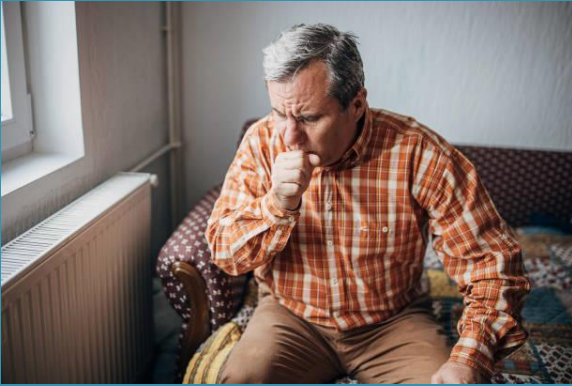


# Please note this meeting will be recorded

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Participants are responsible for ensuring that no confidential or proprietary information is presented or discussed in the meeting and associated materials.





# COVID-19, Flu, RSV: Be Ready for Respiratory Virus Season

September 30, 2024

Katie Mahuron, RN – *Adult Nurse Coordinator*

Meghan Carey, RN – *Child & Adolescent Nurse Coordinator*

# Today's Agenda

- **COVID-19**
- **Flu**
- **RSV**
- **Off-Site Vaccine Clinics**
- **Vaccine Confidence**
- **IMR Update**
- **Immunization Update**
- **Communication Updates**
- **Health Equity**
- **Questions**

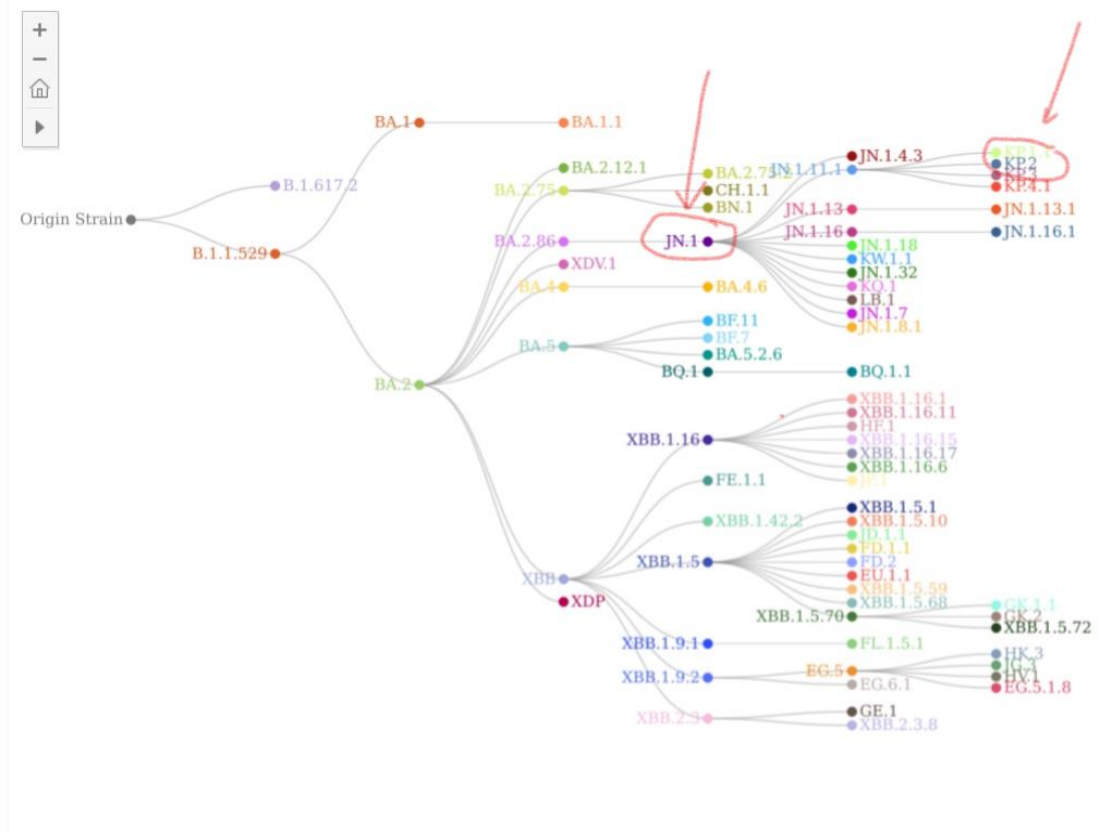


# COVID-19



# 2024-2025 COVID-19 Vaccines

- FDA recommended manufacturers monovalent JN.1 lineage
  - Recommended KP.2, if feasible
- ACIP recommends 2024-2025 COVID-19 vaccines as authorized or approved by FDA in persons  $\geq 6$  months of age.



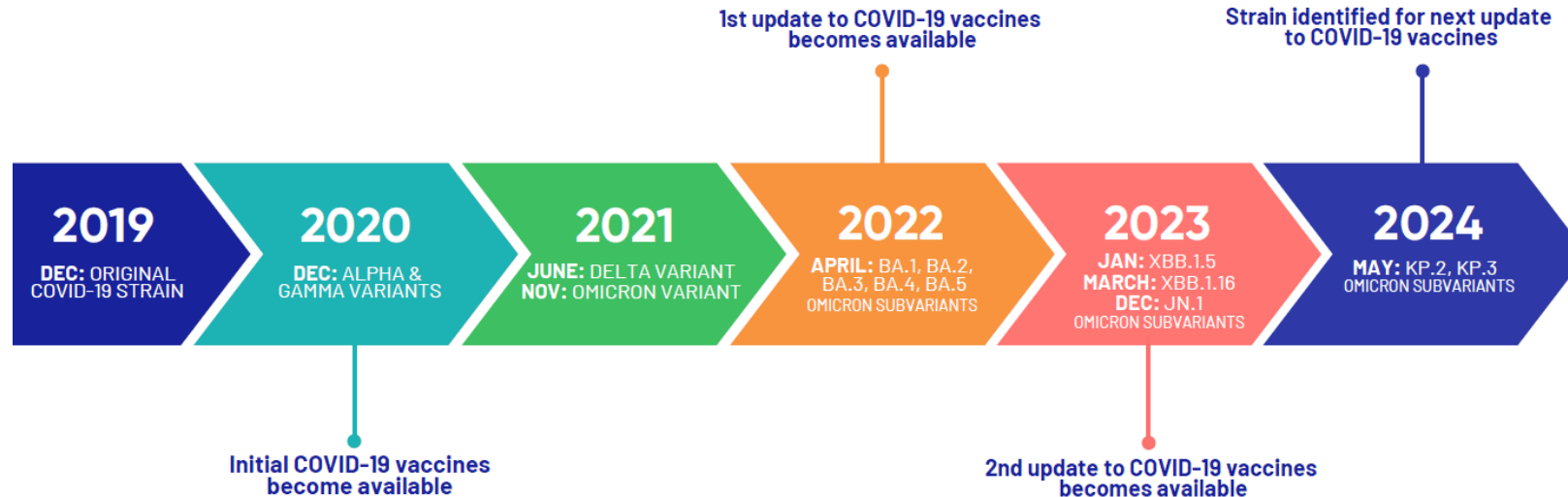
# COVID-19 Virus & Vaccine Changes

## Milestones

### Changes to the COVID-19 Virus & Updated Vaccines

**CVEEP**  
Champions for  
Vaccine Education,  
Equity + Progress

As the virus that causes COVID-19 spreads, it changes.  
The vaccines targeting COVID-19 are updated regularly to provide protection against changing variants.



Dates are based on the World Health Organization's (WHO) declaration of a variant of concern or interest:  
<https://www.hhs.gov/coronavirus/covid-19-vaccines/index.html>  
<https://www.cdc.gov/coronavirus/2019-ncov/variants/variant-classifications.html>

This resource is meant to highlight vaccines that were updated in response to evolving viral strains; it is not exhaustive of all COVID-19 variants, vaccines and booster doses.

