Quarterly Meeting

AUGUST 28, 2025

2:00 – 3:30 PM

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

Agenda

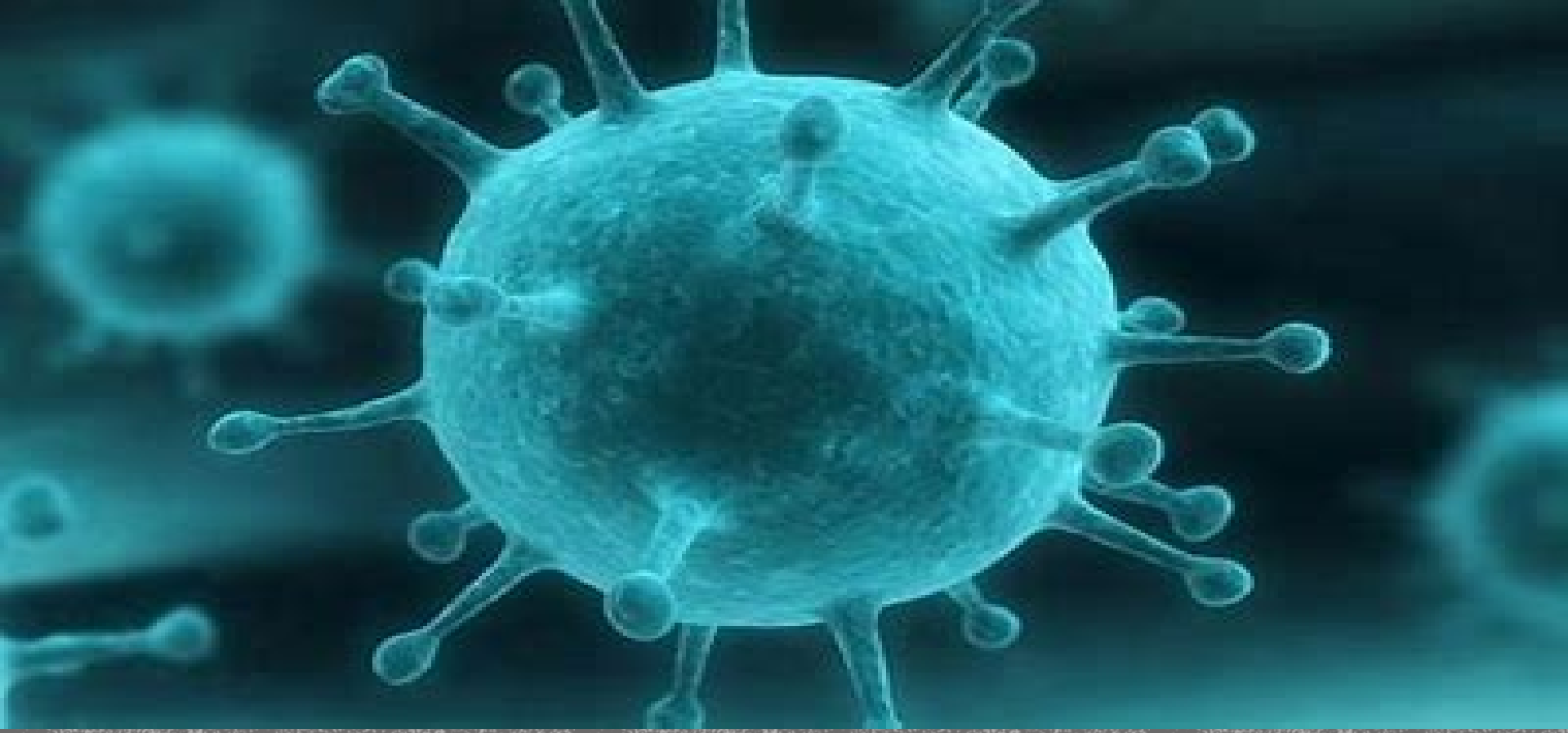
Time	Agenda Item	Presenter
2:00 pm	Call to Order / Welcome	Dr. Smith
2:00 pm	Review of May Minutes • Vote to Approve	Dr. Smith
2:05 pm	Updates • Respiratory Viruses • Fall Vaccine Update • Emerging Infectious Disease	Dr. Smith
2:35 pm	Partner Updates • Pfizer – RSV Update • Moderna – Clinical Update • AstraZeneca – FluMist	 Dr. Schubacker Dr. Rodriguez Dr. Prakash
3:15 pm	Division of Public Health Updates	Dr. McKoy
3:20 pm	Open Discussion	

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

Minutes From May Meeting

Amendments or Additions

Motion to Approve



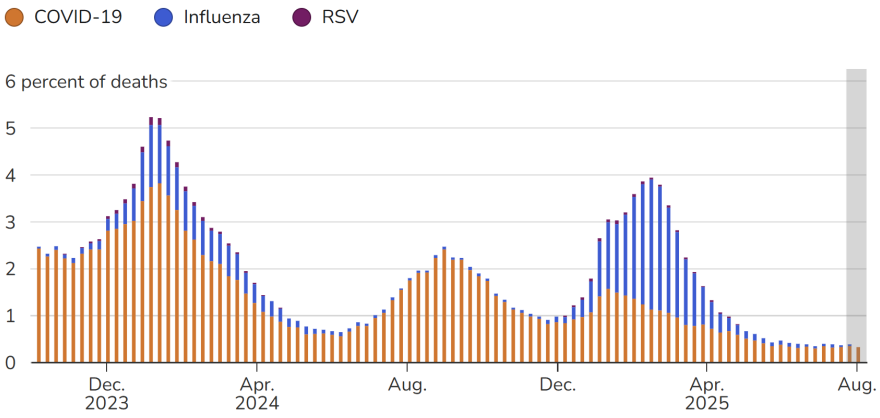
Respiratory Viruses

IMMUNIZATION COALITION of DELAWARE

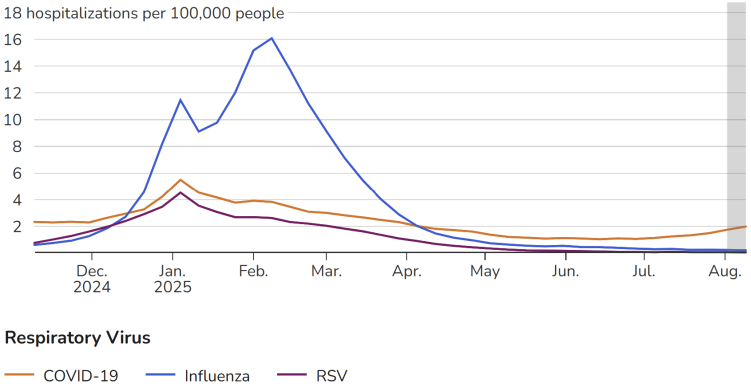
USA: Acute Respiratory Illness

Trends in Viral Respiratory Deaths in the United States

Weekly percent of total deaths associated with COVID-19, influenza, and RSV. Preliminary data are shaded in gray. Refer to data notes for more details.



Hospitalization Rates



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https://www.cdc.gov/respiratory-viruses/data/illness-severity.html

Key Wastewater Surveillance

Key Wastewater Surveillance Indicators

Delaware

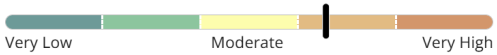
COVID-19 Wastewater Viral Activity Levels

7/20/2025 - 7/26/2025

High

viral activity level of 5.5

In Delaware, levels of COVID-19 in wastewater are currently high.



Delaware

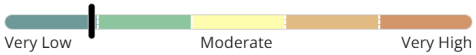
Flu Wastewater Viral Activity Levels

Week 30 (7/20/2025 - 7/26/2025)

Very low

viral activity level of 1.4

In Delaware, levels of Flu in wastewater are currently very low.



