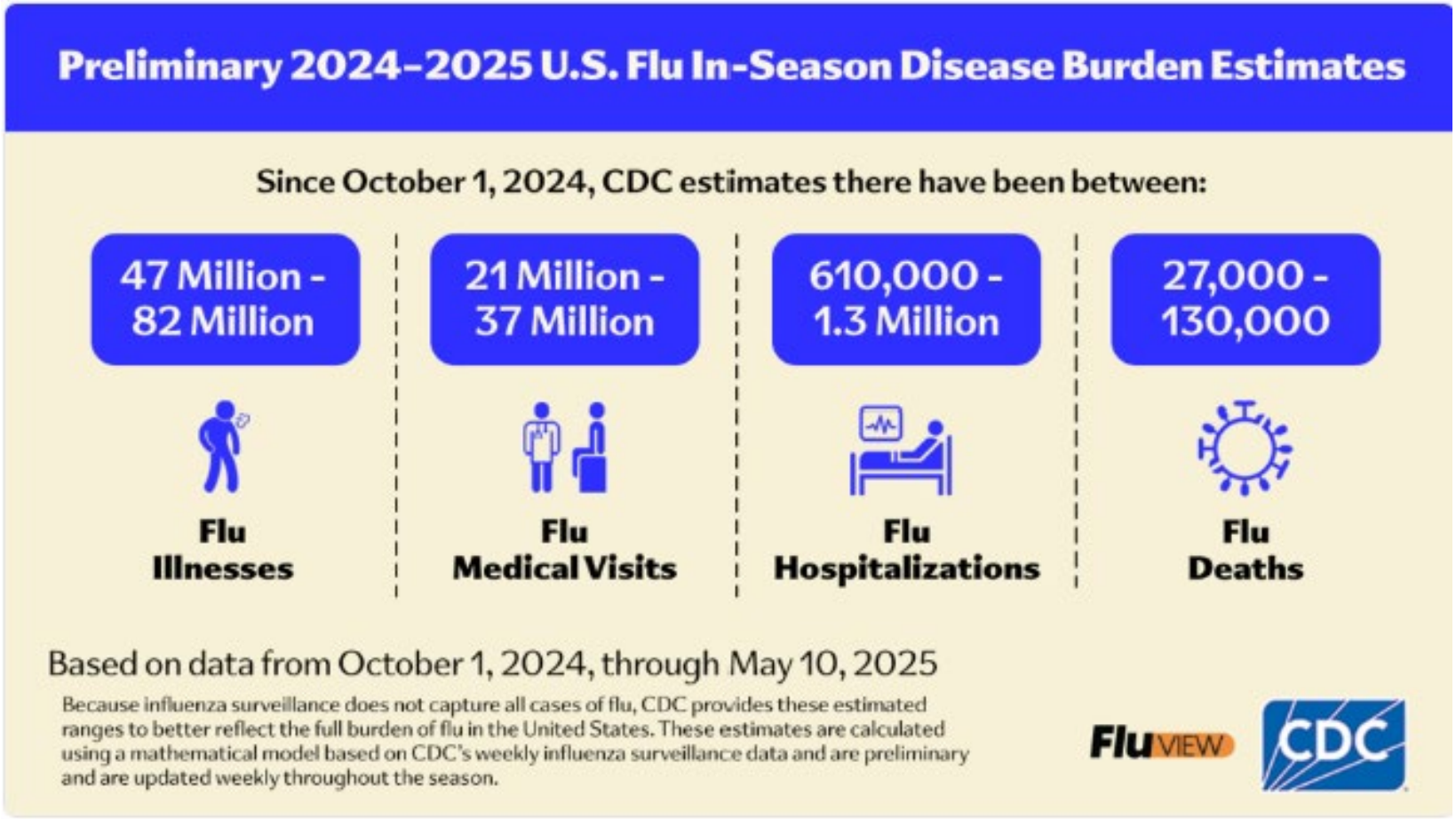
Weekly cumulative percent of adults 75+ vaccinated with RSV vaccine. Refer to data notes for more details.



95% confidence intervals for the point estimates are presented at the data.cdc.gov link below.

Data last updated on May 1, 2025 and presented through April 26, 2025. View this dataset on data.CDC.gov.

https://www.cdc.gov/respiratory-viruses/data/vaccination-trends.html



https://www.cdc.gov/flu-burden/php/data-vis/2024-2025.html

216 children have died from flu this season, CDC reports

Health May 2, 2025 12:31 PM EDT

NEW YORK (AP) — More U.S. children have died this flu season than at any time since the swine flu pandemic 15 years ago, according to a federal report released Friday.

The 216 pediatric deaths reported by the Centers for Disease Control and Prevention eclipse the 207 reported last year. It's the most since the 2009-2010 H1N1 global flu pandemic.

https://www.pbs.org/newshour/health/216-children-have-died-from-flu-this-season-cdc-reports

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

Weekly / May 8, 2025 / 74(16);273–281

Abstract

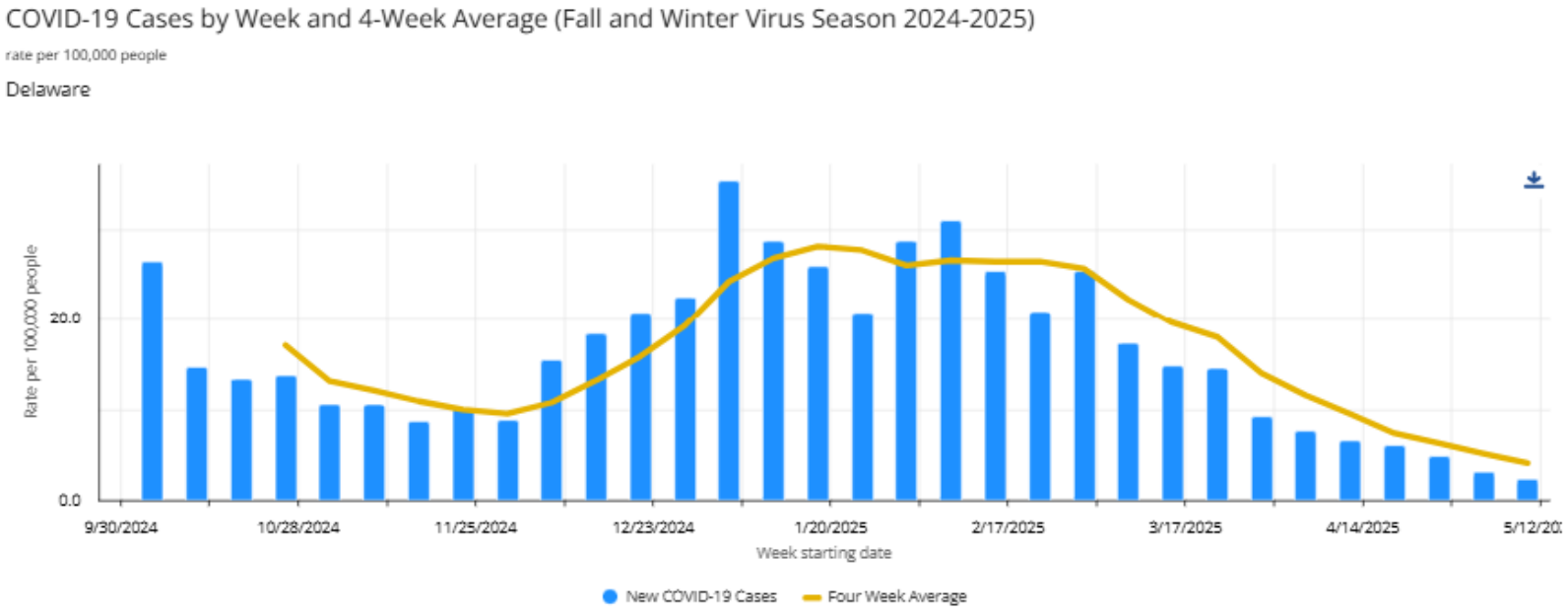
Maternal respiratory syncytial virus (RSV) vaccine and nirsevimab, a long-acting monoclonal antibody for infants aged 0–7 months and children aged 8–19 months who are at increased risk for severe RSV disease, became widely available for prevention of severe RSV disease among infants and young children during the 2024–25 RSV season.

To evaluate the association between availability of these products and infant and child RSV-associated hospitalization rates, the rates among children aged <5 years were compared for the 2024–25 and 2018–20 RSV seasons using data from the RSV-Associated Hospitalization Surveillance Network (RSV-NET) and New Vaccine Surveillance Network (NVSN).

Among infants aged 0–7 months (eligible for protection with maternal vaccination or nirsevimab), 2024–25 RSV-associated hospitalization rates were lower compared with 2018–20 pooled rates (estimated relative rate reductions of 43% [RSV-NET: 95% CI = 40%–46%] and 28% [NVSN: 95% CI = 18%–36%]). The largest estimated rate reduction was observed among infants aged 0–2 months (RSV-NET: 52%, 95% CI = 49%–56%; NVSN: 45%, 95% CI = 32%–57%) and during peak hospitalization periods (December–February).

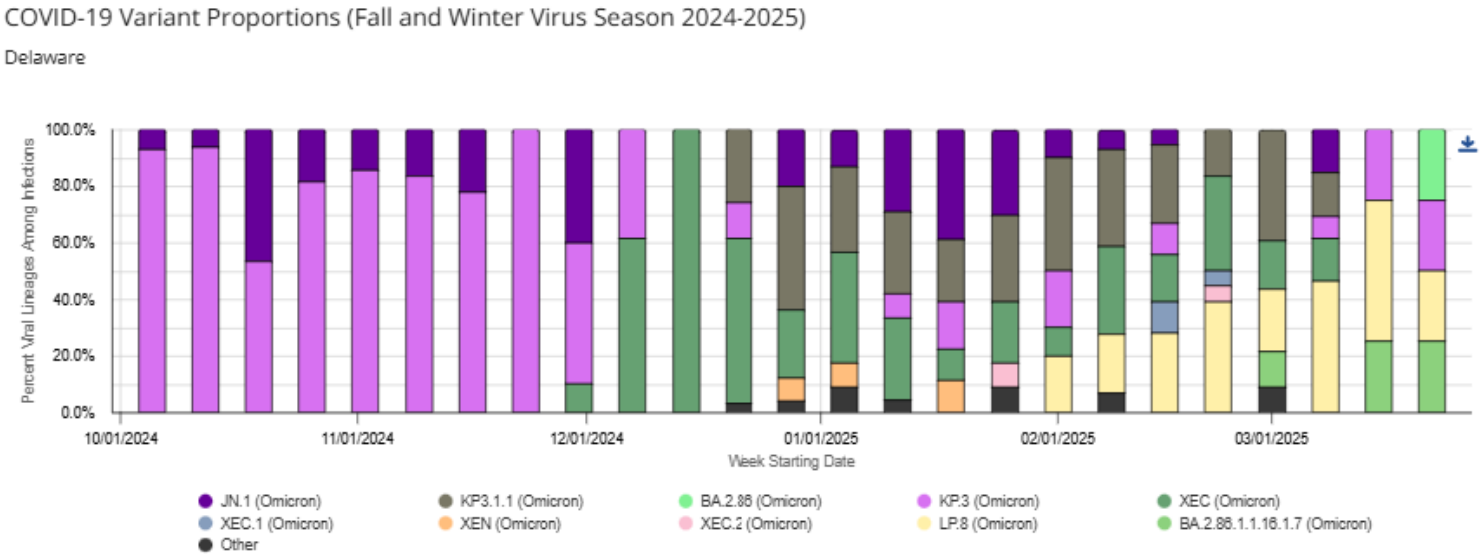
These findings support Advisory Committee on Immunization Practices' recommendations for maternal vaccination or nirsevimab to protect against severe RSV disease in infants and highlight the importance of implementing the recommendations to protect infants as early in the RSV season as possible, before peak transmission, and for infants born during the RSV season, within the first week of life, ideally during the birth hospitalization.