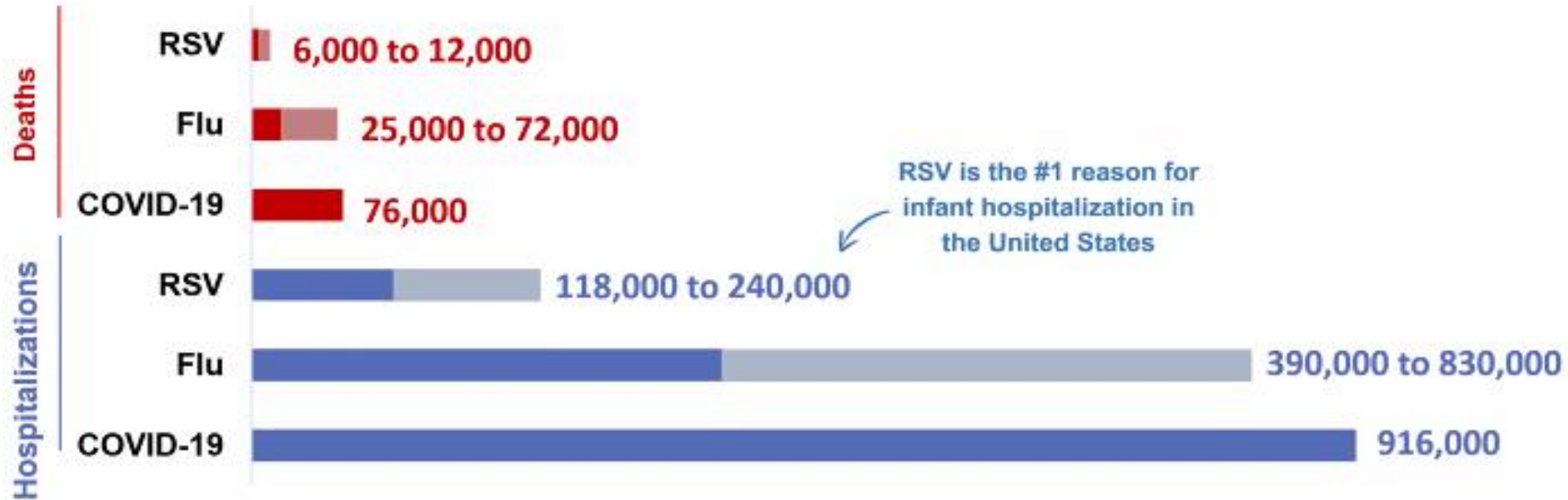
# COVID-19 Vaccine Confidence: Vaccine Effectiveness

- **2024-2025 COVID-19 vaccines restore and enhance protection** against illness and hospitalization, help prevent death and reduce the chance of Long COVID
- Just like flu:
  - Virus is always changing
  - Protection from vaccine declines over time
  - People who received last season's vaccine saw greater protection against illness and hospitalization than those who did not

**COVID-19 vaccines  
cut risk of  
hospitalization in  
half in all ages**

Centers for Disease Control and Prevention. (2024, September 18). Fall Respiratory Virus Season and HHS Education Campaign Webinar [Webinar]. [Use of COVID-19 Vaccines for Persons Aged ≥6 Months: Recommendations of the Advisory Committee on Immunization Practices – United States, 2024–2025 | MMWR \(cdc.gov\)](#)  
[Interim Effectiveness of 2023–2024 COVID-19 Vaccines Against COVID-19–Associated ED and Urgent Care Encounters and Hospitalization Adults – VISION and IVY Networks, September 2023–January 2024 | MMWR \(cdc.gov\)](#)

# COVID-19 Vaccine Confidence: Burden of Disease



\*Shaded bars represent high and low estimates for RSV and Flu deaths and hospitalizations. COVID-19 deaths and hospitalizations are those reported and are not estimates.

Centers for Disease Control and Prevention. (2024, September 18). Fall Respiratory Virus Season and HHS Education Campaign Webinar [Webinar].



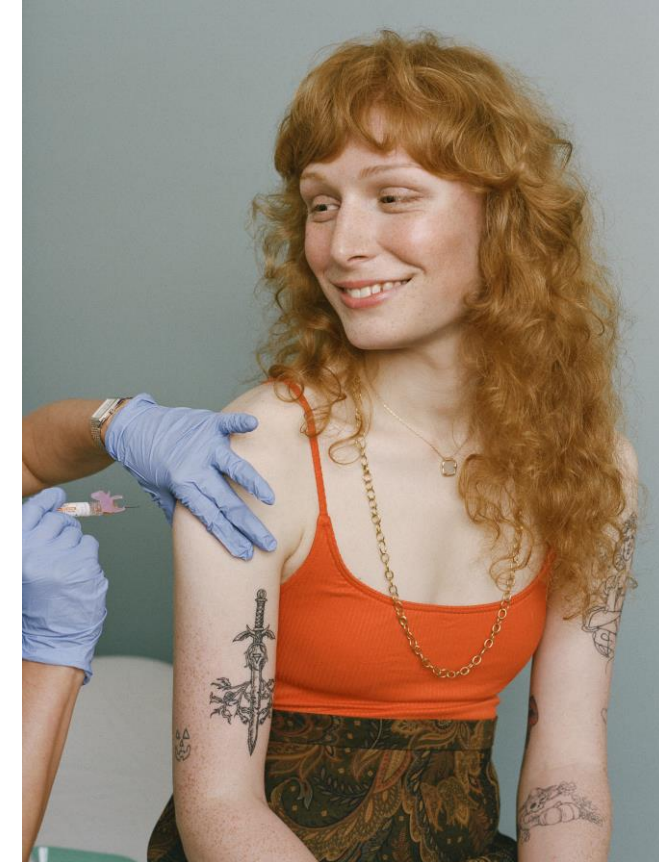
# 2024-2025 COVID-19 Recommendations – Not Immunocompromised

## Initial vaccination

- Ages 6 months-4 years  
2 doses of 2024-2025 Moderna  
OR  
3 doses of 2024-2025 Pfizer-BioNTech
- Ages 5-11 years  
1 dose of 2024-2025 Moderna  
OR  
1 dose of 2024-2025 Pfizer-BioNTech
- Ages 12 years and older  
1 dose of 2024-2025 Moderna  
OR  
1 dose of 2024-2025 Pfizer-BioNTech  
OR  
2 doses of 2024-2025 Novavax

## Received previous doses of a COVID-19 vaccine

- Ages 6 months-4 years  
1 or 2 doses of 2024-2025 mRNA vaccine from the same manufacturer as administered for initial vaccination, depending on the vaccine and the number of prior doses
- Ages 5-11 years  
1 dose of 2024-2025 Moderna  
OR  
1 dose of 2024-2025 Pfizer-BioNTech
- Ages 12 years and older  
1 dose of 2024-2025 Moderna  
OR  
1 dose of 2024-2025 Pfizer-BioNTech OR  
1 dose of 2024-2025 Novavax



# 2024-2025 COVID-19 Recommendations for Immunocompromised People

## Initial vaccination

- Ages 6 months-4 years
  - 3 doses of 2024-2025 Moderna **OR**
  - 3 doses of 2024-2025 Pfizer-BioNTech
- Ages 5-11 years
  - 3 doses of 2024-2025 Moderna **OR**
  - 3 doses of 2024-2025 Pfizer-BioNTech

## Ages 12 years and older

- 3 doses of 2024-2025 Moderna **OR**
- 3 doses of 2024-2025 Pfizer-BioNTech **OR**
- 3 doses 2024-2025 Novavax

## Received previous doses of a COVID-19 vaccine

- Recommended COVID-19 vaccine and number of 2024-2025 doses are based on age and vaccination history

**Additional doses:** People who are moderately or severely immunocompromised ages 6 months and older may receive 1 or more age-appropriate additional doses of a 2024-2025 COVID-19 vaccine