Delaware

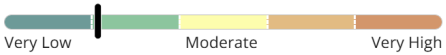
RSV Wastewater Viral Activity Levels

6/22/2025 - 6/28/2025

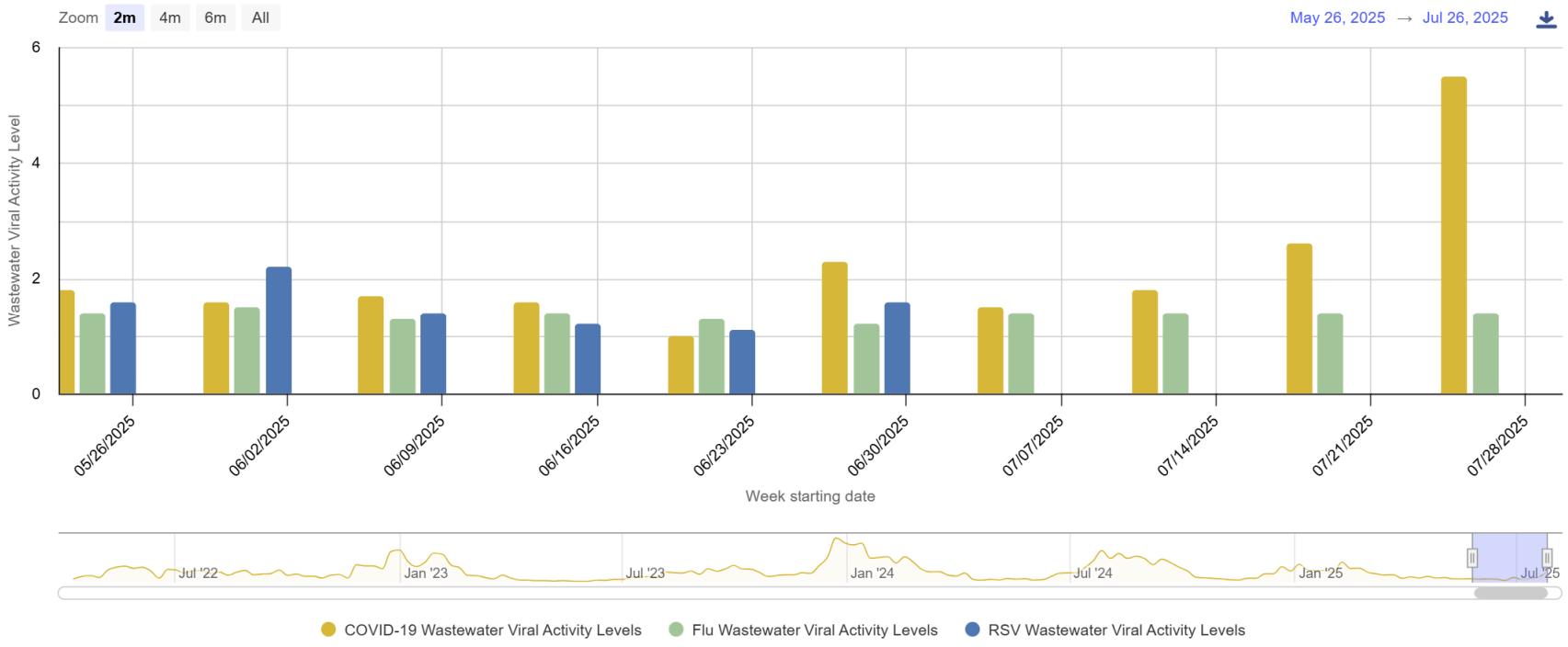
Low

viral activity level of 1.6

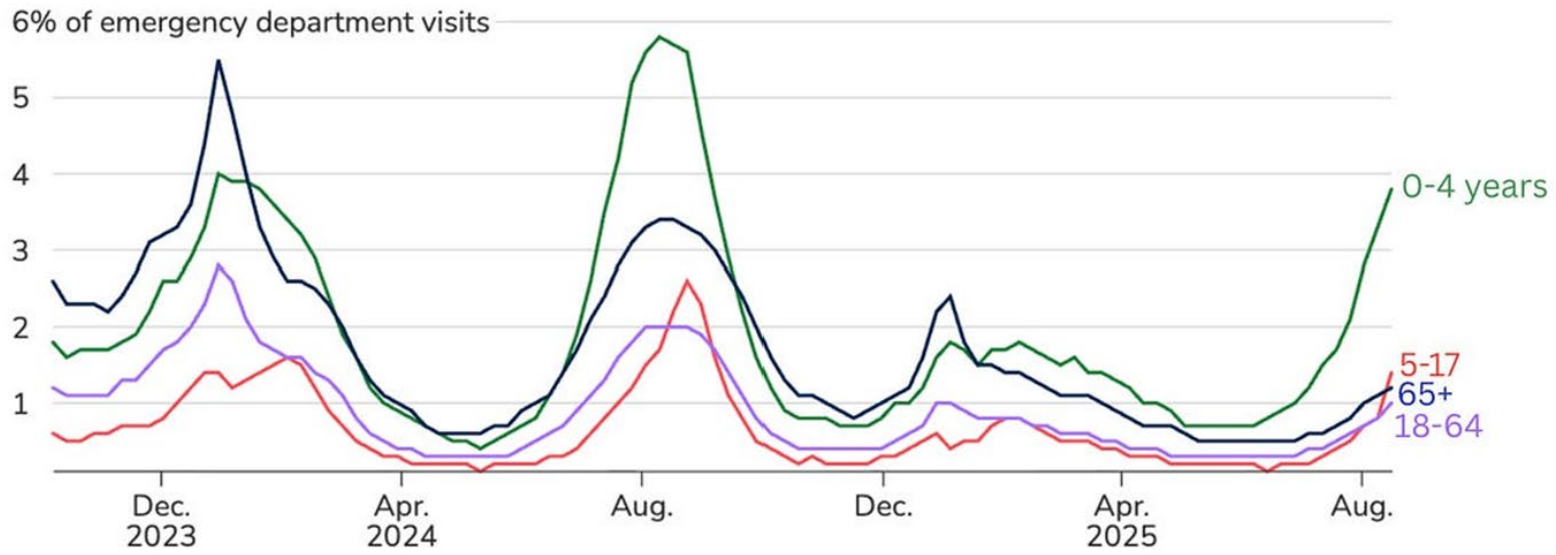
In Delaware, levels of RSV in wastewater are currently low.



Key Wastewater Surveillance

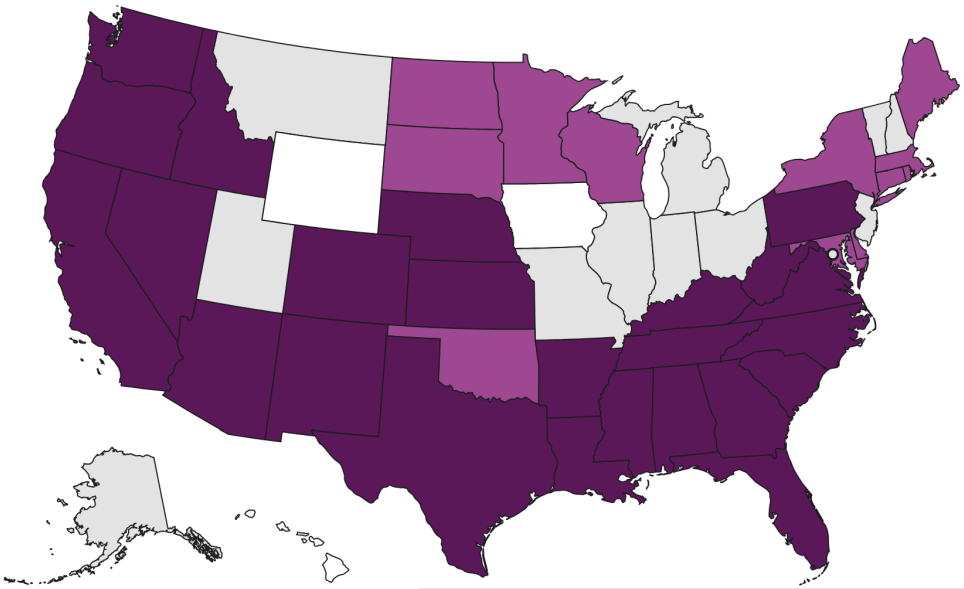


COVID-19 ED Visits



https://www.cdc.gov/respiratory-viruses/data/most-impacted.html

COVID-19 Infections



Epidemic Trends

- Growing
- Likely Growing
- Not Changing
- Likely Declining
- Declining
- Not Estimated

Delaware

The weekly percentage of ED visits diagnosed with COVID-19 is **low**. The COVID-19 epidemic trend is **likely growing**.