COVID-19 in Delaware



https://myhealthycommunity.dhss.delaware.gov/topics/covid-19/overview/state/2024-2025

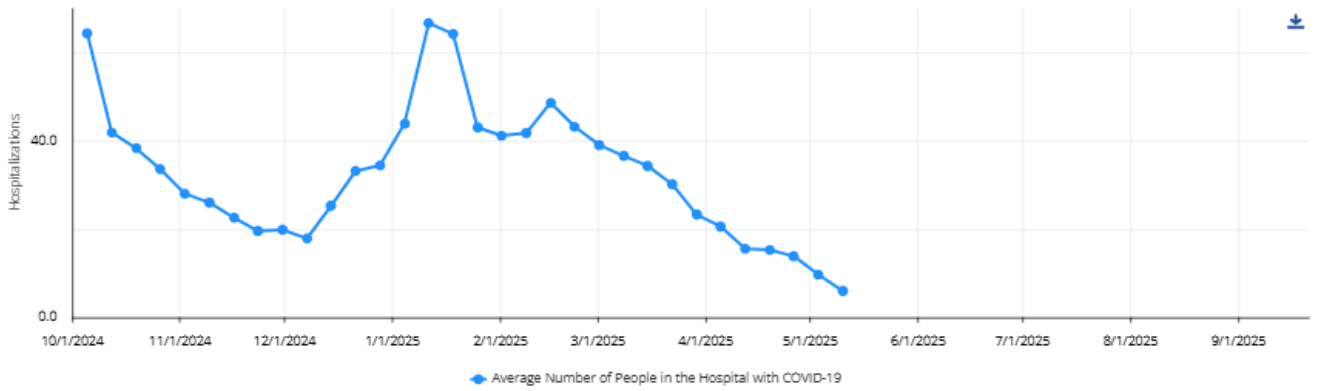
COVID-19 in Delaware



https://myhealthycommunity.dhss.delaware.gov/topics/covid-19/overview/state/2024-2025

Average Number of People in the Hospital with COVID-19 by Week (Fall and Winter Virus Season 2024-2025)

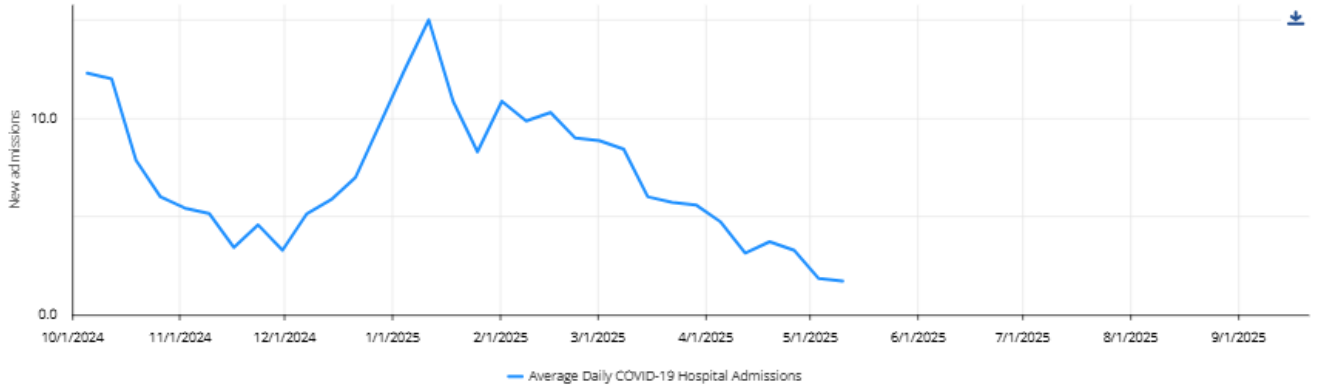
Delaware



Additional Information for COVID-19 Hospitalizations

Average Daily COVID-19 Hospital Admissions by Week (Fall and Winter Virus Season 2024-2025)

Delaware



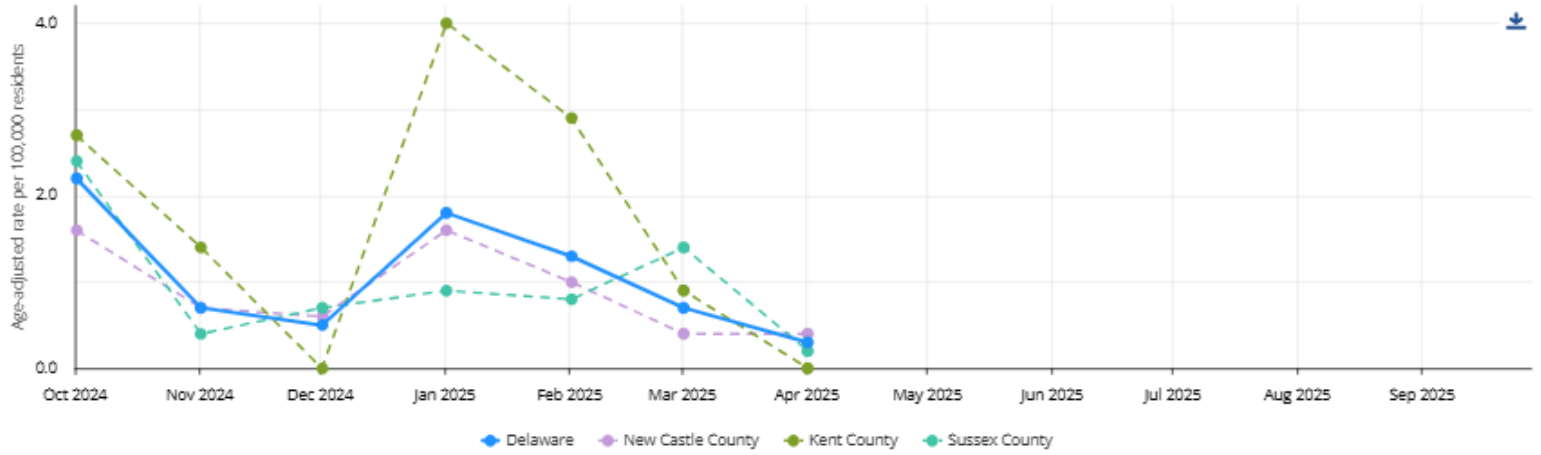
COVID-19 Deaths by Month and County

Last Month (April 2025)

Location	Count number of deaths	Rate age-adjusted rate per 100,000 residents
New Castle County	3	0.4
Kent County	0	0.0
Sussex County	1	0.2
Delaware	4	0.3

COVID-19 Deaths by County (Fall and Winter Virus Season 2024-2025)

Age-adjusted rate per 100,000 residents



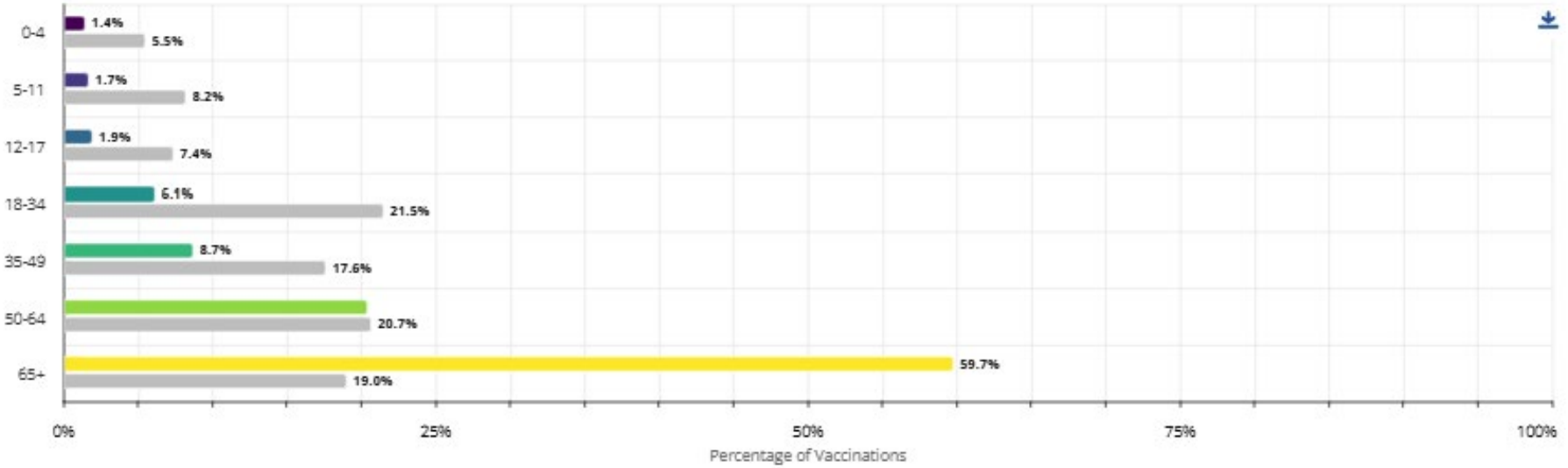
COVID-19 Vaccinations by Month and County

Last Month (April 2025)

Location	Count number of vaccinations	Percentage of residents
New Castle County	83,349	14.6%
Kent County	18,326	10.0%
Sussex County	45,333	18.8%
Delaware	146,729	14.8%