# COVID-19 Vaccine Updates

- Minimum interval between last 2023-2024 COVID-19 vaccine dose and 2024-2025 COVID-19 vaccine dose is 8 weeks.
  - Some exceptions for those who are completing a multidose initial vaccination series
- No additional doses for older adults recommended at this time
- Those who are moderately or severely immunocompromised can receive additional age-appropriate doses at least 2 months after last 2024-2025 vaccine dose



# Messenger RNA COVID-19 Vaccines



## Resources:

[2024-2025 Formula Pfizer-BioNTech COVID-19 Vaccine At A Glance \(cdc.gov\)](#)

[2024-2025 Formula Moderna COVID-19 Vaccine At A Glance \(cdc.gov\)](#)

Pfizer		Moderna
6 months – 4 years (EUA)	<p><b>Dosage:</b> 3mcg/0.3mL</p> <p><b>Presentation:</b> MDV (3 doses per vial)</p> <p><b>Cap/label:</b> Yellow cap, yellow label</p> <p><b>Ordering minimum:</b> 10 MDV</p>	<p><b>Dosage:</b> 25 mcg/0.25mL</p> <p><b>Presentation:</b> MFS</p> <p><b>Ordering minimum:</b> 10 MFS</p>
5 – 11 years (EUA)	<p><b>Dosage:</b> 10 mcg/0.3mL</p> <p><b>Presentation:</b> SDV</p> <p><b>Cap/label:</b> Blue cap, blue label</p> <p><b>Ordering minimum:</b> 10 SDV</p>	
12+ years (BLA)	<p><b><i>Comirnaty</i></b></p> <p><b>Dosage:</b> 30 mcg/0.3mL</p> <p><b>Presentation:</b> MFS</p> <p><b>Ordering minimum:</b> 10 MFS</p>	<p><b><i>Spikevax</i></b></p> <p><b>Dosage:</b> 30 mcg/0.3mL</p> <p><b>Presentation:</b> MFS</p> <p><b>Ordering minimum:</b> 10 MFS</p>

# Moderna BUD change

## Moderna's Beyond Use Date (BUD) is now **60** days

- The BUD begins when Moderna vaccine is removed from permanent storage and put into the refrigerator.
- BUD is not associated with a vaccine lot number and will not be documented in VIMS. All tracking and documentation of a vaccine's BUD is the practice's responsibility.
- BUD is not an expiration date. During administration, document the expiration date.
- Administering vaccines past the BUD may result in the need to revaccinate patients, reducing public confidence in vaccination.



[VDH Respiratory Virus Season 1 Pager](#)  
[Vaccine Labels: Storage and Beyond-Use Date Tracking \(cdc.gov\)](#)

# COVID-19 Supply and Shipping

- We saw a limited allocation of Moderna COVID-19 vaccine at the start of this season
  - Anticipate additional available supply in next few weeks
- For all COVID-19 vaccines, allocations received weekly through October and then will switch to biweekly

## Pfizer Packaging Update: 3 possible options

Option	Which vaccines?
Two stickers on inner flap of shipper	Any vaccines
Paper pack list inside shipper	Comirnaty (never frozen) 12y+ only
<b>*NEW*</b> (see pictures below) Underside of shipping label on the outside of the shipper	Any vaccines



Shipping label has markings along the sides that indicate "Peel for Pack Slip."

# Novavax Availability and Expiration

- Limited supply available through Vermont Vaccine Purchasing Program
  - Approximately 300 doses available through the Immunization Program
  - Minimum ordering quantity is 10 doses
- Initial expiration date on manufacturer supply is 10/31/24.
- Novavax is pursuing a shelf-life extension for this and future lots
  - [Vaccine Expiration Lookup Tool](#)
- VDH has chosen to not order vaccine until after new supply is available and/or the plan for shelf-life extensions is clear
- Vaccine can be found at pharmacies

# FAQ: When should I recommend a patient with a recent COVID-19 infection be vaccinated?



**It depends** – recommendation is based on clinical judgment regarding individual's risk level.

- Some [studies](#) have shown increased time between infection and vaccination might result in an improved immune response to vaccination.
- Certain factors could be reasons to get a vaccine sooner rather than later:
  - Personal risk of [severe disease](#)
  - Risk of disease in a loved one or close contact
  - High levels of COVID-19 [circulating in the community](#)



# FAQ: What do I do if my patient wants Novavax COVID-19 vaccine?



- Option 1: Once available to order, order a box for patients wanting Novavax
  - If a single patient needing Novavax, reach out to the Immunization Program to transfer a dose for administration
- Option 2: Refer patients to pharmacies for Novavax
- Option 3: Partner with a provider office in your area carrying Novavax that is willing to vaccinate non-patients
- Option 4: Educate patient on safety and effectiveness of all COVID-19 vaccines, including messenger RNA vaccines

# COVID-19 Resources

[Checklist of Current Versions of U.S. COVID-19 Vaccination Guidance and Clinic Support Tools \(immunize.org\)](#)

*FDA Webpages for Fact Sheets:*

- [Novavax COVID-19 Vaccine, Adjuvanted | FDA](#)
- [Moderna COVID-19 Vaccine | FDA](#)
- [Pfizer-BioNTech COVID-19 Vaccine | FDA](#)

*CDC At-A-Glance Resources:*

- [2024-2025 Formula Moderna COVID-19 Vaccine At A Glance \(cdc.gov\)](#)
- [2024-2025 Formula Pfizer-BioNTech COVID-19 Vaccine At A Glance \(cdc.gov\)](#)

[Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC](#)

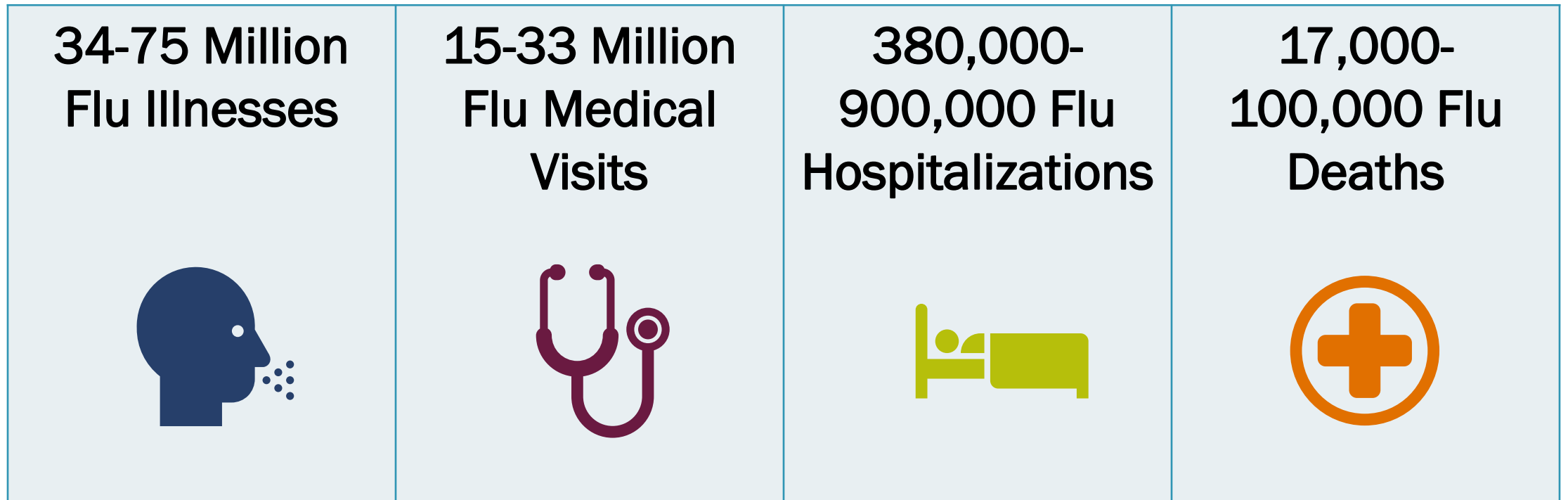


# Flu



# Flu Burden of Disease

Since October 1, 2023, CDC estimates there have been:



# Flu Vaccine



- Flu vaccines protect against infection and illness caused by flu viruses
- All persons aged  $\geq 6$  months, without contraindications, should get the 2024-2025 influenza vaccine.
  - Some children (6 months – 8 years) need two doses of influenza vaccine.
- All flu vaccines for this flu season are trivalent.
  - Other countries may still be using quadrivalent as manufacturers switch to trivalent.