Probability COVID-19 epidemic is growing: 82.50% (likely growing)
R_t Estimate: 1.07 (0.88 - 1.20)
% of ED visits (COVID-19): 0.90% (low)

https://www.cdc.gov/cfa-modeling-and-forecasting/rt-estimates/index.html

Risk of Long COVID Down

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)

ARTICLES · Volume 44, 101026, April 2025 · *Open Access* Download Full Issue

Differences in Long COVID severity by duration of illness, symptom evolution, and vaccination: a longitudinal cohort study from the INSPIRE group

Michael Gottlieb [a] · Huihui Yu [b,c] · Ji Chen [b,c] · Erica S. Spatz [b,c] · Nicole L. Gentile [d,e] · Rachel E. Geyer [d] · et al. Show more

Affiliations & Notes · Article Info

Interpretation

Among participants followed up to 3 years after initial infection, those with current Long COVID had worse physical and mental health outcomes. The majority of those with Long COVID did not resolve, with less than 2% having resolved Long COVID. The resolved Long COVID cohort had moderately worse physical and mental health compared with those never-having-Long COVID. COVID-19 vaccination was associated with better outcomes.

Clin Infect Dis. 2021 May 18;72(10):1830-1833. doi: 10.1093/cid/ciaa992.

Long-term Outcome of Short-course High-dose Glucocorticoids for Severe Acute Respiratory Syndrome (SARS): A 17-Year Follow-up in SARS Survivors

Chor-Wing Sing [1], Kathryn C B Tan [2], Ian C K Wong [1 3], Bernard M Y Cheung [2], Ching-Lung Cheung [1]

Abstract

Use of high-dose glucocorticoids for COVID-19 (caused by SARS-CoV-2) is controversial because of safety concerns. We examined the long-term consequences of glucocorticoid use in severe acute respiratory syndrome (caused by SARS-CoV-1) survivors. Results showed that high-dose glucocorticoids greatly increased the long-term risk of avascular necrosis but not other major diseases.

Long COVID

Who's At Risk?

- Preexisting asthma and COPD
- Exposure to air pollution (fine particulate matter)
- Lower physical fitness
- Elevated risk due to professions – healthcare, dentistry

Treatments

- No FDA-approved treatments
- Symptom relief, rehab, trial-and-error management
- Needed: biomarkers to diagnose/track; therapies to target root cause
- Promising RCTs
  - Repurposed anti-inflammatory drugs (arthritis, lung disease)
  - Monoclonal antibody

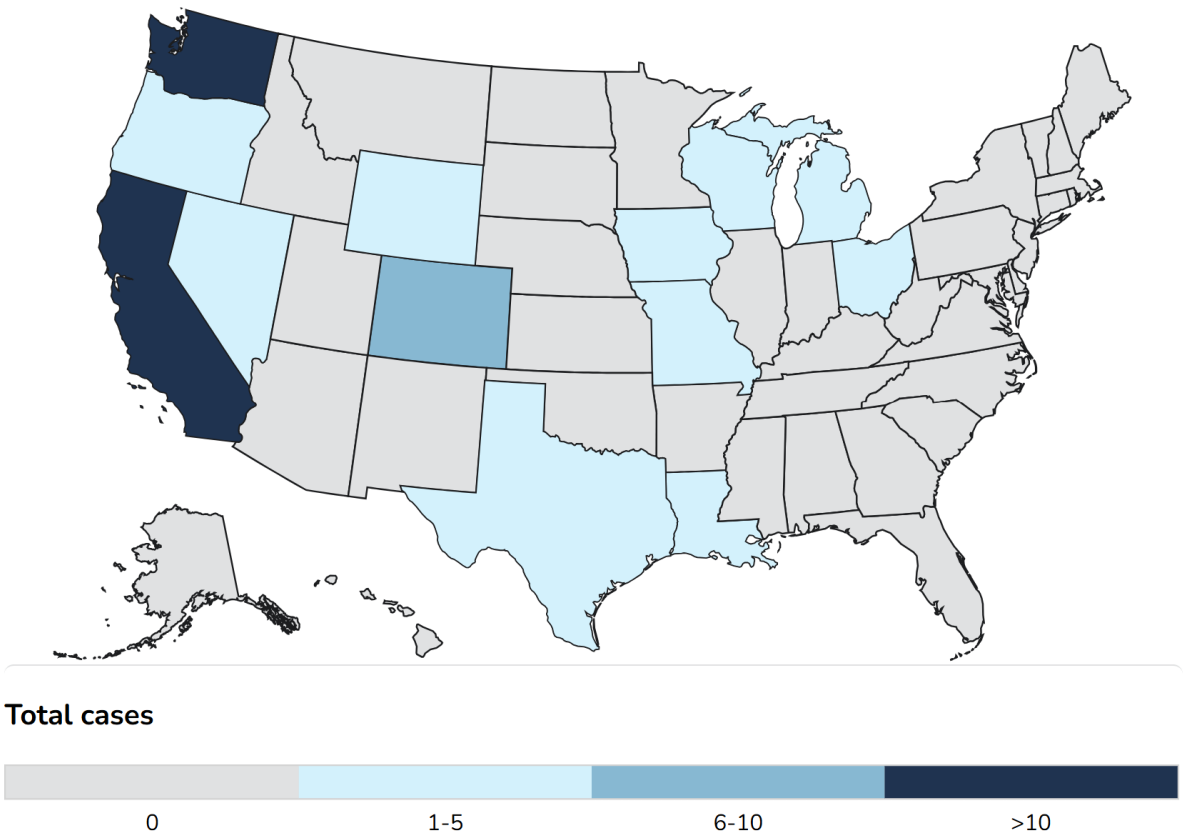
Avian/Bovine/Human Influenza

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/

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

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

Highly Pathogenic Avian Influenza in… Livestock

California (August)

- Dairy Milking Cows

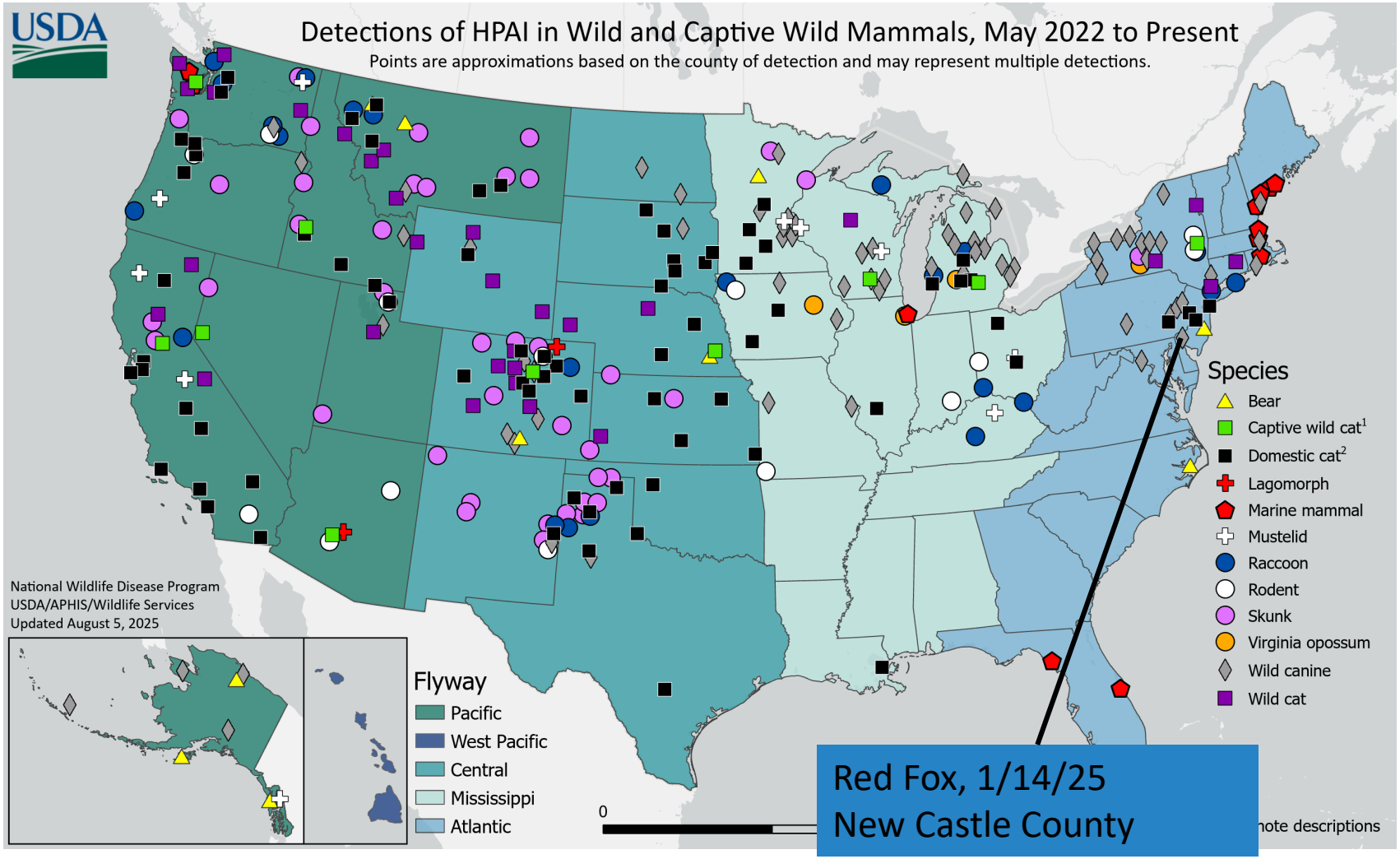
Arizona (June)