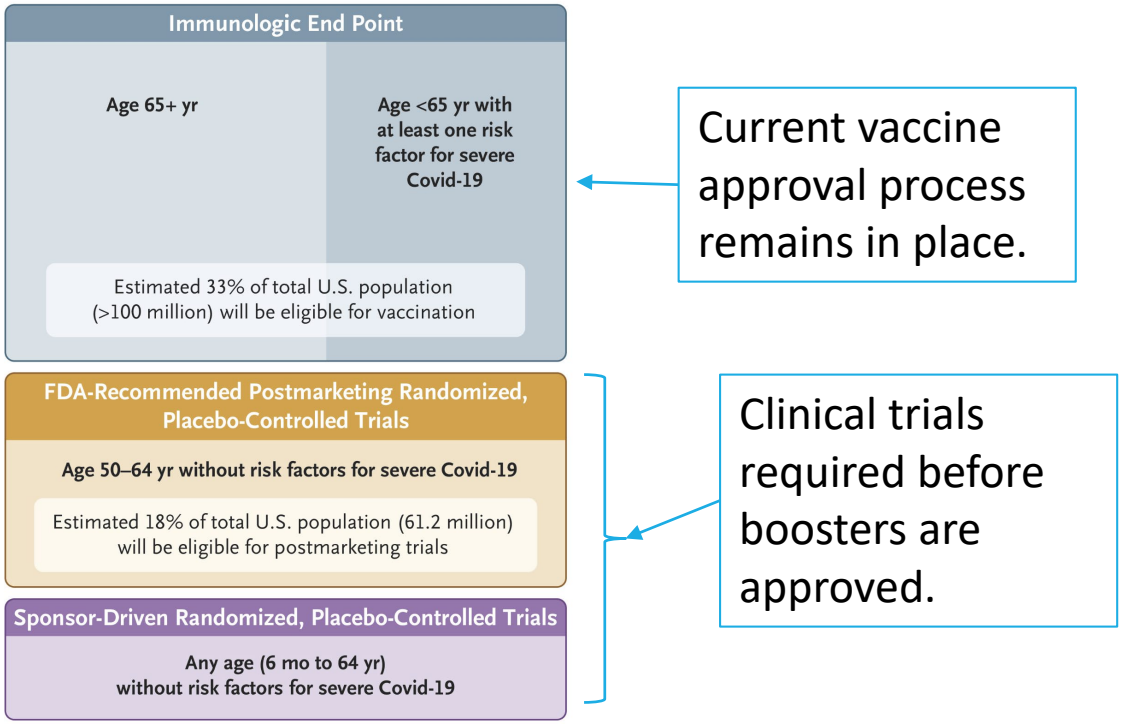
COVID-19 Vaccinations by Age

Percentage of Vaccinations



COVID-19 Vaccine Restrictions

As of May 20



*Does not include caregivers, healthy people living with vulnerable individuals, or those wanting to avoid long COVID

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

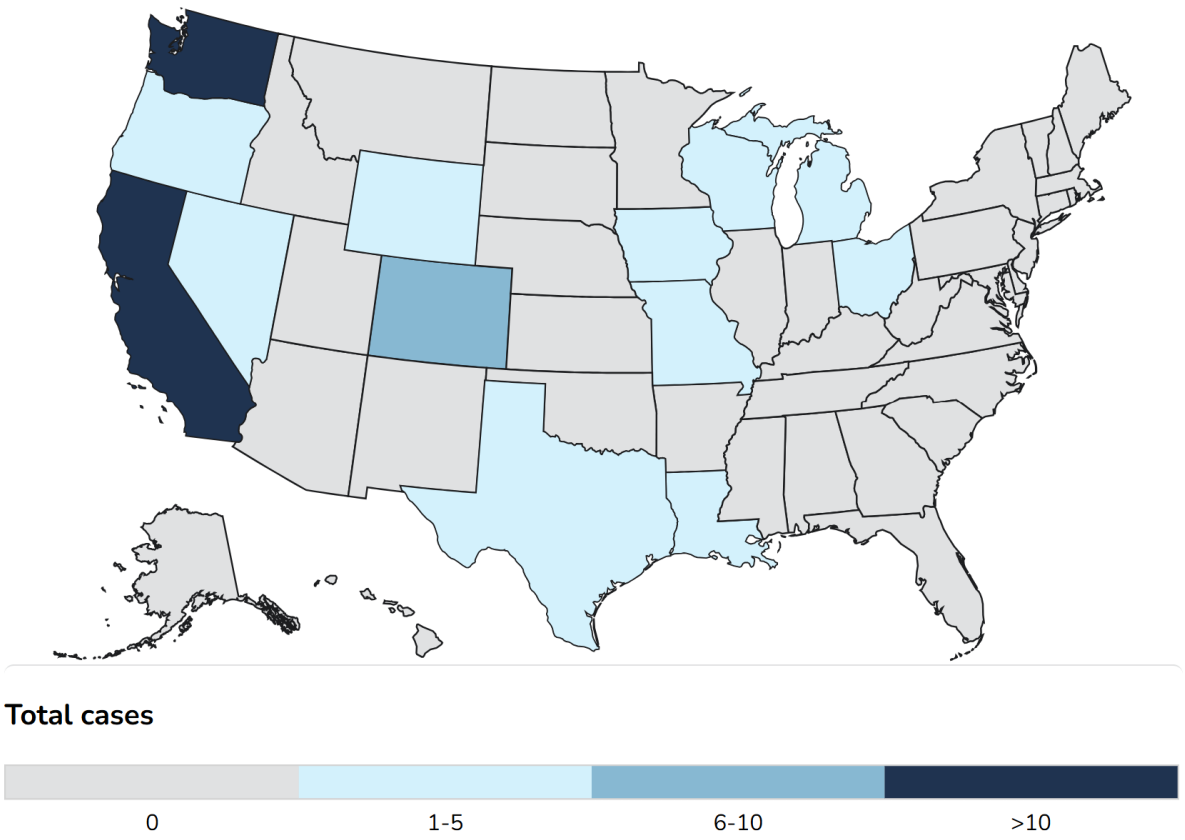
Avian/Bovine/Human Influenza

National Total Cases: 70

Cases	Exposure Source
41	Dairy Herds (Cattle)*
24	Poultry Farms and Culling Operations*
2	Other Animal Exposure†
3	Exposure Source Unknown‡

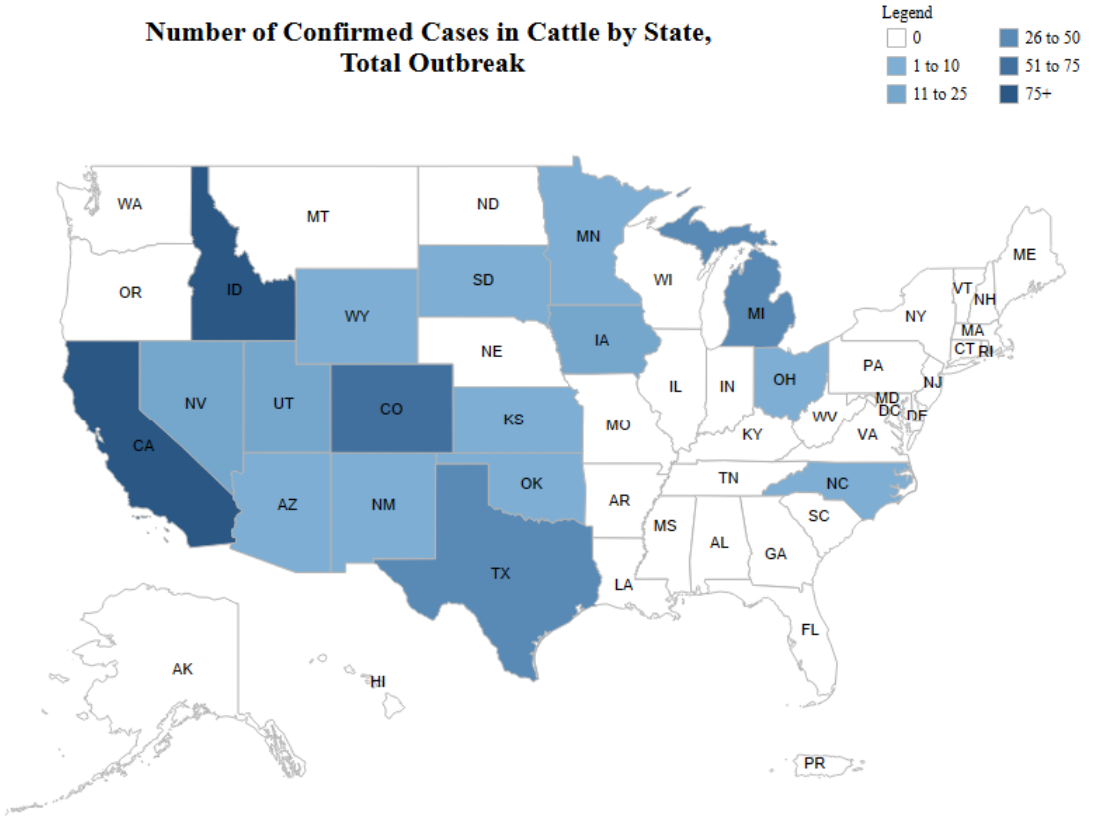
NOTE: One additional case was previously detected in a poultry worker in Colorado in 2022. Louisiana reported the first H5 bird flu death in the U.S.