# Special Populations



## Pregnant Persons

Should receive any age appropriate inactivated or recombinant influenza vaccine.

## People 65 years and older

Preferential recommendation for use of High Dose, Recombinant or Adjuvanted Inactivated Influenza vaccines.

- If unavailable, acceptable to get a standard-dose, unadjuvanted inactivated flu vaccine.



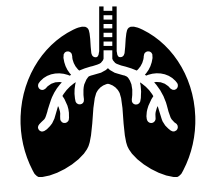
## Solid Organ Transplant Recipients

High Dose inactivated and adjuvanted inactivated influenza vaccines acceptable vaccination options for solid organ transplant recipients aged 18 through 64 years who are on immunosuppressive medication regimens



## Farmers & Farm Workers

Should receive an age-appropriate influenza vaccine.



# H5N1

- CDC continues to respond to the US avian Influenza A (H5N1) outbreak in dairy, poultry and other animals.
  - USDA: 213 dairy herds in 14 US states have confirmed cases
- There has been 14 confirmed US human cases, one without known occupational exposure to stock or infected animals.
- CDC's current assessment is that the risk to the general public remains low
  - Farmers and farm workers are at a higher risk due to possible occupational exposure

[CDC Confirms Human H5 Bird Flu Case in Missouri | CDC Newsroom](#)



# Key Audience: Farmers/Farmworkers



- Avian Influenza A (H5N1) [detected in cows](#) for the first time
- People who work with infected animals or their byproduct, such as dairy workers, can become infected.
- Seasonal flu vaccines provide protection against seasonal influenza viruses
  - May decrease genetic interactions between H5N1 and seasonal flu viruses
- Vaccinating farmers and farm workers should remain a community priority.



# RSV

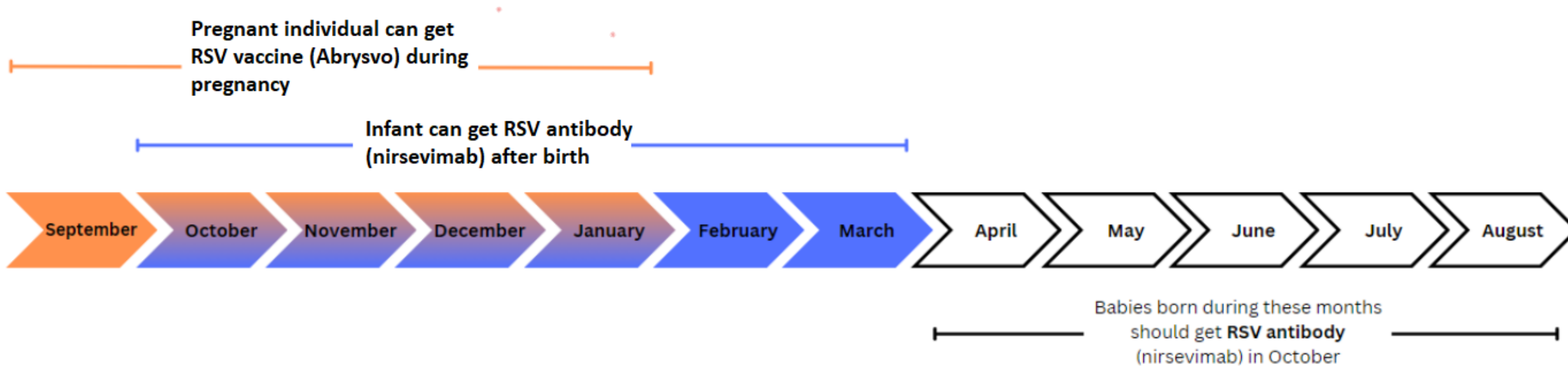


# RSV products to protect 2 groups: babies and older adults



<p>Monoclonal antibody (nirsevimab/Beyfortus)</p>	<p>Vaccine (Abrysvo)</p>	<p>Abrysvo (Pfizer) Bivalent, recombinant vaccine</p>	<p>Arexvy (GSK) Adjuvanted, recombinant vaccine</p>	<p>MRESVIA (Moderna) Messenger RNA vaccine</p>
<p>Passive immunity through artificial proteins that mimic natural antibodies – administered to infant</p>	<p>Passive immunity through transplacental transfer of antibodies developed after vaccination of pregnant individual.</p>	<p>Active immunity through vaccine-induced immunity</p>		

# Protecting Infants: RSV vaccine or RSV monoclonal antibody



[01-RSV-Mat-Peds-Long-508.pdf \(cdc.gov\)](#)

# RSV Disease Burden & Product Effectiveness

- RSV vaccines help prevent older adult RSV hospitalizations – over three times lower risk.
- RSV is the leading cause of infant hospitalization nationally
- Nirsevimab reduces risk of infant RSV hospitalizations – ten times lower risk



**Nirsevimab was **90% effective** at protecting infants from RSV-associated hospitalization\***

**Clinicians, talk to parents about nirsevimab, a preventive antibody**

\* Early estimates from the New Vaccine Surveillance Network, October 2023–February 2024

 [bit.ly/mm7309a4](https://bit.ly/mm7309a4)  
MARCH 7, 2024 

[Early Estimate of Nirsevimab Effectiveness for Prevention of RSV–Associated Hospitalization Among Infants Entering First RSV Season – New Vaccine Surveillance Network, October 2023–February 2024 | MMWR \(cdc.gov\)](#)

Centers for Disease Control and Prevention. (2024, September 18). Fall Respiratory Virus Season and HHS Education Campaign Webinar [Webinar].

# RSV Monoclonal Antibody (nirsevimab/Beyfortus)

Infants age younger than 8 months, 0 days:

CHILD'S WEIGHT	NIRSEVIMAB DOSE
Less than 5 kg (11 lbs)	50-mg MFS
Greater than or equal to 5 kg (11 lbs)	100-mg MFS

High risk children age 8 months through 19 months eligible for nirsevimab during their second season:

CHILD'S WEIGHT	NIRSEVIMAB DOSE
Any	200 mg (total): administer two 100-mg MFS injections at the same visit at different injection sites



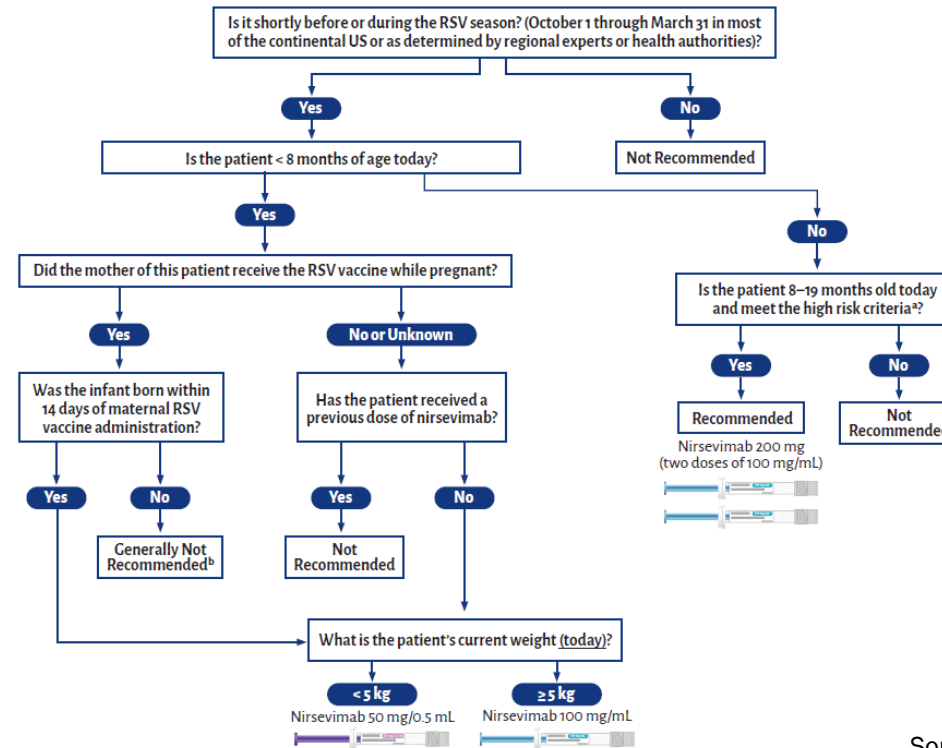
Tables from [Standing Orders for Administering Nirsevimab RSV Preventive Antibody to Infants \(immunize.org\)](https://www.immunize.org/standing-orders-for-administering-nirsevimab-rsv-preventive-antibody-to-infants)