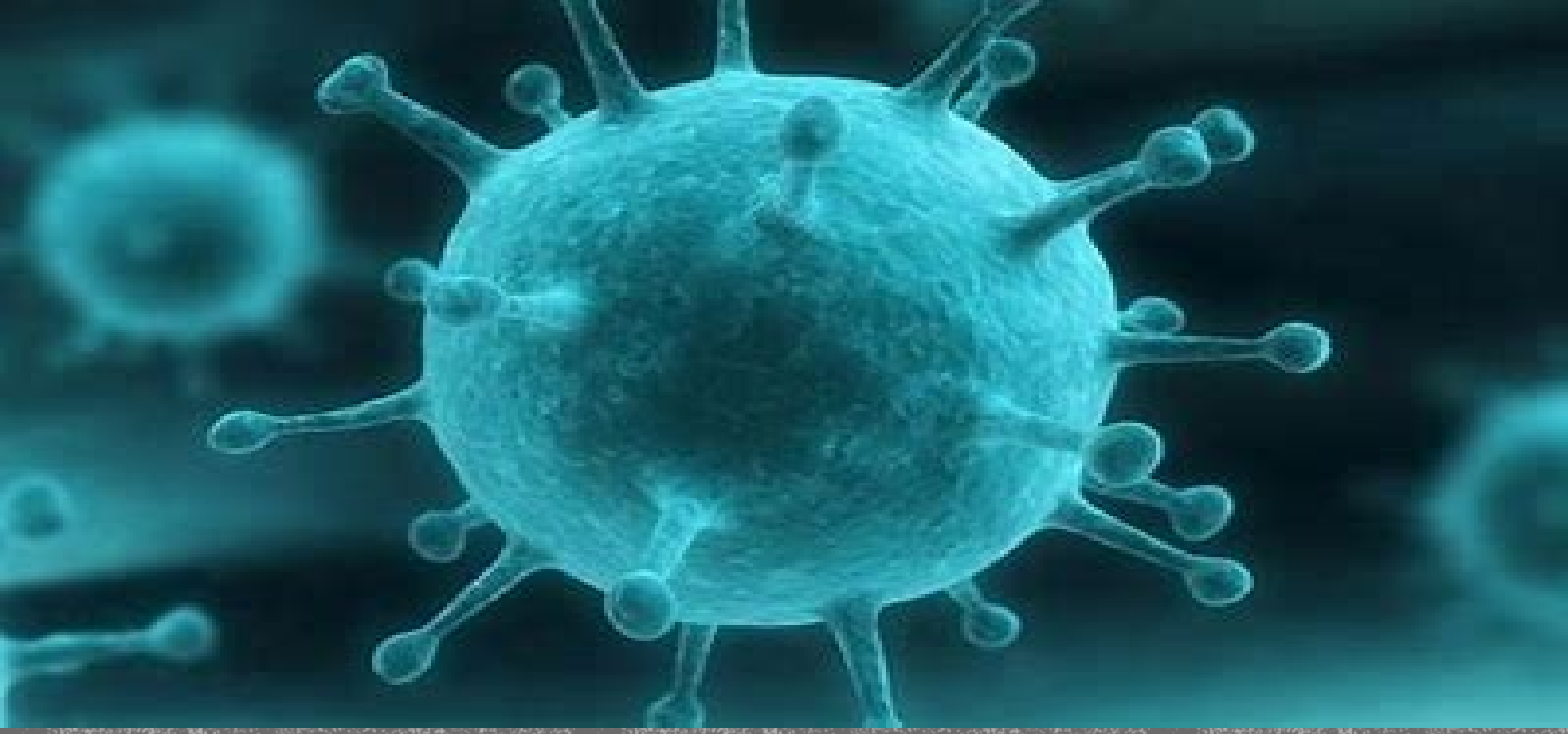
- Dairy Milking Cows

Idaho (May)

- Dairy Milking Cows

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


USDA
Detections of HPAI in Wild and Captive Wild Mammals, May 2022 to Present
Points are approximations based on the county of detection and may represent multiple detections.
National Wildlife Disease Program
USDA/APHIS/Wildlife Services
Updated August 5, 2025
Flyway
Pacific
West Pacific
Central
Mississippi
Atlantic
0
Species
Bear
Captive wild cat[1]
Domestic cat[2]
Lagomorph
Marine mammal
Mustelid
Raccoon
Rodent
Skunk
Virginia opossum
Wild canine
Wild cat
Red Fox, 1/14/25
New Castle County
note descriptions