*Exposure Associated with Commercial Agriculture and Related Operations
†Exposure was related to other animals such as backyard flocks, wild birds, or other mammals
‡Exposure source was not able to be identified



https://www.cdc.gov/bird-flu/situation-summary/

Confirmed Cases of HPAI in Domestic Livestock



<u>As of Jan 16, 2025</u>

1,065 confirmed cases in 17 states

https://www.aphis.usda.gov/livestock-poultry-disease/avian/avian-influenza/hpai-detections/hpai-confirmed-cases-livestock

New Results

Follow this preprint

H5 influenza virus mRNA-lipid nanoparticle (LNP) vaccination elicits adaptive immune responses in Holstein calves

Carine K. Souza, Jefferson J. S. Santos, Paola Boggiatto, Haley Sterle, Bailey Arruda, Mitchell V. Palmer, Alessandra Campos, Jiaojiao Liu, Naiqing Ye, Drew Weissman, Scott E. Hensley, Amy L. Baker

doi: https://doi.org/10.1101/2025.05.01.651548

Clade 2.3.4.4b H5 mRNA-LNP vaccine in calves

Induced a robust antibody and CD8+ T cellular-mediated immune response

Conferred protection against clade 2.3.4.4b H5N1 infection

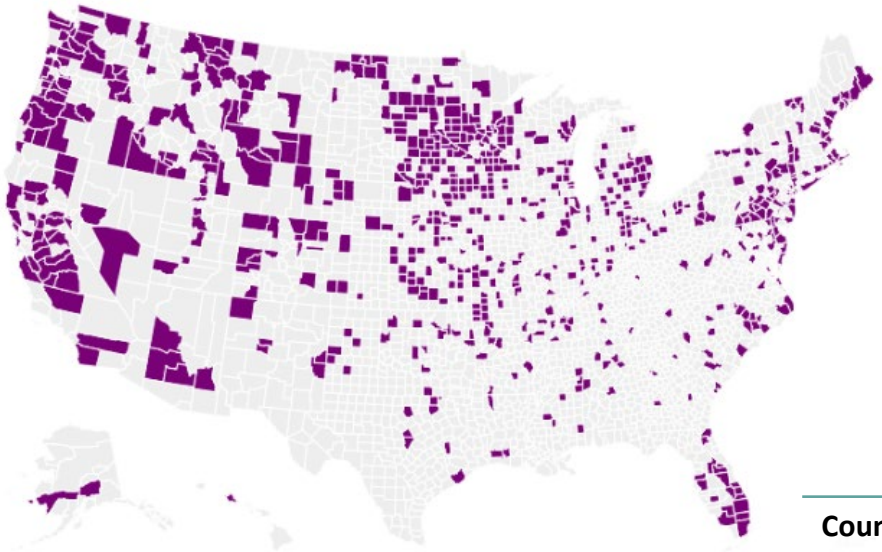
Poultry

May 14, 2025

Birds Affected
169,296,749

Highly pathogenic avian influenza (HPAI) A(H5) viruses have been detected in U.S. wild aquatic birds, commercial poultry and backyard or hobbyist flocks beginning in January 2022. These are the first detections of HPAI A(H5) viruses in the U.S. since 2016. Preliminary genetic sequencing and RT-PCR testing on some virus specimens shows these viruses are HPAI A(H5N1) viruses from clade 2.3.4.4.

States Affected	Counties Affected	Reported Outbreaks
51	685	1,700



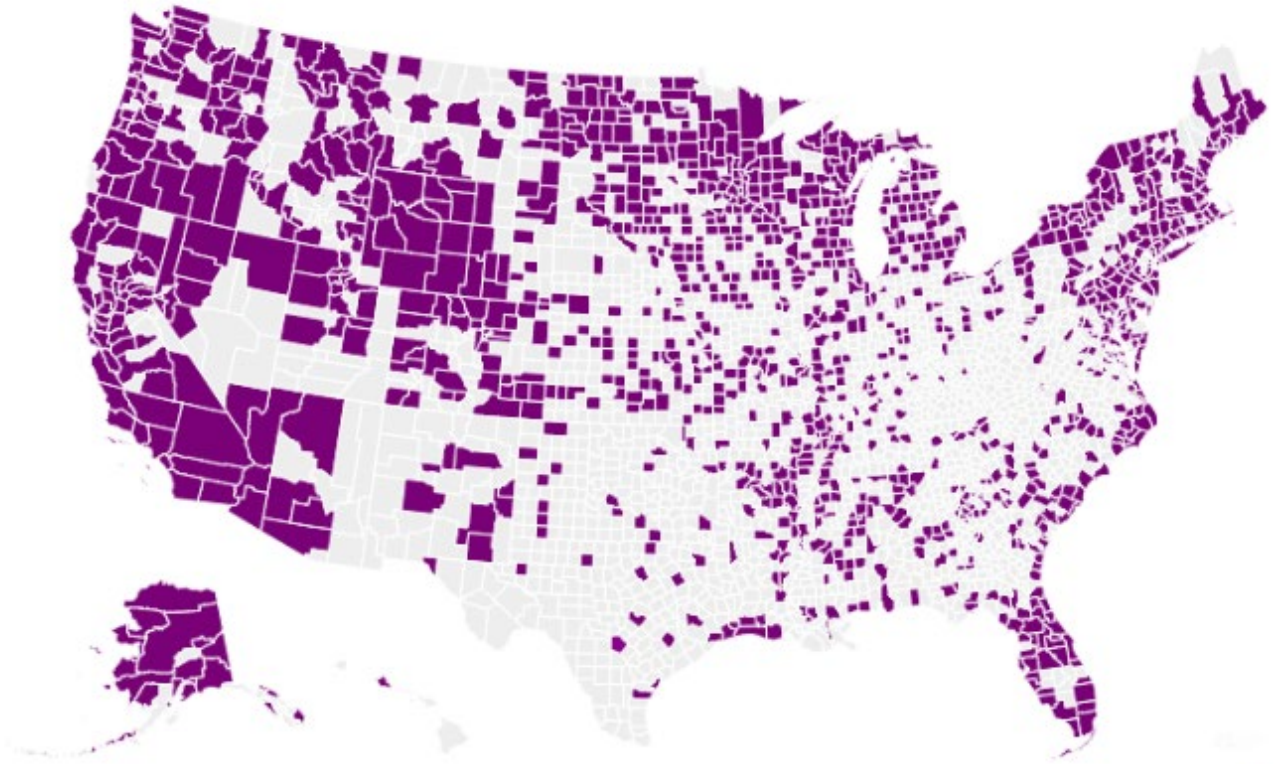
County	Date	Flock Type	Size
Sussex	2/13/2025	WOAH Non-Poultry	30
Kent	1/28/2025	Commercial Broiler Production	145,800
Kent	1/9/2025	Commercial Broiler Production	194,800
Kent	1/4/2025	Commercial Broiler Production	125,000

https://www.cdc.gov/bird-flu/situation-summary/data-map-commercial.html

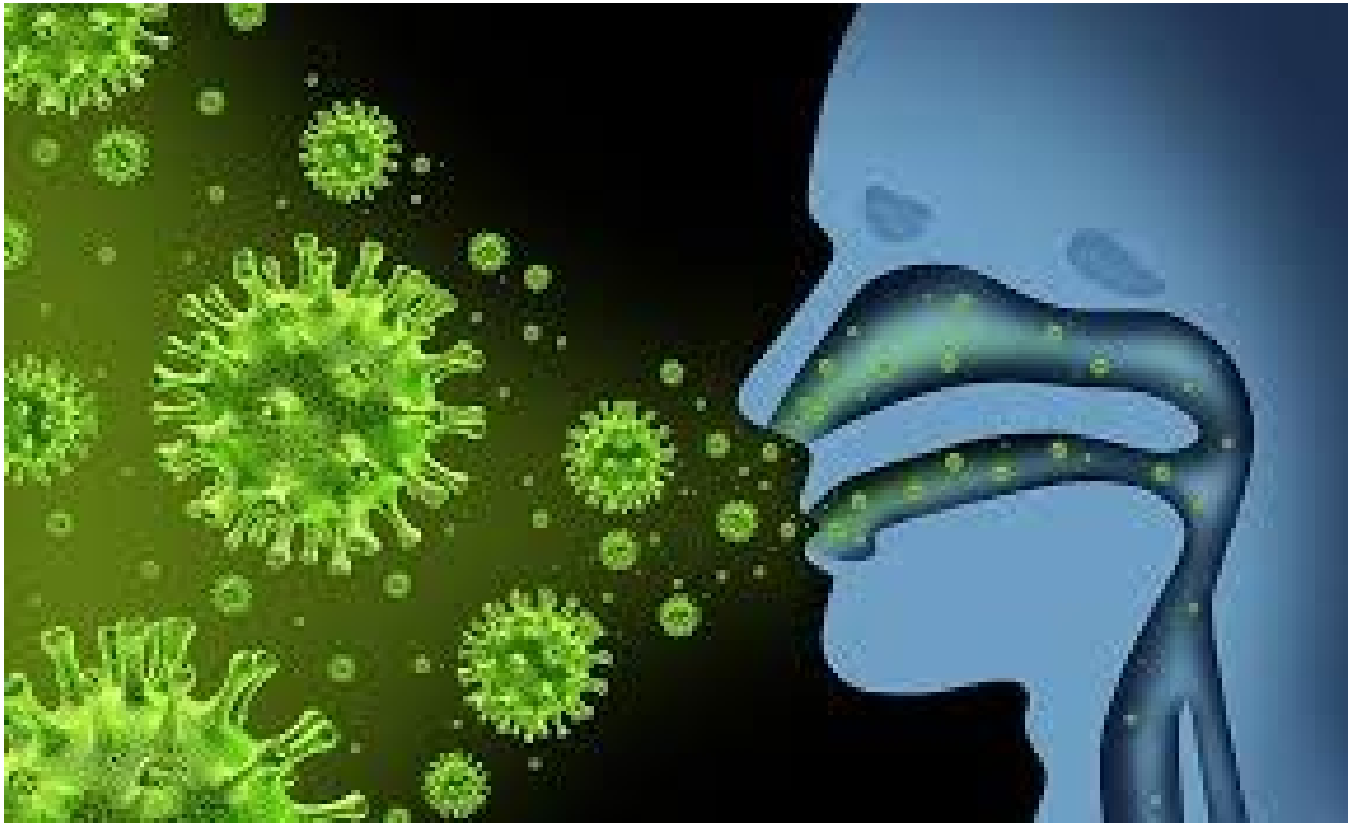
Wild Birds

May 14, 2025

Birds Detected	Jurisdictions Affected	Counties Affected
13,025	51	1,240



https://www.cdc.gov/bird-flu/situation-summary/data-map-wild-birds.html



EMERGING INFECTIOUS DISEASE

Pertussis, USA

April 26, 2025

Weekly cases* of notifiable diseases, United States, U.S. Territories, and Non-U.S. Residents week ending April 26, 2025 (Week 17)

Reporting Area	Pertussis			
	Current week	Previous 52 weeks Max †	Cum YTD 2025 †	Cum YTD 2024 †
U.S. Residents, excluding U.S. Territories	175	1,703	9,034	4,698
New England	-	89	167	92
North Dakota	-	17	47	33
South Dakota	-	38	36	45
South Atlantic	29	143	958	481
Delaware	-	6	6	4
District of Columbia	-	2	4	3
Florida	27	44	468	96
Georgia	-	18	-	39
Maryland	2	21	54	19
North Carolina	-	49	192	133
South Carolina	-	17	-	76
Virginia	-	35	207	96