# Nirsevimab Administration Visual Guide

## Nirsevimab Administration Visual Guide

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



Source: <https://downloads.aap.org/AAP/PDF/Nirsevimab-Visual-Guide.pdf>

# 2nd Season RSV Recommendations: Infants & children 8-19 months



- American Indian or Alaska Native children
- Children with severe immunocompromise
- Children with chronic lung disease of prematurity who required medical support (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) any time during the 6-month period before the start of the second RSV season
- Children with cystic fibrosis who have either 1) manifestation of severe lung disease (previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest imaging that persists when stable), or 2) weight-for-length <10th percentile

# Nirsevimab supply and distribution plan

- Sanofi (manufacturer) has indicated there will be double the supply available nationally as was available last year.
- We started receiving allocations in early September and will receive new allocations every two weeks.
- In September, enrolled birthing facilities were given priority for ordering 50 mg supply as well as providers in the areas where the birthing facilities are not enrolled (North Country Hospital, Copley Hospital and Northeastern VT Regional Hospital)
  - Enrolled birthing facilities were asked to have enough supply for one month
- Primary care providers were able to order 100mg supply throughout September; availability for 50mg supply open to primary care providers on September 30
- Communication and warm hand-offs between primary care providers, birthing centers and OB/GYNs are critical for success



# FAQ: Can an infant who received nirsevimab in March 2024 receive nirsevimab in October?

A **healthy** infant 8 months or younger who was immunized in February or March 2024 **should not** receive a dose of nirsevimab this RSV season.

A **high risk** infant would be **recommended to get a second** dose of nirsevimab

- Ideally, the infant should be at least 8 months of age prior to receiving the second dose of nirsevimab. However, if the infant is 7 months old and it has been more than 5 months since the first dose of nirsevimab was given, the second season dose can be given during the visit (a little earlier).



# FAQ: Can a healthy infant who was born in February or March 2024 who did not receive nirsevimab receive a dose this season?

**Yes, if they meet all other eligibility requirements:**

- Less than 8 months old at time of administration
- Birthing parent did not receive a dose of Abrysvo during pregnancy (or infant was born within 14 days of Abyrsvo administration)



# FAQ: We have 8 infants that need the 50 mg dose and one that needs the 100 mg dose in our practice. Can we administer two 50 mg doses to the larger child to avoid ordering the 100 mg dose?



No, we want to save the 50 mg doses for smaller infants (this is in line with how the product was licensed and ACIP recommended).

Reach out the Immunization Program ([ahs.vdhimmunizationprogram@vermont.gov](mailto:ahs.vdhimmunizationprogram@vermont.gov)) for guidance on transferring a dose(s).

# RSV Protection for Infants: Vaccination for Pregnant Individuals

- RSV vaccine for **pregnant individuals** (Abrysvo) can now be administered (September 1 – January 31)
  - Administered at 32 weeks 0/7– 36 weeks 6/7 weeks' gestation
  - One dose per lifetime
  - If a pregnant individual received Abrysvo during previous pregnancy, infant would need to be referred for nirsevimab.
  - Can be coadministered as other routine vaccines recommended during pregnancy
  - Available to all enrolled VFC/VFA providers to order, including OB/GYNs and family health providers
  - [MMWR](#) demonstrated provider recommendation associated with higher coverage



# RSV for Older Adults



- **All adults ages 75 years and older** are recommended to receive a single dose of RSV vaccine to help prevent serious RSV infection and hospitalization.
- **Adults 60-74 years** considered **at increased risk** are recommended to receive a single dose of RSV vaccine:
  - Chronic heart or lung disease
  - A weakened immune system
  - Certain other medical conditions\*, including diabetes with complications and severe obesity
  - Live in a nursing home

*\*For a complete list of chronic health issues that lead to increased risk of severe RSV, see [Clinical Overview of RSV](#) or the [MMWR outlining in the ACIP recommendation](#).*

Currently, the recommendation is for a **single dose per lifetime**.

# RSV Products

	Abrysvo (Pfizer)	Nirsevimab (Beyfortus)	Abrysvo (Pfizer) Arexvy (GSK) mRESVIA (Moderna)
Who receives product?	Pregnant individuals 32-36 weeks gestation	Infants (birth to 8 months) for 1st RSV season; high-risk 8-19 months for 2nd RSV season	Universal: adults 75 years Risk-based: adults 60-74 yrs.
What type of product?	Vaccine	Monoclonal antibody (passive immunization)	Vaccine
What time of year administered?	September 1 – January 31	October – March	Year round, but ideally late summer/early fall
What is the plan for availability?	Available at enrolled OB/GYNs and primary care providers	Administered in birthing hospitals and provider offices	Available through VAVP for individuals 60-64 years that meet ACIP recommendation

# Resources

[Respiratory Syncytial Virus Vaccination During Pregnancy | ACOG](#)

[RSV Immunization Guidance for Infants and Young Children | RSV | CDC](#)

[Healthcare Providers: RSV Immunization for Infants and Young Children | CDC](#)  
[2 mAbs-Fact-Sheet-English.pdf \(nfid.org\)](#)

[Healthcare Providers: RSV Vaccination for Adults 60 Years of Age and Over | CDC](#)

[Health Care Provider Resources | Respiratory Illnesses | CDC](#)

[Risk Factors for Severe Illness from Respiratory Viruses | Respiratory Illnesses | CDC](#)

# Off-Site Clinics



## Off-Site Clinics:

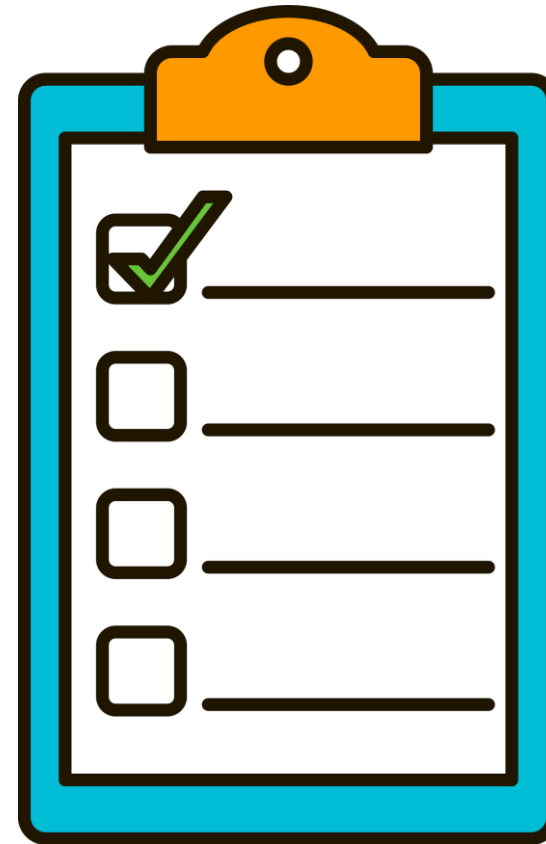
Anytime a vaccine is administered away from your state-monitored storage unit.