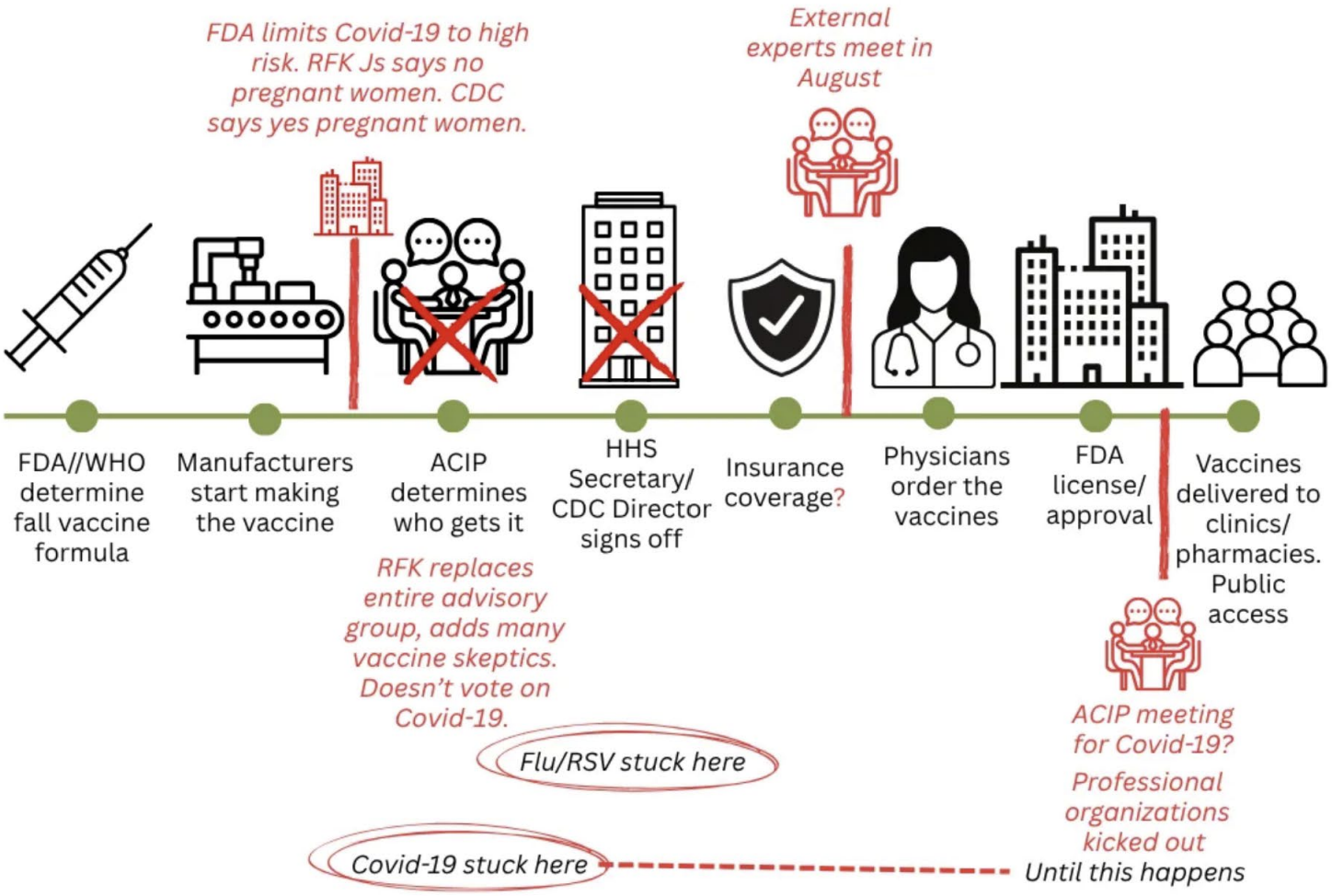


Fall Vaccine Update

IMMUNIZATION COALITION of DELAWARE

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)



The fall vaccine process changes in 2025 (indicated by red). Figure by Your Local Epidemiologist.

ACIP Updates

JUNE 25-26, 2025

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)

From Immunize.org

Influenza Vaccine Products for the 2025–2026 Influenza Season

Manufacturer	Trade Name (vaccine abbreviation)[1]	How Supplied	Mercury Content (mcg Hg/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 (IIV3)	0.5 mL (single-dose syringe)	0	6 months & older[3]	140	90656
	FluLaval (IIV3)	0.5 mL (single-dose syringe)	0	6 months & older[3]	140	90656
Sanofi	Flublok (RIV3)	0.5 mL (single-dose syringe)	0	9 years & older	155	90673
	Fluzone (IIV3)	0.5 mL (single-dose syringe)	0	6 months & older[3]	140	90656
		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
		5.0 mL multi-dose vial (0.5 mL dose)	25[4]	6 months & older	141	90658
	Fluzone High-Dose (HD-IIV3)	0.5 mL (single-dose syringe)	0	65 years & older[5]	135	90662
CSL Seqirus	Afluria (IIV3)	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[6]	141	90658
		0.5 mL (single-dose syringe)	0	3 years & older[3]	140	90656
	Fluad (aIIV3)	0.5 mL (single-dose syringe)	0	65 years & older[5]	168	90653
	Flucelvax (ccIIV3)	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

https://www.immunize.org/wp-content/uploads/catg.d/p4072.pdf

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

https://publications.aap.org/pediatrics/article/doi/10.1542/peds.2025-073924/203222/Recommendations-for-COVID-19-Vaccines-in-Infants

FDA Approves COVID-19 Vaccines for the Fall, but…

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)

https://www.idsociety.org/news--publications-new/articles/2025/fdas-narrow-covid-19-vaccine-label-ignores-science-and-puts-millions-of-lives-at-risk/; https://feeds.issuerdirect.com/news-release.html?newsid=6729249760870595&symbol=MRNA/; https://ir.novavax.com/press-releases/2025-08-27-Novavaxs-Nuvaxovid-TM-2025-2026-Formula-COVID-19-Vaccine-Approved-in-the-U-S

What does this mean?

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

https://www.cidrap.umn.edu/covid-19/fda-oks-updated-covid-vaccines-places-limits-kids-adults;

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

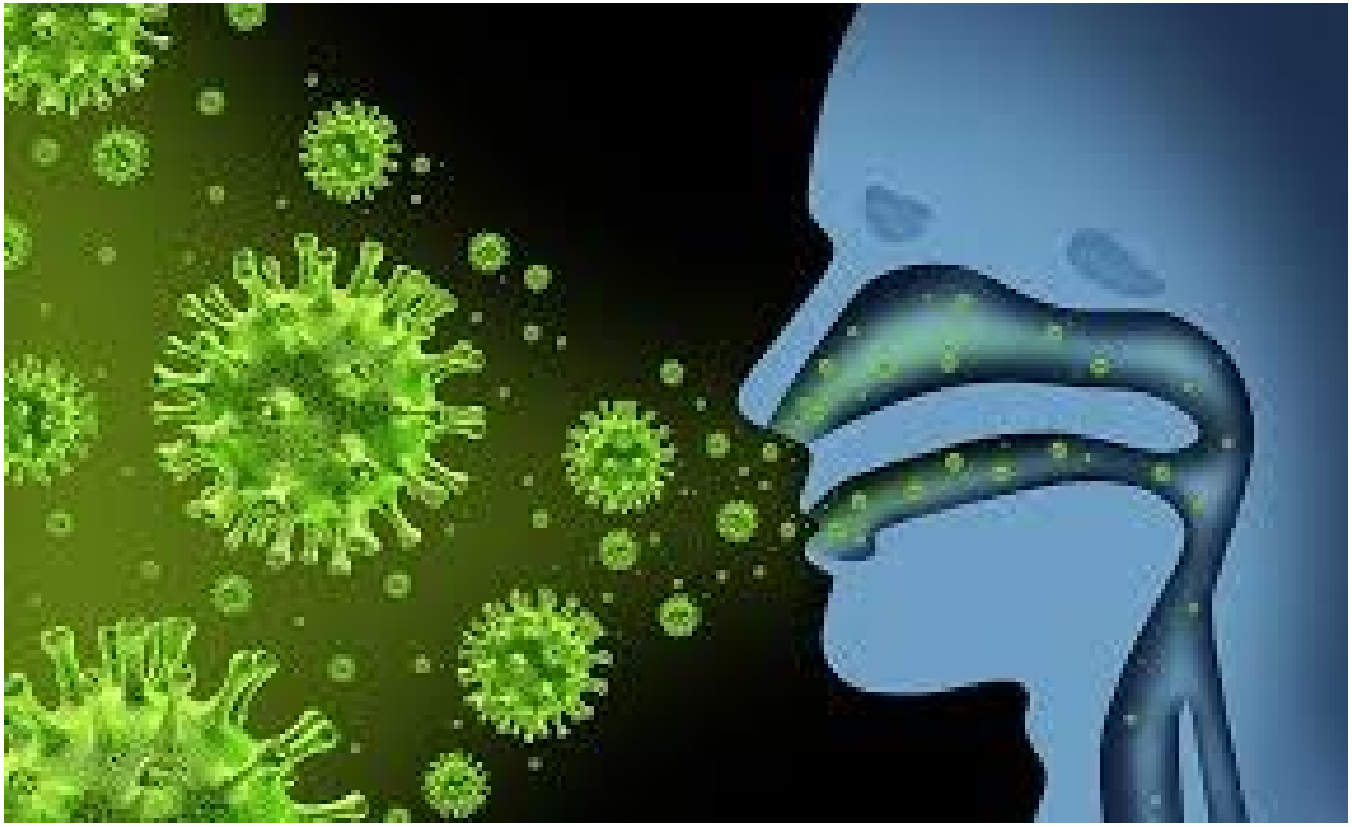
Influenza

- 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))

https://www.acog.org/news/news-releases/2025/08/acog-releases-updated-maternal-immunization-guidance-covid-influenza-rsv



EMERGING INFECTIOUS DISEASE

Pertussis, USA

July 19th, 2025

Weekly cases* of notifiable diseases, United States, U.S. Territories, and Non-U.S. Residents week ending July 19, 2025 (Week 29)

Reporting Area	Pertussis			
	Current week	Previous 52 weeks Max †	Cum YTD 2025 †	Cum YTD 2024 †
U.S. Residents, excluding U.S. Territories	170	1,780	16,290	12,812
New England	1	82	265	622
North Dakota	-	18	74	45
South Dakota	-	38	66	59
South Atlantic	51	144	2,199	1,300
Delaware	-	6	8	28
District of Columbia	-	3	9	5
Florida	35	63	994	245
Georgia	-	18	192	107
Maryland	1	21	83	66
North Carolina	-	38	454	385
South Carolina	-	17	26	136
Virginia	15	36	386	307

Pertussis

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

https://www.cidrap.umn.edu/pertussis/paho-warns-antibiotic-resistant-pertussis-spreading

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.