Measles, USA

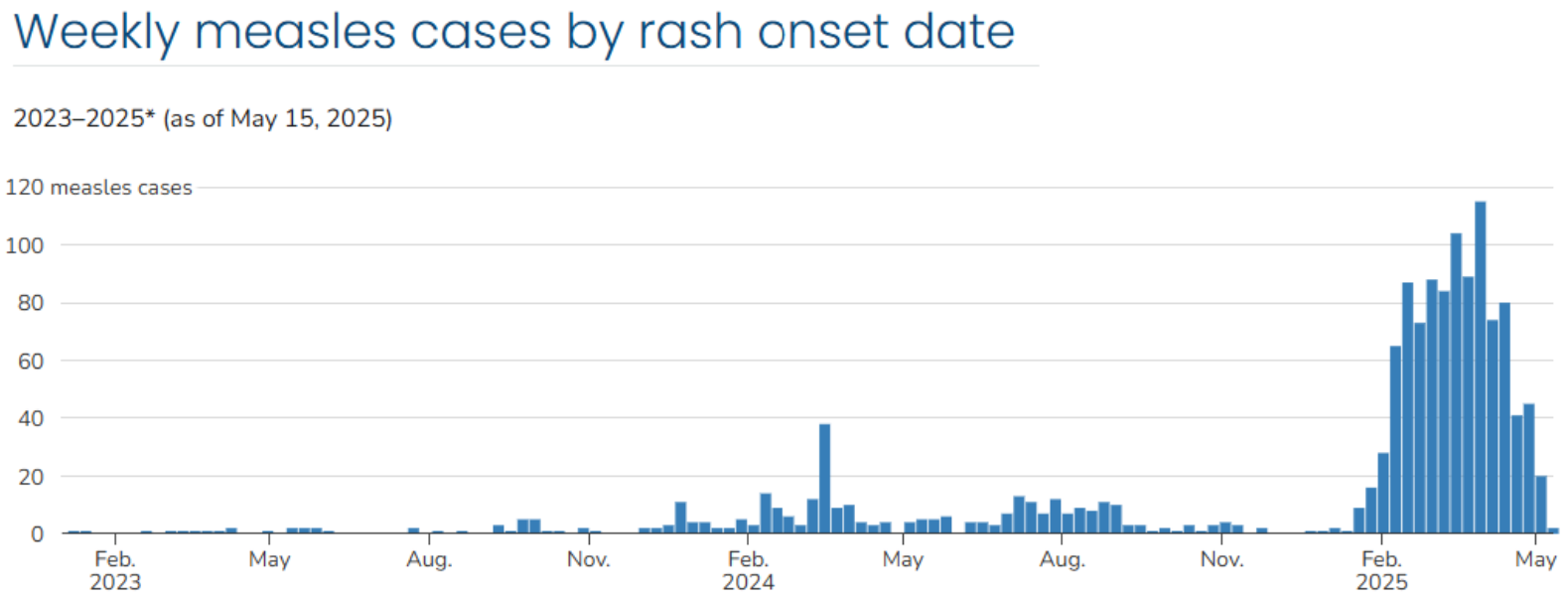
As of May 15, a total of 1,024 confirmed measles cases were reported by 31 jurisdictions.

14 outbreaks (3+ related cases), 92% of confirmed cases (947) are outbreak-associated.

Age	Cases	Hospitalizations
< 5 years	303 (30%)	69 (23%)
5-19 years	388 (38%)	33 (9%)
20+ years	325 (32%)	25 (8%)
Unknown	8 (1%)	1 (13%)

Vaccination. Unvaccinated/Unknown: 96%; MMR 1 dose: 1%; MMR 2 doses: 2%
Death. 2 young girls (Texas), 1 adult (New Mexico)

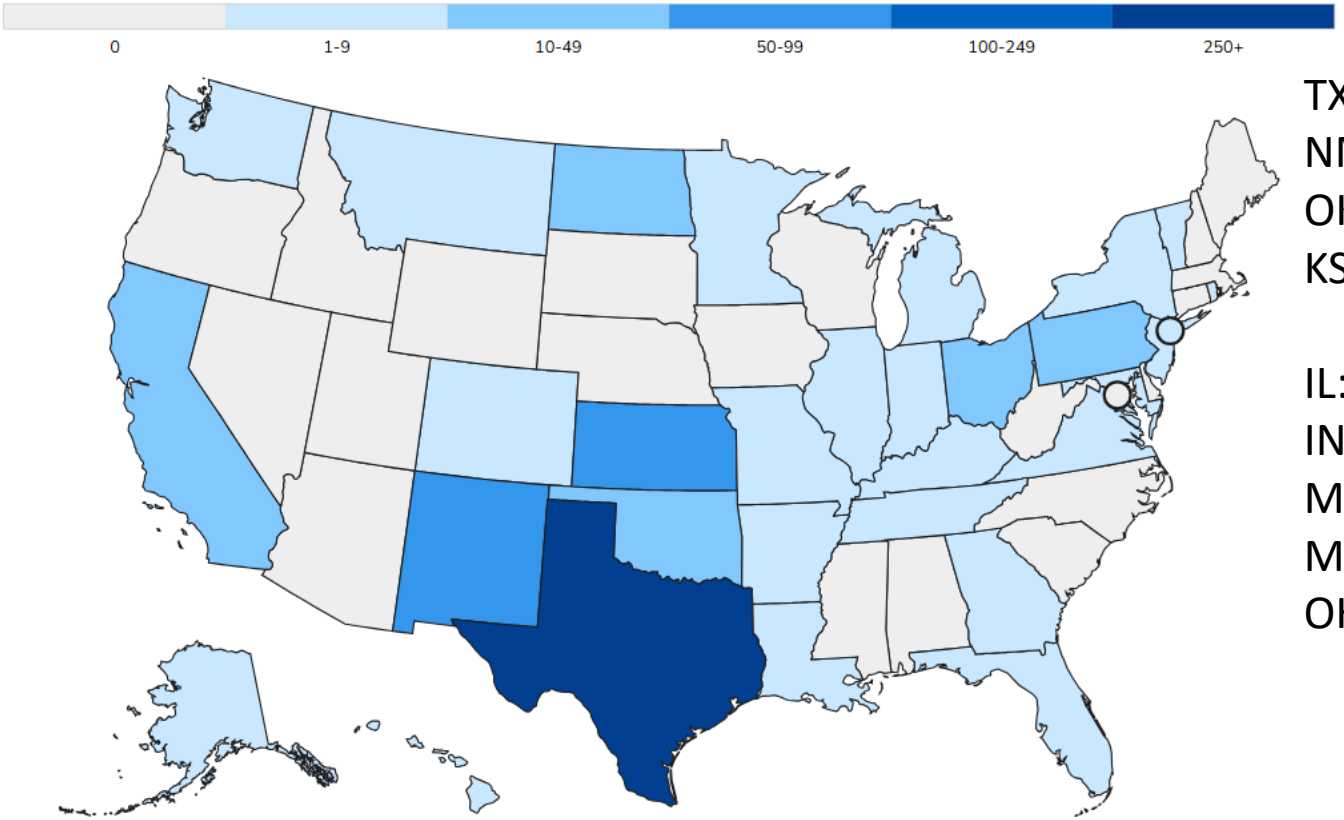
Measles, USA



https://www.cdc.gov/measles/data-research/index.html

Measles, USA

Cases, 2025 (as of May 15)

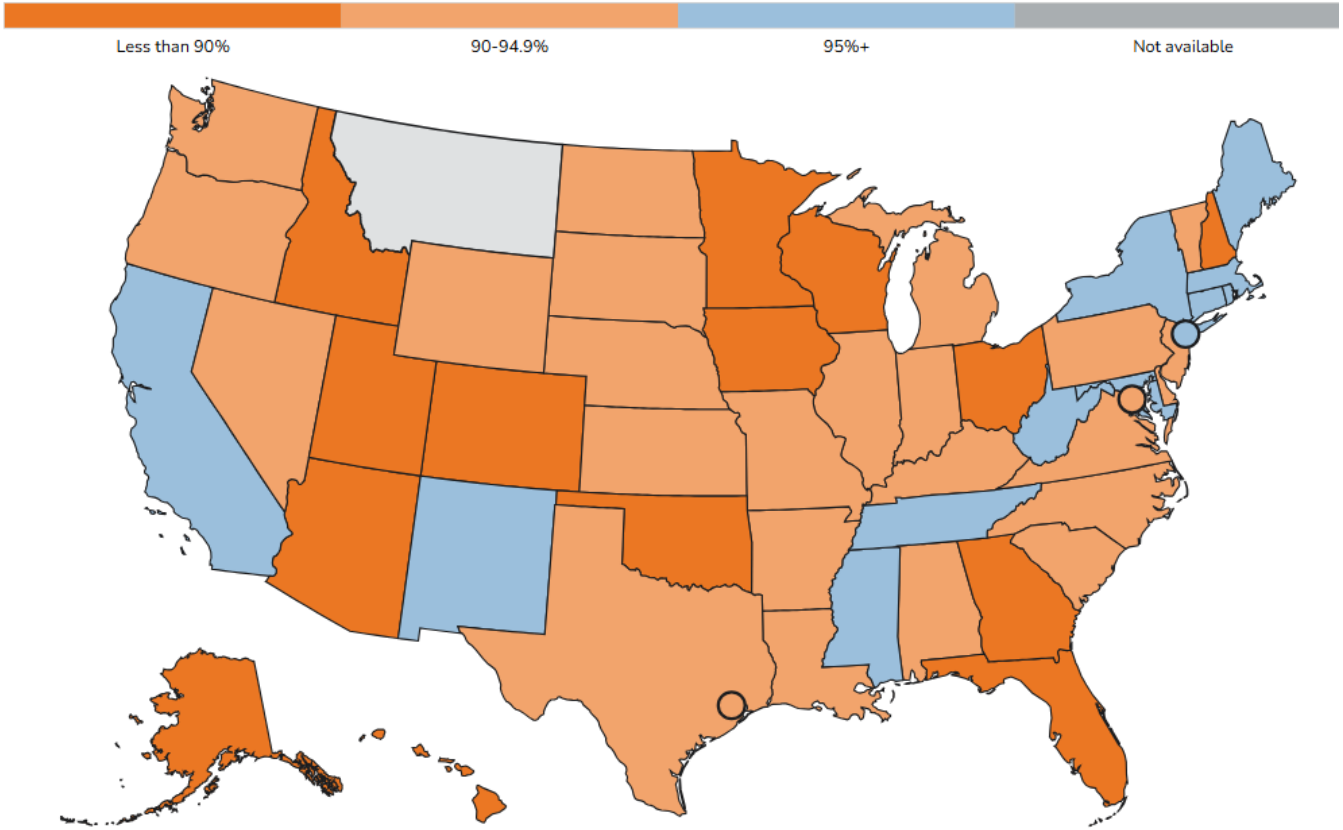


TX: 718 cases
NM: 74 cases
OK: 17 cases
KS: 48 cases

IL: 8 cases
IN: 8 cases
MI: 9 cases
MO: 8 cases
OH: 41 cases

Measles, USA

Percent Vaccinated, 2023-2024



https://www.cdc.gov/measles/data-research/index.html

Outbreak Cases by County

Home County	Confirmed	% of Total
Andrews	3	0.4%
Bailey	2	0.3%
Borden	1	0.1%
Brown	1	0.1%
Carson	1	0.1%
Cochran	14	1.9%
Collin	1	0.1%
Dallam	7	1.0%
Dawson	26	3.6%
Eastland	2	0.3%
Ector	11	1.5%
El Paso	52	7.2%
Erath	1	0.1%
Gaines	406	56.5%
Garza	2	0.3%
Hale	6	0.8%
Hardeman	1	0.1%
Hockley	6	0.8%
Lamar	19	2.6%
Lamb	1	0.1%
Lubbock	52	7.2%
Lynn	2	0.3%
Martin	3	0.4%
Midland	3	0.4%
Parmer	5	0.7%
Potter	2	0.3%
Randall	1	0.1%
Reeves	1	0.1%
Rockwall	1	0.1%
Terry	60	8.4%
Upshur	5	0.7%
Yoakum	20	2.8%
Total	**718**	**100.0%**