Any provider office can hold an off-site clinic with **refrigerated** vaccines.

\*\* Due to the extreme temperature requirement of frozen vaccines, **we do not authorize offsite clinics to offer vaccines that are kept ONLY frozen.**

MMR/Moderna/Mpox is appropriate for off-site clinics as they can be stored at refrigerator temperature.

[Vaccine Storage and Handling for Off-site Clinic Guidance \(healthvermont.gov\)](https://healthvermont.gov)



Use the  
Before/During  
/After Clinic  
Checklist

# Off-Site Clinics:

## Maintaining Temperatures

- ✓ Use backup logtag devices
- ✓ Record temperatures every hour on the paper temp log
  - ✓ These need to be kept for 3 years
- ✓ Respond to any temperature excursions by stopping vaccinating, closing the cooler and calling the office.



## Proper Storage

Hard-Sided or Styrofoam coolers are **NOT** suitable for Storage at an off-site clinic



Qualified packouts are available to borrow from the program.



# Vaccine Confidence

# Resource: Building Confidence in COVID-19 messenger RNA Vaccines

## Building Confidence in COVID-19 mRNA Vaccines



### Open the Discussion

**APPROACH** Start the conversation as early as possible with your patient.  
**ASK** "Have you thought about whether or not you will get the COVID-19 vaccine?"  
**INTERNAL REMINDERS**  
 ✓ Do not assume vaccine acceptance from your patient.  
 ✓ Encourage sharing what they have been hearing, positive and negative.  
 ✓ People often remember the earliest information they hear, so it is important to have this discussion early.



### Unsure

*Patient is reluctant to make a firm decision*

**APPROACH** Acknowledge and address concerns; don't provide reassurance prematurely. (See page 2 for common concerns and FAQs.)

**SAY** "Sounds like you're feeling unsure. Tell me more about what you've been hearing about the vaccine."  
 "I also wondered/heard about that. Here's what I learned after looking into it."

#### INTERNAL REMINDERS

- ✓ Be empathetic and thank patient for sharing concerns.
- ✓ Link vaccine acceptance to patient's hopes and goals.
- ✓ Cite your trustworthy sources of information. To facilitate trust, acknowledge uncertainty where it exists.
- ✓ Allow the patient to bring family or other community members into the decision-making process, if requested.
- ✓ Reinforce your personal decision to get vaccinated.

*Patient declines vaccine*

### Opposed

**APPROACH** Acknowledge and ask permission to learn more. (See page 2 for common concerns and FAQs.)

**ASK** "OK, I'd like to learn more about what is most concerning to you. Would you be willing to share your concerns about the vaccine?"

**Consider your patient's unique viewpoint.** They may have concerns due to personal experiences in the health care system or mistrust because of the history of abuse in the medical system due to racism and other forms of discrimination. They could also be concerned about safety due to the speed of the trials, their age or disability, disinformation, or mistrust of the government.

#### INTERNAL REMINDERS

- ✓ Your influence as a messenger matters, you are viewed as a trusted source of information. Ask permission to share your recommendation.
- ✓ If you had similar questions or concerns, share your decision-making thought process.
- ✓ To facilitate trust, acknowledge uncertainty where it exists.
- ✓ Reinforce your personal decision to get vaccinated.
- ✓ Link vaccine acceptance to patient's hopes and goals.

**FOLLOW-UP** After addressing concerns, provide strong recommendation for vaccination and ask again about willingness to get vaccinated.



### Yes

### Inclined

*Patient is interested in vaccination*

**APPROACH** Affirm and recommend next step.

*Patient is not interested in further discussion*

### Refusing

**APPROACH** Advise and educate (alternative resources): provide opportunity to

[Health Care Provider Discussion Guide: Building Confidence in COVID-19 mRNA Vaccines \(wa.gov\)](https://www.wa.gov/health-care-provider-discussion-guide-building-confidence-in-covid-19-mrna-vaccines)

# 3Cs Framework: Confident, Concise and Consistent



3Cs Program allows providers to:

- Practice presumptive adolescent vaccine recommendations and responses to common questions
- Differentiate between cautious, information-seeking parents and those who may be hesitant to accept recommendations
- Support hesitant parents and teens with simple strategies to improve vaccine acceptance

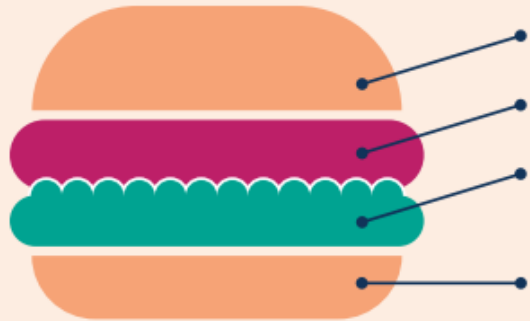
## [3Cs Portal - Unity Consortium \(unity4teenvax.org\)](http://unity4teenvax.org)

- Continuing education credits available
- Training videos and resources

# Resource: Public Health Communications Guide to Misinformation

## Truth Sandwich Method for Debunking

Break down debunking with the Truth Sandwich method:



1. Always start your Truth Sandwich with a **fact**
2. Introduce a **warning** that you are resharing a false claim
3. **Explain the misinformation**, including any tactics that helped it spread
4. Finish your Truth Sandwich with a **fact**, replacing the misinformation with correct information



## Resource:

[The Public Health Communicators Guide to Misinformation](https://publichealthcollaborative.org)  
([publichealthcollaborative.org](https://publichealthcollaborative.org))

[Public Health Webinars | Expert Insights | PHCC](#) ([publichealthcollaborative.org](https://publichealthcollaborative.org))

FACT	Childhood vaccines are extremely safe and effective at preventing the spread of disease.
WARNING	You might have heard an old myth...
MISINFORMATION	that falsely connects vaccines and autism.
FACT	This is not true. Research shows there is no link between vaccination and autism. In fact, vaccines are the best way to keep your child safe from deadly diseases.

# Vaccine Confidence Booster Tip: COVID-19 Vaccines

## Instead of saying mRNA, say messenger RNA

Why was SV40, a cancer causing sequence, put in the Covid Vaccine?

Contradicting experts, Fla. health chief advises seniors to avoid mRNA COVID-19 boosters

Story by Don Jacobson • 1w • 3 min read

Phillip Buckhaults Testifies to the SC Senate on the DNA Contamination Found in mRNA COVID Vaccines

justthenews · 8d

'Gaslighting Americans': Doctors back Florida surgeon general in spat with feds over COVID vax recs

Science publishers rejected Cleveland Clinic study that showed previous COVID vaccine was negligible against infection, which ...

Vermont Department of Health

Pfizer vaccine is contaminated with plasma DNA.

r/biology • 2 yr. ago [deleted]

A study from a Swedish lab shows that mRNA vaccines do change the DNA, your thoughts on this, and the Possibility if the mRNA vaccines did get incorporated into human DNA?

r/DebateVaccines • 3 yr. ago sanem46

It's now confirmed that the mRNA vaccines change your DNA, yet no one noticed because of Ukraine

I guess we'll have to wait a few months before the media are allowed to put attention on this fact. Robert Malone already reported on this in June, but back then no one paid attention either, saying he misinterpreted the data.

So it's really a godsent for Biden and the other governments that Ukraine happened now of all moments, just as Pfizer is releasing its clinical trial data and the CDC is admitting that they messed up bad.

view previous comments

Steve Korcsog  
mRNA causes super charged fast spread cancers. Known about this since 2021 from other sources but this further confirms it. The jab did not work, never intended to work as advertised.