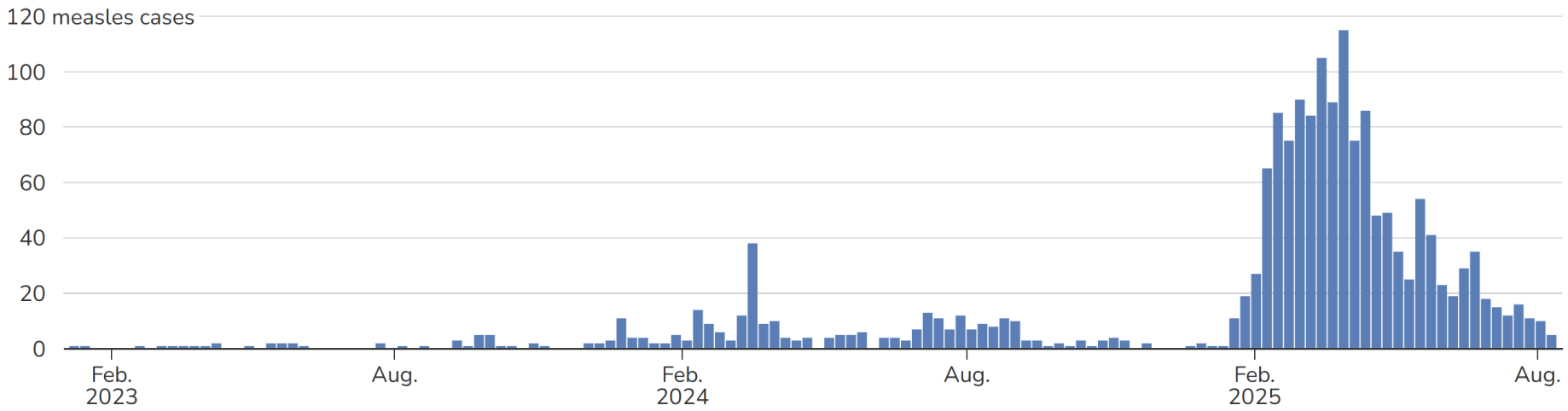
Age	Cases	Hospitalizations
< 5 years	378 (28%)	83 (21%)
5-19 years	513 (37%)	39 (8%)
20+ years	467 (34%)	51 (11%)
Unknown	7 (1%)	0 (0%)

Vaccination Status. Unvaccinated/Unknown: 92%; MMR 1 dose: 4%; 2 doses: 4%
Death. 2 young girls (Texas), 1 adult (New Mexico)

Measles, USA

Weekly measles cases by rash onset date

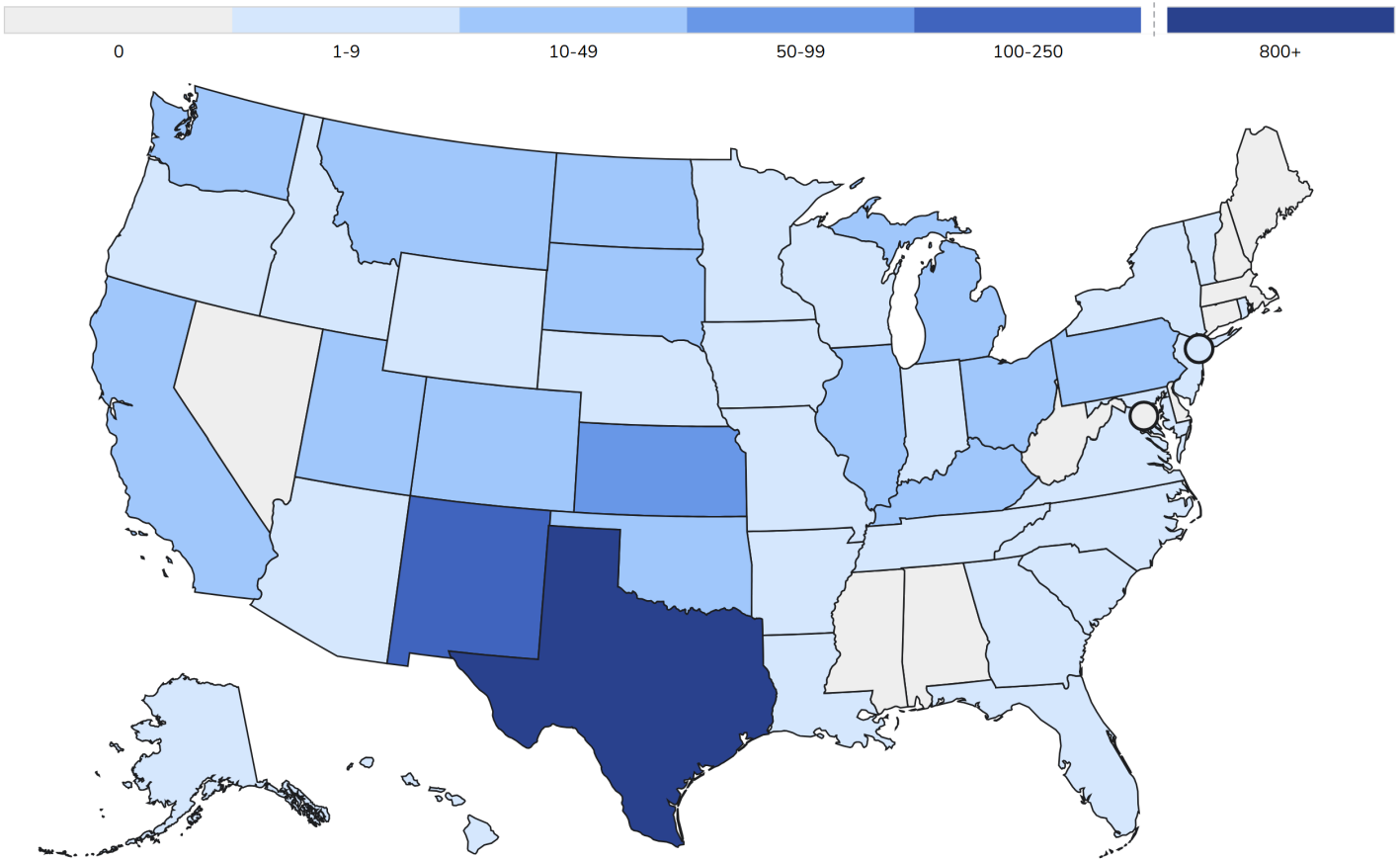
2023–2025* (as of August 19, 2025)



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

Measles, USA

Cases, 2025 (as of August 19)



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

Measles, USA

Cases, 2025 (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)