Figure 3

Outbreak Cases by County

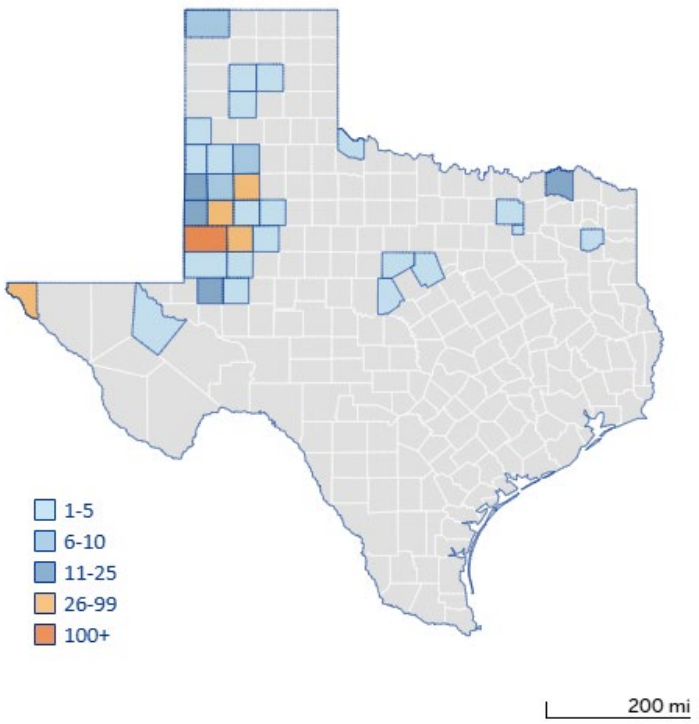


Figure 4

Outbreak Cases by Age

Age Group	Confirmed
0-4 Yrs	211
5-17 Yrs	273
18+ Yrs	230
Pending	4

Outbreak Cases by Vaccination Status

Vaccination Status	Confirmed
Unknown/Unvaccinated*	688
Vaccinated: 1 dose	13
Vaccinated: 2+ doses	17

*The unvaccinated/unknown category includes people with no documented doses of measles vaccine more than 14 days before symptom onset.

Measles, New Mexico

Measles Cases by Age Group

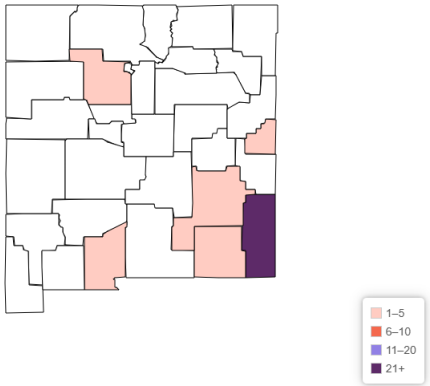
Age Group	Cases
0-4 Years	21
5-17 Years	20
18+ Years	33
Pending	0
Total	**74**

Measles Cases by County

County	Cases	Hospitalizations	Deaths
Lea	65	6	1
Curry	1	0	0
Eddy	3	0	0
Dona Ana	2	1	0
Chaves	1	0	0
Sandoval	2	0	0
Total	**74**	**7**	**1**

Measles Cases by Vaccination Status

Vaccination Status	Cases
Vaccinated with at least one dose	9
Not Vaccinated	50
Unknown	15
Total	**74**



Measles, Kansas

2025 Total Cases	Rate Year-to-Date	Outbreak Associated	Counties with Cases
56	1.92 per 100,000 population	54	10

Race Case Rate per 100,000 Population
[Provisional Data]

Race	Cases	Rate per 100k
White	47	1.9
American Indian or Alaska Native	0	0.0
Asian	0	0.0
Black or African American	0	0.0
Native Hawaiian or Other Pacific Islander	0	0.0
Other Race	3	3.2
Unknown	6	0.0

Ethnicity Case Rate per 100,000 Population
[Provisional Data]

Ethnicity	Cases	Rate per 100k
Hispanic or Latino	5	1.4
Not Hispanic or Latino	42	1.6
Unknown	9	0.0

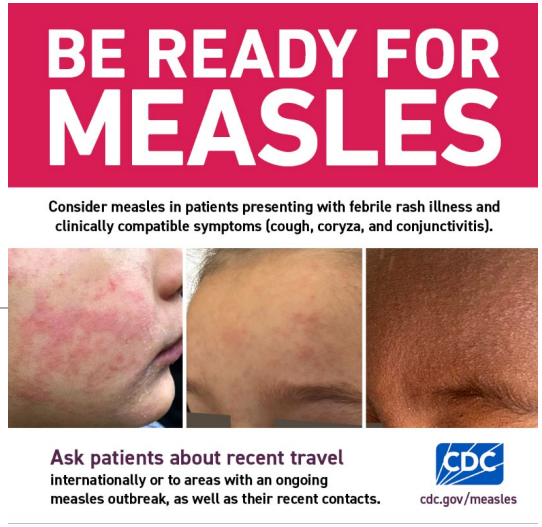
Kansas 2025 Measles Cases by County
[Provisional Data]

County	Cases
Finney	1-5
Ford	1-5
Grant	1-5
Gray	21
Haskell	8
Kiowa	6
Morton	1-5
Reno	1-5
Sedgwick	1-5
Stevens	7

Age Group Case Rate per 100,000 Population
[Provisional Data]

Age Group (Years)	Cases	Rate per 100k
0-4	19	12.8
5-10	16	8.4
11-13	6	6.2
14-17	4	3.1
18-24	1	0.4
25-34	5	1.5
35-44	3	0.9
45-54	1	0.3
55-64	1	0.3
65-74	0	0.0
75-84	0	0.0
85+	0	0.0

Measles: Be Ready



Long-term Dynamics of Measles Virus–Specific Neutralizing Antibodies in Children Vaccinated Before 12 Months of Age

Maaike van der Staak,[1,2] Hinke I. ten Hulscher,[1] Alina M. Nicolaie,[1] Gaby P. Smits,[1] Rik L. de Swart,[2] Jelle de Wit,[1] Nynke Y. Rots,[1] and Robert S. van Binnendijk[1]

Background. Measles is a highly contagious disease, presenting a significant risk for unvaccinated infants and adults. Measles vaccination under the age of 12 months provides early protection but has also been associated with blunting of antibody responses to subsequent measles vaccinations and assumed to have lower vaccine effectiveness.

Methods. Our study included children who received an early measles, mumps, and rubella (MMR) vaccination between 6 and 12 months of age (n = 79, given in addition to the regular MMR vaccination schedule at 14 months and 9 years) and a group without additional early vaccination (n = 44). We evaluated measles virus (MeV)–specific neutralizing antibodies before vaccination at 14 months and up to 6 years thereafter using a plaque reduction neutralization test according to the standard set by the World Health Organization.

Results. We found a significant association between age of first MMR and MeV-specific neutralizing antibody levels later in life. Although most children who received early vaccination seroconverted after the first dose, children vaccinated before 8.5 months of age exhibited a markedly faster antibody decay and lost their protective neutralizing antibody levels over 6 years.

Conclusions. Routine vaccination of infants under 8.5 months of age may lead to blunted MeV-specific antibody responses to subsequent MMR vaccination. Early MMR vaccination should only be considered during measles outbreaks or in other situations of increased risk of MeV infection.

PREVENTING MEASLES

BEFORE AND AFTER TRAVEL

Measles can be dangerous, especially for babies and young children. Severe measles can lead to hospitalization and even death.

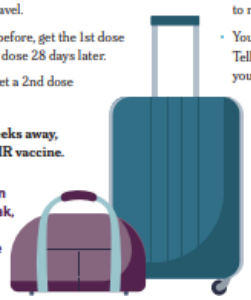
Measles is still common in many parts of the world. Anyone who is not fully vaccinated against measles and travels internationally or to a place with a measles outbreak is at risk.

You can protect yourself and your children against measles with the measles, mumps, rubella (MMR) vaccine.

What to do BEFORE international travel

1. **Talk to your doctor, nurse, or clinic** to make sure everyone is protected against measles.
2. **Get the vaccine at least 2 weeks before you leave.**
   - Babies 6 through 11 months old should get a dose of the MMR vaccine.
   - Everyone 12 months and older (including adults should get 2 total doses before travel.
     - If you haven't been vaccinated before, get the 1st dose right away. You can get the 2nd dose 28 days later.
     - If you've gotten 1 dose before, get a 2nd dose before travel.
3. **Even if your trip is less than 2 weeks away, you can still get 1 dose of the MMR vaccine.**

If you plan to travel to an area in the U.S. with a measles outbreak, talk to your doctor, nurse, or clinic to make sure everyone is protected against measles.



What to do AFTER international travel or travel to a place with a measles outbreak

1. **Watch for measles symptoms for 3 weeks** after you return. Measles is **very contagious** and can spread to others quickly.
2. **Call the doctor or clinic RIGHT AWAY if:**
   - You think you or your child have been exposed to measles.
   - You or your child gets sick with a rash and fever. Tell your doctor where you traveled, and if you and your child got the MMR vaccine.
3. **If you or your child is sick with a rash and fever stay home** until you talk to the doctor or clinic.

LEARN MORE

cdc.gov/measles/travel

CDC

MEASLES

IT ISN'T JUST A LITTLE RASH

Measles can be dangerous, especially for babies and young children.

Measles symptoms typically include:

- **High fever** (may spike to more than 104°F)
- **Cough**
- **Runny nose**
- **Red and/or watery eyes**
- **Rash** (breaks out 3-5 days after symptoms begin)

Measles can be serious.

Measles can cause severe health complications, including pneumonia, swelling of the brain (encephalitis) and death.