Like Reply 3h Edited

Donna Hoffmann  
Finally a professional suggesting people be further

8 likes Re

View

thepaper:  
Do you kn watch the

4 likes Re

# Resources

[Health Care Provider Discussion Guide: Building Confidence in COVID-19 mRNA Vaccines \(wa.gov\)](#)

[Health Care Providers - Unity Consortium \(unity4teenvax.org\)](#)

<https://publichealthcollaborative.org/wp-content/uploads/2024/09/The-Public-Health-Communicators-Guide-to-Misinformation.pdf>

[Clinicians - Sustainable Health Care \(nmqf-shc.org\)](#) -- QI toolkits for immunizations

[2024-2025 Respiratory Virus Season State Supplied Vaccines \(healthvermont.gov\)](#)



# IMR Updates

# Forecaster Updates



- The IMR Forecaster tool provides a list of immunizations due for each patient based on age, immunization history, and the CDC immunization schedule.
- Update to the forecaster logic for COVID (2024-2025) and RSV vaccines is coming soon.
  - In the meantime, COVID and RSV vaccine up-to-date status may be listed incorrectly, or different than expected.
  - When evaluating a patient's vaccine needs, please refer to the current CDC Vaccine schedules .
- Notices for IMR login users are available on the [VDH Immunization Registry](#) page.

# IMR Name & Coding Guides

- Updated IMR Code & Name Guides are available for 2024-2025 COVID & Influenza Vaccines
  - These guides are intended as a tool to guide accurate vaccine reporting for practices and organizations sending data from electronic medical records.
- During documentation, please be sure to use the best IMR selection as outlined in the guides.
  - As a reminder, flu vaccines for the 2024-2025 flu season are anticipated to be trivalent.
- Guides can be found on the VDH IMR webpage or below.
  - [COVID Vaccine Name & Code Resource Guide](#)
  - [Influenza Vaccine Name & Code Resource Guide](#)

# Immunization Updates

# Bexsero (MenB) Scheduling Change

On August 19, FDA approved a new dosing schedule for GSK MenB (Bexsero) vaccine to match the schedule for Pfizer MenB vaccine (Trumenba):

Two Dose Schedule		Three Dose Schedule	
Dose 1	0 months	Dose 1	0 months
Dose 2	6 months	Dose 2	1-2 months
		Dose 3	6 months

- ACIP is anticipated to review the new schedule at its October 2024 meeting.
- Must receive the same vaccine for all doses.
- Per CDC, providers should refer to the [updated package insert](#) for new dosing and schedule intervals.

# Pertussis Outbreaks

- CDC reports the number of cases this year is higher than what was seen at this time last year.
- Vermont experienced an outbreak in August identified in the Brattleboro area, Windham County.
  - Majority of cases were unvaccinated individuals
  - HAN sent on August 14, 2024
- Vaccination remains the best protection against Pertussis.
  - Providers can pull a list of patients not up to date on the Dtap vaccination in the Immunization Registry using the “not Up to Date” report.
- Additional information on requested actions, testing, treatment, and prevention is [available in the HAN](#).



# Vaccine at District Health Offices

We've received questions about where vaccines can be found this respiratory season.

- Immunizations are available at a broad range of healthcare settings including local pharmacies, provider practices and health clinics.
- Based off VT landscape and CDC funding, VDH District Health Offices may be able to provide vaccines through a monthly clinic, to certain individuals meeting criteria.
  - Primarily for those who do not have a PCP or are uninsured.
- District Health Offices do not accommodate brand specific vaccine requests or provide vaccine to individuals who do not meet VDH criteria for vaccination.
- VDH strives to vaccinate individuals who live in VT, are working in VT, seek primary care in VT or are in VT for an extended period.
- Provider Practices and Local pharmacies are the preferred location for vaccination.

# Communication Updates



# AAP Grant Opportunities for Provider Practices



The American Academy of Pediatrics Vermont Chapter has grant opportunities for provider practices including:

- A School-Located Vaccine Clinic Grant
  - Maximum award of \$20,000
  - AAP and VDH will notify practices when his grant application opens
- COVID & Flu Vaccine Grant
  - Application open now
  - Maximum award of \$10,000
  - First Come First Served- Apply as soon as notification is received

For additional information, or to apply, visit the [AAP VT Chapter Website](#)

# Vermont COVID & Flu Vaccination Dashboards

- Updated COVID & Flu dashboards are coming soon- late October
- Dashboards will include COVID-19 and flu vaccination data for Vermont residents reported to the IMR during the 2024-2025 respiratory virus season.
- To access dashboards, go to [Vermont COVID-19 and Flu Vaccination Data](#).

## How many Vermonters are vaccinated against COVID-19 and the flu?

Updated flu and COVID-19 vaccines are coming soon. Later this fall, and once Vermonters start getting vaccinated, we'll share a new dashboard with data for the current season.

Learn more about vaccines and availability:

- [COVID-19 vaccine information](#)
- [Flu vaccine information](#)

> [2023-2024 COVID & Flu Vaccination Dashboard](#)

> [Past COVID-19 Vaccination Rates](#)

# Respiratory Virus Season Campaign



## Goals

- Raise awareness about how to prevent the spread of respiratory viruses like COVID, flu and RSV
- Raise awareness and promote recommended COVID, flu and RSV immunizations among eligible and at-risk populations.

**Run time:** Mid-September 2024 through mid-February 2025

**Channels:** Broadcast (TV, radio), Front Porch Forum, streaming radio, streaming TV, social media, partner outreach, digital, print, and a press release

## Two additional components this year:

- Vaccine hesitant messaging
- Education and messaging resources for partners to support vaccine clinics on farms

# Respiratory Virus Season Campaign

- Call to action
  - Make a vaccine appointment
  - Visit our website for more [www.HealthVermont.gov/StayHealthy](http://www.HealthVermont.gov/StayHealthy)
  - RSV messaging: Talk to your doctor about RSV immunizations to see if they are right for you or your family
- We will share the 2024-2025 partner toolkit soon. It will contain images and sample social media posts and newsletter templates. We encourage providers to use the toolkit in communications with patients.



# Respiratory Viruses



**Updated flu and COVID-19 vaccines are now rolling out across Vermont.**

Vaccines are available now at some locations, and they will be widely available in the coming weeks.

**NEW**

- Check your health insurance benefits.
- Contact your pharmacy or health care provider to find out which vaccines are available and to make an appointment.
- If you are under 65 years old and you don't have a primary care provider or health insurance, local health offices will have vaccines available for free by appointment in the coming weeks.

**U.S. Virus Activity**

See how COVID-19, flu and RSV may be spreading in the U.S. and in each state.


[Learn More](#)

**Important Links**

[COVID Vaccine](#)


**Vaccines are one of the most important prevention tools.**

Getting vaccinated against respiratory viruses like COVID, flu and RSV is one of the most important steps you can take to stay healthy during the fall and winter months. Vaccines protect against severe illness and hospitalization. If you do get sick, getting vaccinated can make your symptoms milder and not as long-lasting.




Everyone 6 months and older should get an annual flu vaccine

**Flu Vaccine** →



Everyone 6 months and older should get at least one yearly COVID vaccine

**COVID Vaccine** →




Infants and Adults ages 60 and older can get added protection from RSV

**RSV Immunizations** →

**COVID, Flu and RSV Vaccines 2023**

From a US state public health authority



- [COVID Vaccine](#)
- [Preventing and Testing for COVID](#)
- [COVID-19 Symptoms & Treatment](#)
- [Flu Prevention & Vaccines](#)
- [RSV \(Respiratory Syncytial Virus\)](#)
- [Treating the Flu](#)

<https://www.healthvermont.gov/stats/surveillance-reporting-topic/vermont-covid-19-and-flu-vaccination-data>

# National Campaign and Resources: Risk Less, Do More (U.S. Dept. of Health and Human Services)

- A national, integrated effort to increase awareness of, confidence in, and uptake of vaccines that reduce severe illness from flu, COVID-19, and RSV in at-risk populations.
- For health care providers: discussion guides, patient handouts, sample social media messages
- Featured resources
  - [“What you should know” handout](#)
  - [“Common concerns” fact sheet](#)
  - [“Three reasons” poster](#)



**Stay well to stay connected.**

**RISK LESS.  
DO MORE.**  
Get this season's vaccines

## What You Should Know About Flu, COVID-19, and RSV Vaccines

Each year, millions of people get sick, and thousands need hospital care or die from respiratory infections caused by viruses. Vaccines help prevent these outcomes or lessen their severity. You can lower your risk of getting sick with a respiratory infection by staying up to date with influenza (flu), COVID-19, and respiratory syncytial virus (RSV) as needed.