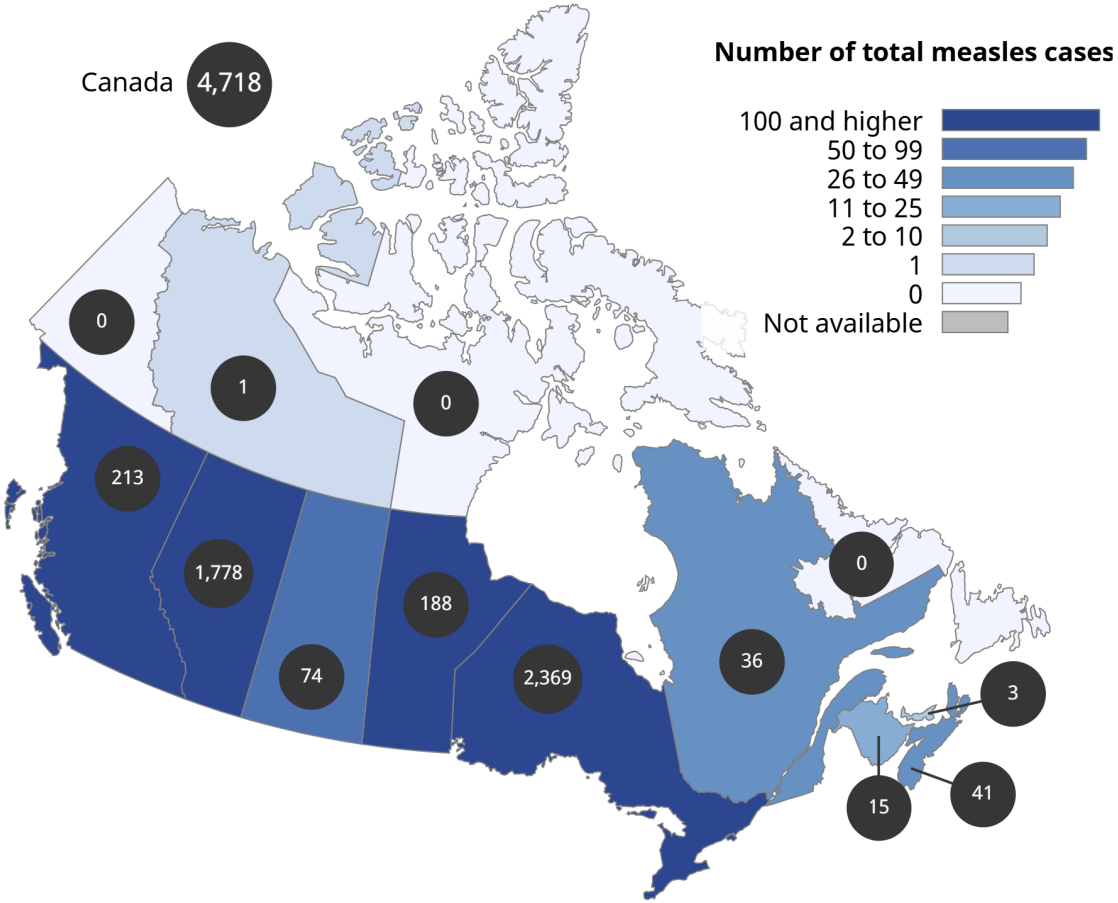
“As Measles Exploded, Officials in Texas Looked to CDC Scientists. Under Trump, No One Answered.”

KFF Report. 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)

https://kffhealthnews.org/news/article/texas-measles-outbreak-cdc-vaccines-rfk-trump/

Measles, Canada

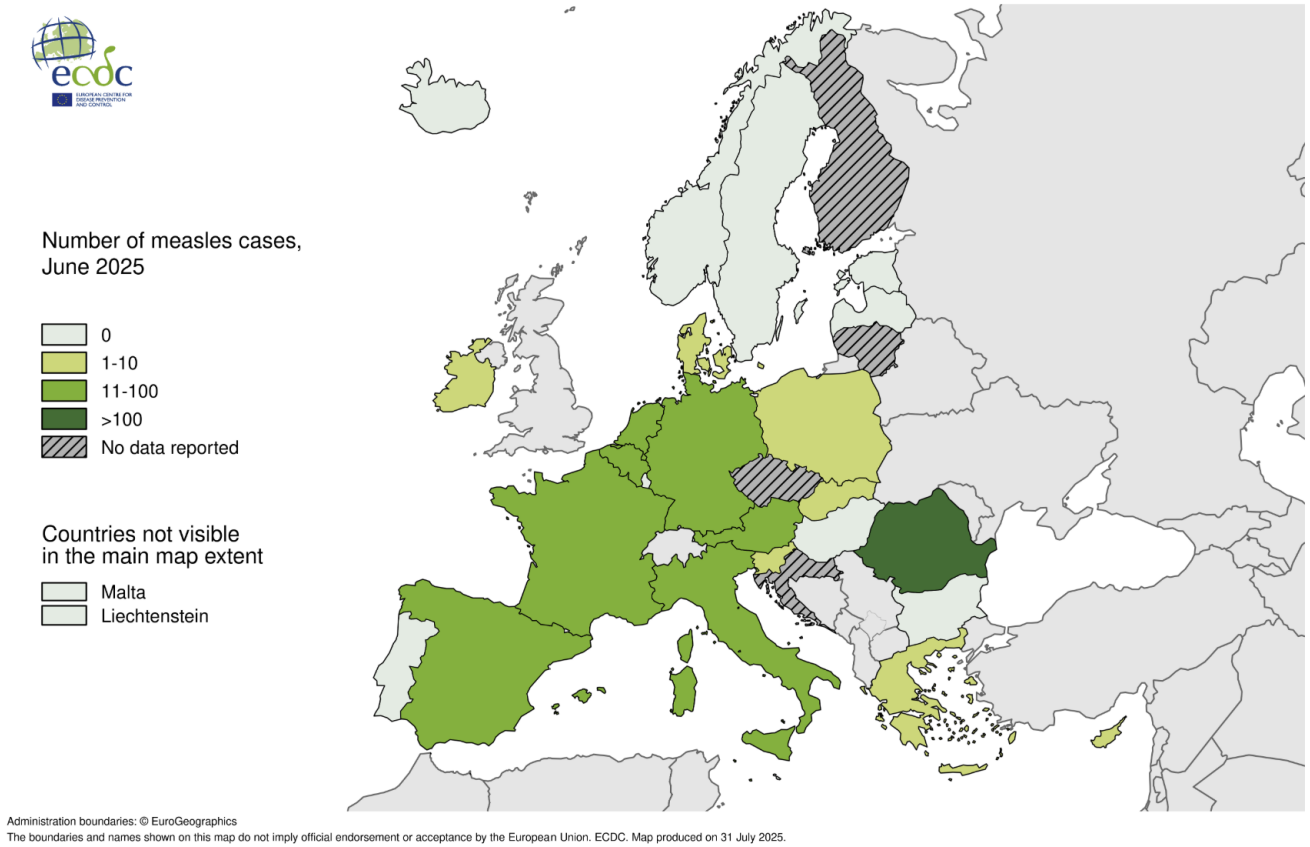


There were **4,718** cases of measles in **Canada** in 2025, as of **August 16, 2025**.

The epidemiological week 4 of the last rash onset in **Canada** was **week 33** (**August 10 to 16, 2025**).