- **1 out of 5** people who get measles will be hospitalized.
- **1 out of every 20** children with measles will get pneumonia, the most common cause of death from measles in young children.
- **1 out of every 1,000** people with measles will develop brain swelling, which may lead to brain damage.
- **1 to 3 out of 1,000** people with measles will die.

Long-term complications

A very rare, but deadly disease called subacute sclerosing panencephalitis can develop 7 to 10 years after a person has recovered from measles.

CDC

www.cdc.gov/measles

You have the power to protect your child.

Provide your children with safe and long-lasting protection against measles by making sure they get the measles-mumps-rubella (MMR) vaccine. Talk to your healthcare provider.

Measles: Be Ready

AAP RedBook Measles

Table 3.32. Postexposure Prophylaxis (PEP) for People Exposed to Measles Who Are NOT Pregnant or Immunocompromised

Age Range	Measles Immune Status[a]	PEP Type Depending on Time After Initial Exposure		
		≤3 days (≤72 hours)	4–6 days	>6 days
All ages (≥6 mo)	Immune	• PEP not indicated. Exposed person has documented immunity.		
<6 mo	Nonimmune (because of age[b])	• Administer immune globulin intramuscular (IGIM)[c] • Home quarantine[d]		• PEP not indicated (too late). • Home quarantine[d]
6–11 mo	Nonimmune	• Administer MMR vaccine (MMR vaccine preferred over immune globulin [IG]) • No quarantine needed.[e]	• Administer IGIM[c] • Home quarantine[d]	• PEP not indicated (too late). • Home quarantine[d]
≥12 mo	Nonimmune	• Administer MMR vaccine • No quarantine needed[e]	• IG PEP usually not administered[f] • Home quarantine,[d] then administer MMR vaccine to protect from future exposures	
≥12 mo	1 dose of MMR vaccine	• Administer 2nd MMR vaccine dose if ≥28 days from the first dose • No quarantine needed (person had 1 dose when exposed)		

Adapted from a table developed by New York City Department of Health: **www1.nyc.gov/assets/doh/downloads/pdf/imm/pep-measles-providers.pdf.** Additional source: Centers for Disease Control and Prevention. Prevention of measles, rubella, congenital rubella syndrome, and mumps, 2013. *MMWR Recomm Rep.* 2013;62(RR-4):1-34; and Gastanaduy P, Redd S, Clemmons N, et al. Chapter 7: Measles. In: Roush SW, Baldy LM, Kirkconnell Hall MA, eds. *Manual for the Surveillance of Vaccine-Preventable Diseases.* Centers for Disease Control and Prevention. Page last reviewed May 13, 2019. Available at: **www.cdc.gov/vaccines/pubs/s0urv-manual/chpt07-measles.html**

[a]Acceptable evidence of immunity includes written documentation of age-appropriate vaccination, laboratory evidence of immunity, laboratory confirmation of disease, or birth before 1957.

[b]MMR vaccine is not indicated in this age group.

[c]Dosing of IGIM is 0.5 mL/kg of body weight (max dose 15 mL).

[d]The quarantine period is 21 days after the last exposure; most health departments would extend the monitoring period to 28 days if IG is administered as PEP, because IG can prolong the incubation period. Decisions on whether exposed persons who received IG as PEP appropriately (ie, within 6-day window) should return to settings such as child care, school, or work (ie, not be quarantined) should include consideration of the immune status and intensity of contacts in the setting and presence of high-risk individuals. These persons should be excluded from health care settings.

[e]Quarantine is not needed for persons who received MMR as PEP appropriately (ie, within the 3-day window), although these persons should be excluded from health care settings for 21 days.

[f]IGIM is recommended for infants <12 months of age, and IG administered intravenously is recommended for nonimmune pregnant people and severely immunocompromised persons. IGIM can be given to other persons (eg, ≥12 months of age) who do not have evidence of measles immunity, but priority should be given to persons exposed in settings with intense, prolonged, close contact (eg, household, child care, classroom).

Measles: Be Ready

AAP RedBook Measles

Table 3.33. Postexposure Prophylaxis (PEP) for People Exposed to Measles Who ARE Pregnant or Immunocompromised

Category	Measles Immune Status[a]	PEP Type Depending on Time After Initial Exposure		
		≤3 days (≤72 hours)	4–6 days	>6 days
Severely immunocompromised[b]	IG recommended regardless of measles immune status	• Administer immune globulin intravenous (IGIV)[c] • Home quarantine[d]		• PEP not indicated (too late) • Home quarantine[d]
Pregnant	Immune	• PEP not indicated		
	Nonimmune	• Administer IGIV[c] • Home quarantine[d]		• PEP not indicated (too late) • Home quarantine[d]

Adapted from a table developed by New York City Department of Health: **www1.nyc.gov/assets/doh/downloads/pdf/imm/pep-measles-providers.pdf.** Additional source: Centers for Disease Control and Prevention. Prevention of measles, rubella, congenital rubella syndrome, and mumps, 2013. *MMWR Recomm Rep.* 2013;62(RR-4):1-34; and Gastanaduy P, Redd S, Clemmons N, et al. Chapter 7: Measles. In: Roush SW, Baldy LM, Kirkconnell Hall MA, eds. *Manual for the Surveillance of Vaccine-Preventable Diseases.* Centers for Disease Control and Prevention. Page last reviewed May 13, 2019. Available at: **www.cdc.gov/vaccines/pubs/s0urv-manual/chpt07-measles.html**

[a]Acceptable evidence of immunity includes written documentation of age-appropriate vaccination, laboratory evidence of immunity, laboratory confirmation of disease, or birth before 1957.

[b]The degree of altered immunocompetence in a patient should be determined by a physician. Severely immunocompromised patients include patients with severe primary immunodeficiency; patients who have received a hematopoietic cell transplant until at least 12 months after finishing all immunosuppressive treatment, or longer in patients who have developed graft-versus-host disease; patients on treatment for acute lymphoblastic leukemia (ALL) within and until at least 6 months after completion of immunosuppressive chemotherapy; and patients with HIV with severe immunosuppression, which for children ≤5 years is defined as CD4+ T-lymphocyte percentage <15% and for children >5 years and adolescents is defined as a CD4+ T-lymphocyte percentage <15% **or** a CD4+ T-lymphocyte count <200 lymphocytes/mm^3, and those who have not received MMR vaccine since receiving effective antiretroviral therapy. Additional severely immunocompromising conditions and medications are provided in Rubin LG, Levin MJ, Ljungman P, et al. 2013 IDSA Clinical practice guideline for vaccination of the immunocompromised host. *Clin Infect Dis.* 2014;58(3):e44-e100.

[c]Dosing of IGIV is 400 mg/kg of body weight.

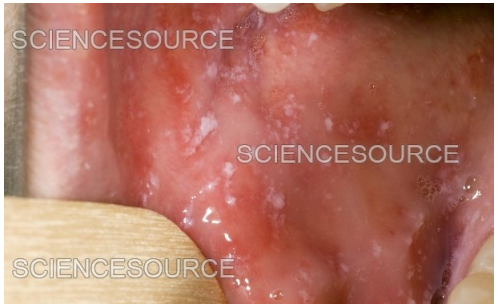
[d]The quarantine period is 21 days after the last exposure; most health departments would extend the monitoring period to 28 days if IG is administered as PEP because IG can prolong the incubation period. Decisions on whether exposed persons who received IG as PEP appropriately (ie, within 6-day window) should return to settings such as child care, school, or work (ie, not be quarantined) should include consideration of the immune status and intensity of contacts in the setting and presence of high-risk individuals. These persons should be excluded from health care settings.

https://publications.aap.org/redbook/resources/31510

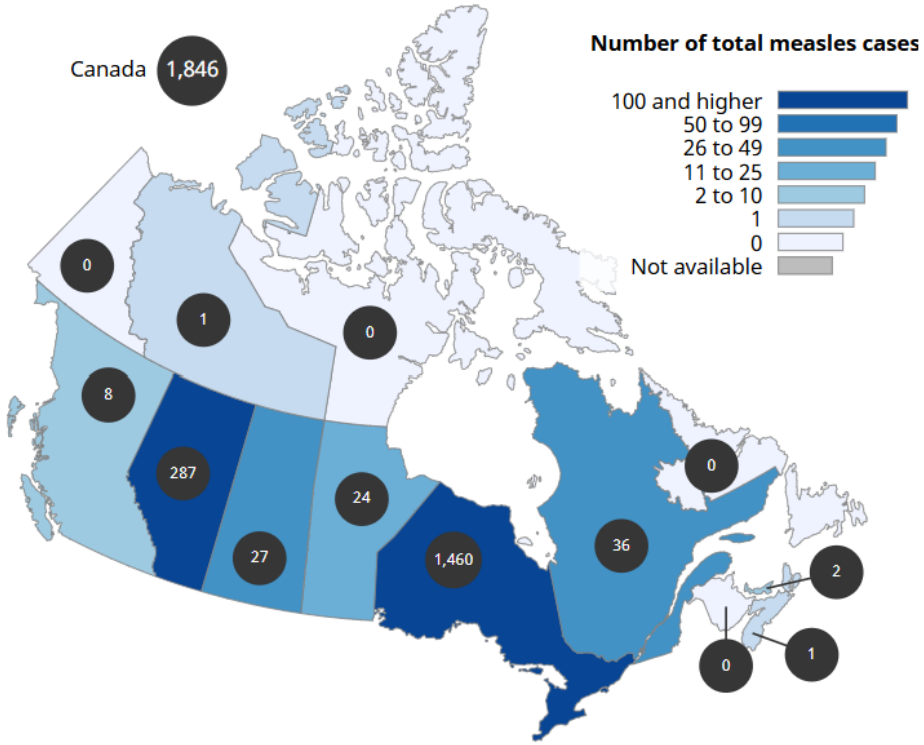
Measles

Symptoms (7-21 days after exposure)

- High fever
- Sore throat
- Three C's: Cough (dry, persistent), Coryza (runny nose, nasal congestion), Conjunctivitis (inflammation of the eyes – redness, watery discharge, light sensitivity)
- Koplik spots
- Rash
  - Starts on face, behind ears; spreads to body
  - Spots sometimes raised, join together
  - Not usually itchy



Measles, Canada



There were **1,846** cases of measles in **Canada** in 2025, as of **May 3, 2025**.

The epidemiological week 4 of the last rash onset in **Canada** was **week 18** (**April 27 to May 3, 2025**).