### Are you at higher risk for severe illness?

You are considered high risk for a severe case of flu or COVID-19 if you:

- Are 65 years or older
- Are pregnant
- Have certain medical conditions such as obesity, asthma, diabetes, or heart disease
- Have a weakened immune system.

You are considered high risk for severe RSV if you:

- Are 75 years or older, or
- Are age 60–74 and live in a long-term care facility or have certain medical conditions such as:
  - Diabetes
  - Heart disease
  - Obesity
  - Kidney disease

### Vaccines help you risk less and do more.

Vaccinating against flu and COVID-19 can help keep you from getting sick. Even if you do get sick after getting vaccinated, your symptoms will likely be mild. Vaccines are also a safer, more dependable way to build immunity than catching a virus to build immunity. If you haven't gotten them yet, you need a 2024–2025

flu vaccine and a 2024–2025 COVID-19 vaccine. The formulas for both flu and COVID-19 vaccines change so they can work better against the virus strains circulating in your community right now.

### I'm sick with flu or COVID-19. Now what?

Flu and COVID-19 can cause symptoms like fever, cough, sore throat, runny nose, headaches, and a lack of energy. If you catch flu or COVID-19, talk to your doctor to learn if you can take an antiviral drug to help you recover faster, especially if you're at high risk for severe illness. Stay home and away from others until you feel better. While you're sick, monitor your symptoms and get medical care if you have:

- Trouble breathing
- Pressure or pain in your chest
- Extreme sleepiness
- Confusion or dizziness

### RSV

RSV is another respiratory virus with symptoms similar to flu and COVID-19. RSV can affect infants' and older adults' ability to breathe. You are at higher risk for severe RSV disease if you are:

- 75 years of age or older
- 60 or older and living in a long-term care facility
- 60 or older and have certain medical conditions, such as heart, lung, or kidney disease, obesity, diabetes, or asthma

Infants are also at higher risk for severe RSV disease, which hospitalizes more infants in the United States than any other condition. Pregnant people can pass protection to their babies for their first 6 months of life by getting an RSV vaccine during pregnancy. A doctor can help you decide if an RSV vaccine is right for you.



Learn more at  
[cdc.gov/respiratory-viruses](https://cdc.gov/respiratory-viruses)

**RISK LESS.  
DO MORE.**  
Get this season's vaccines



A campaign to increase awareness and uptake of vaccines for flu, COVID-19, and RSV in at-risk populations.

# Helpful Tips when Addressing Patients' Concerns

The [Risk Less, Do More](#) website has helpful tips when talking to patients about getting vaccinated. It's normal for patients to have questions and they may have inaccurate information or feel strongly about them.

- **Listen** to their questions and comments with empathy. **Validating their emotions** helps build connection and trust.
- **Ask open-ended questions** to explore how your patients feel. This encourages two-way conversation and helps you understand their concerns.
- **Give your patients a strong recommendation to get vaccinated.** Use the talking points to help your patients understand why you are recommending vaccines and to give them the facts they need to find their own reasons to get vaccinated.
- **Remind them of the benefits:** Vaccines help them risk less and do more.

## Addressing Common Concerns on Flu, COVID-19, and RSV Vaccines

It's normal for patients to have questions and concerns about vaccines. Use this fact sheet to help address common concerns you might hear from your patients about influenza (flu), COVID-19, and respiratory syncytial virus (RSV) vaccines.

### Helpful Tips:

- Your patients may have inaccurate information about vaccines or feel strongly about them. Listen to their questions and comments with empathy. Validating their emotions helps build connection and trust.
- Ask open-ended questions to explore how your patients feel. This encourages two-way conversation and helps you understand their concerns.
- Give your patients a strong recommendation to get vaccinated. Use the talking points below to help your patients understand why you are recommending vaccines and to give them the facts they need to find their own reasons to get vaccinated.
- Remind patients of the vaccine benefits: Vaccines help them risk less and do more.

COMMON CONCERNS	TALKING POINTS
Flu vaccines cause the flu.	<ul style="list-style-type: none"><li>• You can't get the flu from a flu vaccine because flu vaccines either use a dead form of the virus or no virus at all.</li><li>• Some people who are vaccinated still get the flu. Even if you get the flu, being vaccinated helps your symptoms stay milder.</li></ul>
I got a flu vaccine last year. Why do I need one again?	<ul style="list-style-type: none"><li>• Flu viruses change from year to year, so the flu vaccine is updated annually to help target the current strains of flu.</li><li>• You should get a flu vaccine every year so that you're protected against the latest flu viruses spreading in your community.</li></ul>
I never get the flu, so why should I get the flu vaccine?	<ul style="list-style-type: none"><li>• Some types of flu viruses spread more easily than others, and the most common flu viruses infecting people change each year. Getting vaccinated makes sure you're more protected from new or changing virus strains.</li><li>• If you do get the flu, there's no way to predict how bad your symptoms might be. But if you're vaccinated, your risk of getting severely ill is cut nearly in half.</li></ul>
I already got a COVID-19 vaccine.	<ul style="list-style-type: none"><li>• The COVID-19 virus has changed a lot. The 2024–2025 COVID-19 vaccines were updated to target the newest variants.</li><li>• If you're up to date with the vaccines, you're more protected from severe illness even if you get COVID-19.</li></ul>

**RISK LESS.  
DO MORE.**  
Get this season's vaccines



A campaign to increase awareness and uptake of vaccines for flu, COVID-19, and RSV in at-risk populations.

[Download the fact sheet](#)

# Health Equity Updates



# Some Equitable Vaccine Practices

**Trust:** adrienne maree brown says “move at the speed of trust”

**Education:** Clemmons Family Farm’s Beneath our Skin Storytelling Exhibit hosted at several libraries, community spaces, and at their gallery in Charlotte earlier this year. This exhibit shows the stories, art, song, and poetry of Black Vermonters receiving vaccinations, along with stories and collages from providers.

**Access:** one best practice is mobile vaccine outreach – when Barre lost vaccinating pharmacy due to flooding last year, our teams were able to fill the gap with an EMS partner mobile clinic

**What else** do people see as an equitable practice? Feel free to add in the chat.

# Vaccination Rates of Adults with Disabilities

According to our [Behavioral Risk Factor Surveillance System \(BRFSS\) Survey](#) data from 2020, 2021 and 2022, people with and without disabilities in Vermont have similar rates of vaccination. As this [recent data brief](#) highlights, however, some groups did have significantly lower vaccination rates.

**Among people 18 to 64 years old:** only 33% percent of those with vision loss got a flu vaccine in the last year, compared to 50% of those without vision loss.



# Partnerships

Our teams across the Health Department partner with **Bridges to Health**, an organization through UVM Extension that primarily serves migrant workers from Latin America.

This fall we are partnering with **the Janet S. Munt Family Room** to plan a COVID and flu vaccine clinic.

The Family Room serves Chittenden County families, the majority of whom are immigrants and refugees. This clinic is also in partnership with Bridges to Health, who hosts a monthly workshop to support with paperwork.

# QUESTIONS?





**Thank you!**

**Let's stay in touch**

**Email:** [AHS.VDHImmunizationProgram@vermont.gov](mailto:AHS.VDHImmunizationProgram@vermont.gov)

**Web:** [healthvermont.gov](http://healthvermont.gov)

**Social:** @healthvermont