Measles, Europe

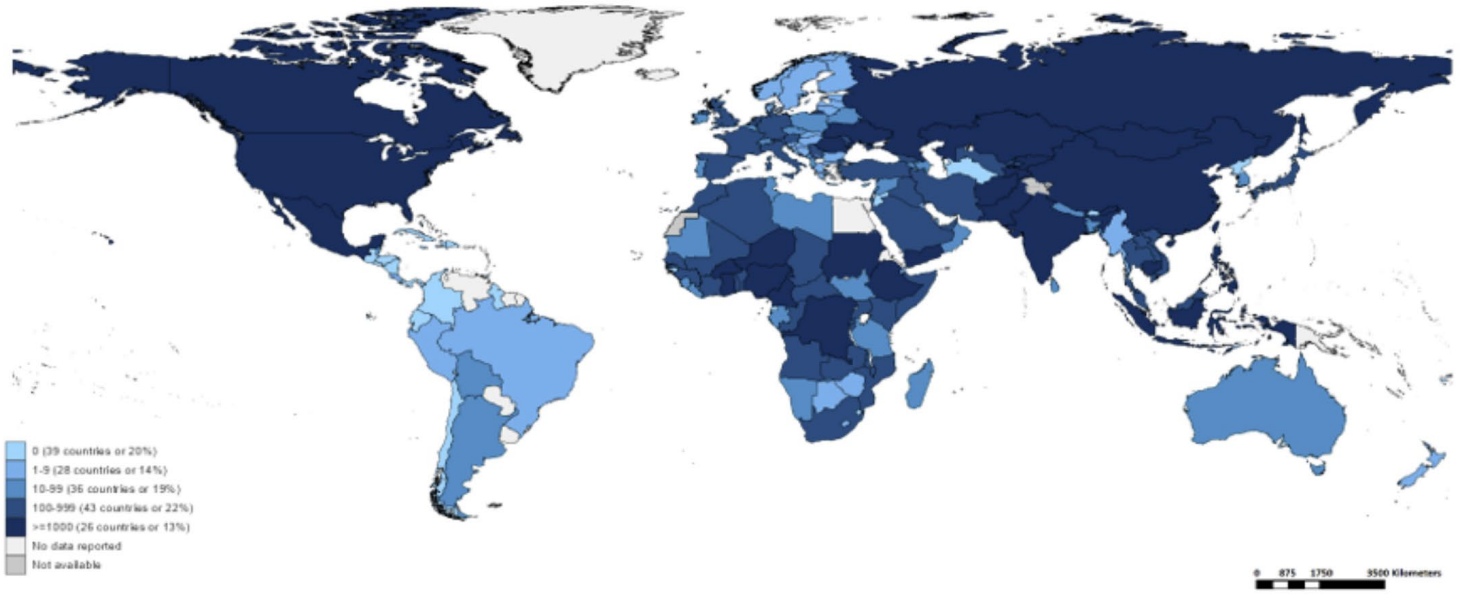
Number of measles cases by EU/EEA country, 1 June 2025 to 30 June 2025 (n = 587)



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

WHO Monthly Surveillance,
Jan 2025-June 2025

Number of Reported Measles Cases (Last 6 months)



World Health Organization

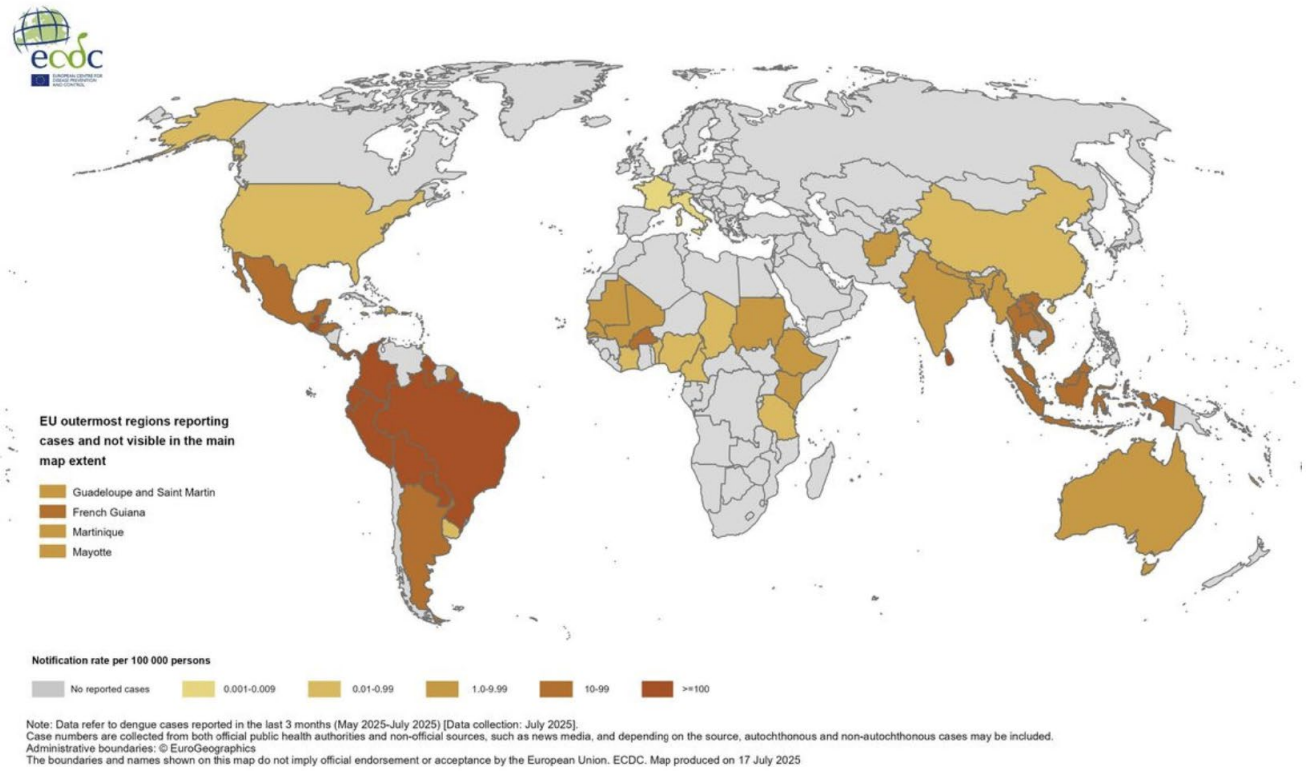
Disclaimer: The boundaries and names shown and the designations used on this map do notimply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Country	Cases*
Yemen	20,622
Pakistan	13,582
India**	10,688
Kyrgyzstan	8,125
Afghanistan	7,143
Nigeria	5,870
Ethiopia	4,974
Russian Federation	4,195
Romania	4,058
Canada	3,621

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, May-July 2025



Note: Data refer to dengue cases reported in the last 3 months (May 2025-July 2025) [Data collection: July 2025].
Case numbers are collected from both official public health authorities and non-official sources, such as news media, and depending on the source, autochthonous and non-autochthonous cases may be included.
Administrative boundaries: © EuroGeographics
The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union. ECDC. Map produced on 17 July 2025

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

Europe

August 16th-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)

https://www.ecdc.europa.eu/sites/default/files/documents/communicable-disease-threats-report-week-34-2025.pdf

Africa

August 20th, 2025

Bacterial Meningitis (152 cases, 27 deaths, CFR 2.63%, 4 countries)

- Ghana, Mali, Togo, Zambia

Cholera (7,433 cases, 4,740 deaths, CFR 2.12%, 23 countries)

- Angola, Burundi, Chad, Comoros, Congo, Cote d'Ivoire, DRC, Ethiopia, Ghana, Kenya, Malawi, Mozambique, Namibia, Nigeria, Rwanda, Somalia, South Sudan, Sudan, Tanzania, Togo, Uganda, Zambia, Zimbabwe

Dengue (1,175 cases, 18 deaths, CFR 0.19%, 10 countries)

- Burkina Faso, Cabo Verde, Comoros, Guinea, Kenya, Mali, Mauritius, Nigeria, Senegal, Sudan

Polio (Vaccine-derived) (83 cases, CFR 0.0%, 8 countries))

- Angola, Chad, Djibouti, Ethiopia, Niger, Sudan

Chikungunya(1,764 cases, 0 deaths, CFR 0%, 4 countries)

- Comoros, Kenya, Mauritius, Senegal

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

- Botswana, Namibia

Measles (8,488 cases, 837 deaths, CFR 0.74%, 18 countries)

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

Mpox (30,404 cases, 607 deaths, CFR 0.61%, 25 countries)

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

Rift Valley Fever (1 case, 1 death, 100% CFR, 1 country)

- Uganda

Anthrax (1 cases, 1 deaths, CFR 100%, 1 country)

- Uganda

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

Updates

Partners

1. Pfizer Update – Dr. Chrissy Schabacker
   RSV Update – Maternal Vaccine & Adult Recommendations
2. Moderna – Dr. Milka Rodriguez
   Clinical Update
3. AstraZeneca – Dr. Monisha Prakash
   FluMist
4. Bavarian Nordic – Dr. Daniel Thifault
   Chikungunya Vaccine. 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

Division of Public Health

ICD signed a contract with the Division of Public Health for November 1, 2025 – June 30, 2026

- Contract includes the 2025 Immunization Summit

Update from the Division of Public Health

- Dr. Davia McKoy

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

Open Discussion

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

Questions?