IMMUNIZATION COALITION of DELAWARE

https://health-infobase.canada.ca/measles-rubella/

Measles, Mexico

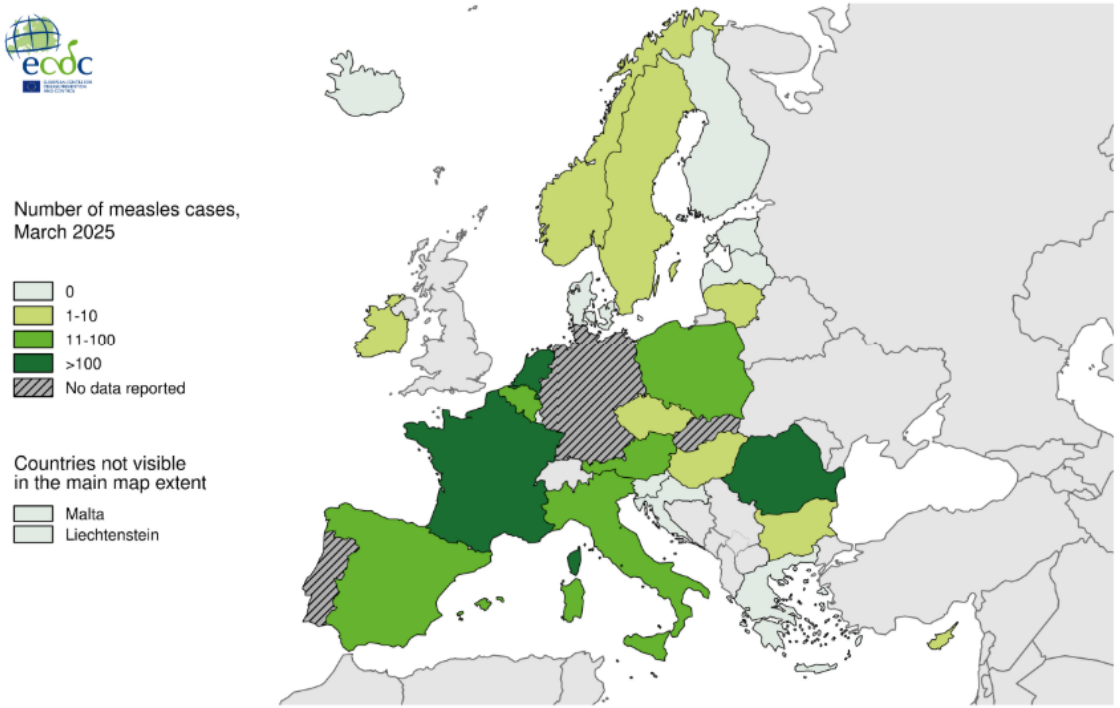
January 1 – April 16

- 421 cases
- First confirmed case: unvaccinated child in Oaxaca, history of international travel
- 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%)

https://www.who.int/emergencies/disease-outbreak-news/item/2025-DON565

Measles, Europe

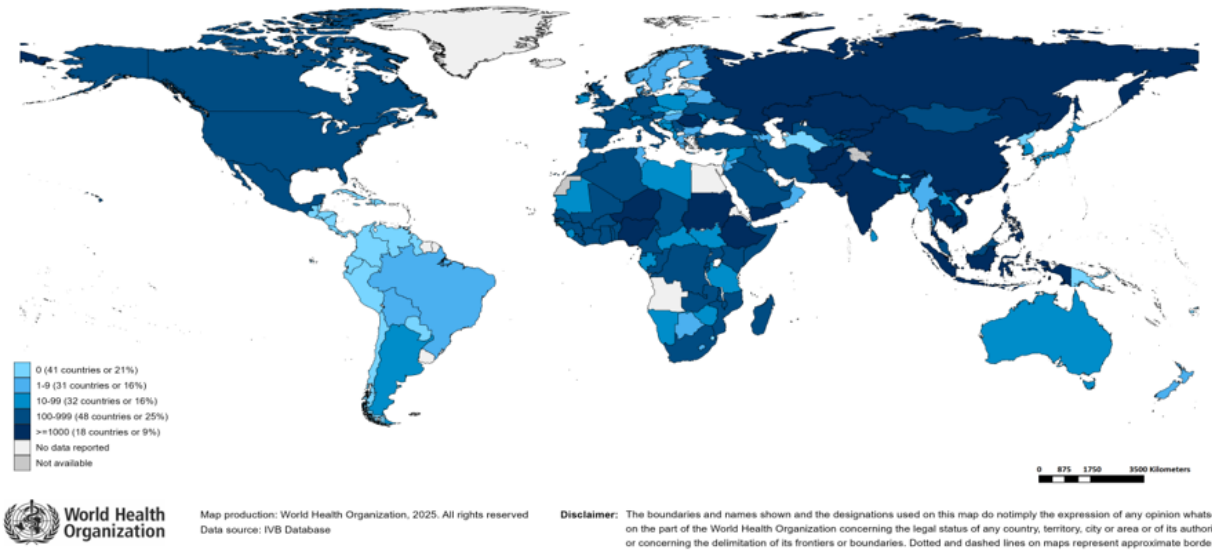
Measles Cases by Country, March 2025 (n=1,097)



https://measles-rubella-monthly.ecdc.europa.eu/

WHO Monthly Surveillance,
Oct 2024 – Apr 2025

Number of Reported Measles Cases (Last 6 months)



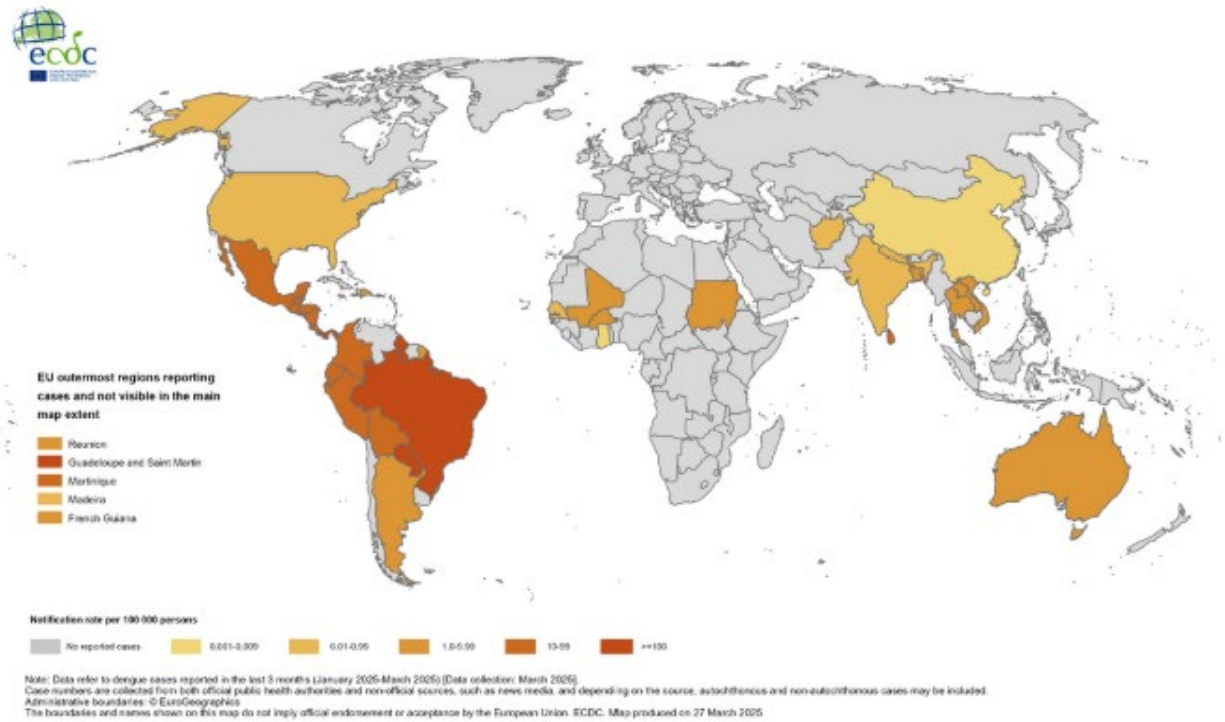
Country	Cases*
Yemen	10,487
Pakistan	8,895
India**	8,397
Afghanistan	6,255
Ethiopia	6,188
Kyrgyzstan	5,849
Romania	5,583
Thailand	3,675
Indonesia	3,322
Nigeria	2,482

Notes: Based on data received 2025-05 - Surveillance data from 2024-10 to 2025-03 - * Countries with highest number of cases for the period - **WHO classifies all suspected measles cases reported from India as measles clinically compatible if a specimen was not collected as per the algorithm for classification of suspected measles in the WHO VPD Surveillance Standards. Thus numbers might be different between what WHO reports and what India reports.

https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fimmunizationdata.who.int%2Fdocs%2Flibrariesprovider21%2Fmeasles-and-rubella%2Fglobal-mr-update.pptx%3Fsfvrsn%3D3547ebab_9&wdOrigin=BROWSELINK

Dengue

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



https://www.ecdc.europa.eu/en/dengue-monthly

Europe

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

Africa

May 18, 2025

Bacterial Meningitis (123 cases, 27 deaths, CFR 3.47%, 3 countries)

- Ghana, Mali, Togo

Cholera (5,592 cases, 2,424 deaths, CFR 2.10%, 20 countries)

- Angola, Burundi, Comoros, DRC, Ethiopia, Ghana, Kenya, Malawi, Mozambique, Namibia, Nigeria, Rwanda, Somalia, South Sudan, Sudan, Tanzania, Togo, Uganda, Zambia, Zimbabwe

Dengue (800 cases, 6 deaths, CFR 0.09%, 7 countries))

- Burkina Faso, Cabo Verde, Comoros, Guinea, Mali, Senegal, Sudan

Malaria (68,966 cases, 99 deaths, CFR 0.14%, 2 countries)

- Botswana, Namibia

Measles (6,454 cases, 416 deaths, CFR 0.74%, 16 countries)

- Cameroon, Chad, DRC, Ethiopia, Kenya, Malawi, Mali, Morocco, Nigeria, Rwanda, Senegal, Somalia, South Africa, Sudan, Uganda, Zambia

Mpox (13,680 cases, 472 deaths, CFR 0.84%, 19 countries)

- Angola, Burundi, CAR, Congo, Cote d'Ivoire, DRC, Ghana, Kenya, Malawi, Liberia, Nigeria, Rwanda, Sierra Leone, South Africa, South Sudan, Tanzania, Toto, Uganda, Zambia

https://africacdc.org/download/africa-cdc-epidemic-intelligence-weekly-report-may-2025/

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

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)

Updates

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?
  - Educational Grants?

Updates

Division of Public Health Updates

Pfizer – Updated Pneumococcal Recommendations for Adults

Save the Date

2025 Upcoming Quarterly Meetings (online)

4TH Thursday, from 2:00 – 3:30 pm

- August 28
- November 20 (3RD Thursday)

Questions?