

COVID-19 vaccine - what's next?

The Vaccines and Related Biologics Advisory Committee (VRBPAC) voted unanimously to support the next formulation change for COVID-19 vaccines be a monovalent XBB strain at their meeting on June 15. Based on data presented by CDC and vaccine manufacturers, the committee supports a formulation change to the Omicron XBB.1.5 strain. Early results show monovalent XBB vaccines provide a better immune response compared to various bivalent formulations. The FDA and manufacturers predict availability around September. ACIP will determine how the vaccine will be used.

MIIC forecaster changes

With recent changes to COVID-19 vaccine schedule recommendations, the MIIC forecaster was updated to ensure that all people 5 years of age and older are recommended to receive one dose of bivalent COVID-19 vaccine and people under 5 years are recommended to receive 2 or 3 doses depending on product, with appropriate intervals. The MIIC forecaster cannot recommend a specific COVID-19 vaccine schedule based on the date of an administered dose and cannot recommend bivalent (updated) doses only. As such, the forecaster will now validate the first dose received by a client 5 years of age and older and the first 2 or 3 doses (product dependent) received by clients under 5 years. These doses will be validated regardless of when the client received them. All other doses received will be recorded in a client's immunization record but not evaluated. Unevaluated doses will display in MIIC as having 'blank' series information.

Continue to use clinical judgement and [CDC Interim Clinical Considerations: Use of COVID-19 Vaccines \(www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html\)](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html) to inform decisions for immunization.

Addressing childhood immunization gaps

MDH has a new Request for Proposals (RFP) out aimed at closing the childhood immunization gaps across Minnesota. In the [Closing the Childhood Immunization Gap Grant RFP \(www.health.state.mn.us/people/immunize/hcp/childgaprpf.html\)](https://www.health.state.mn.us/people/immunize/hcp/childgaprpf.html), project B was informed by our Childhood Immunization Workgroup that was convened Sept. 2022 through May 2023. MDH brought together statewide partners including local public health, vaccine providers, health plans and systems, and vaccine advocates to determine ways to address gaps in childhood immunization rates.

We are looking for community-based organization applicants who are trusted and respected advocates in their community, aware of the needs, connected to other organizations and groups, and creative in their approaches to engage the community around childhood immunizations. Applicants do not have to be vaccinators or vaccine experts. The application is open until July 13. We welcome you to review this RFP and share with your community networks.

Think measles with summer travel

Remember to assess patients for MMR before they travel and encourage patients to be aware of measles symptoms when they return. This is also a good time to offer other relevant travel vaccinations needed for their destination country. For more information visit:

- [CDC: Think Travel Vaccine Guide \(wwwnc.cdc.gov/travel/page/vaccine-guide\)](https://wwwnc.cdc.gov/travel/page/vaccine-guide)

- [CDC: Global Measles \(wwwnc.cdc.gov/travel/notices/level1/measles-globe\)](https://wwwnc.cdc.gov/travel/notices/level1/measles-globe)
- [CDC: Guidance on Measles during the Summer Travel Season \(emergency.cdc.gov/han/2023/han00493.asp\)](https://emergency.cdc.gov/han/2023/han00493.asp)
- [Measles Information For Health Professionals \(www.health.mn.gov/diseases/measles/hcp\)](https://www.health.mn.gov/diseases/measles/hcp)
- [Think Measles \(www.health.state.mn.us/diseases/measles/think-measles\)](https://www.health.state.mn.us/diseases/measles/think-measles) (available in multiple languages)

ACIP update

Several policy decisions were made at the June ACIP meeting. These will take effect when the MMWR is published and will contain additional clinical guidance for use of vaccines.

- **Polio:** Inactivated polio vaccine is recommended for anyone who is known to be unvaccinated or incompletely vaccinated. Previous policy restricted that to persons through age 17 years. ACIP ex-panded this to persons age 18 years and older.
- **Pneumococcal conjugate vaccine, 20-valent (PCV20):** Recently licensed for children ages 6 months through 17 years, is now included as an option for routine infant pneumococcal vaccination.
- **Respiratory Syncytial Virus (RSV):** Two RSV products are licensed for adults 60 years and older. ACIP voted to recommend that either product be given to persons 60 years and older based on clinical decision making.

Meningococcal Disease and HIV

The percentage of people with HIV increased among meningococcal cases in 2022 as seen in [CDC: MMWR: Notes from the Field: Increase in Meningococcal Disease Among Persons with HIV \(www.cdc.gov/mmwr/volumes/72/wr/mm7224a4.htm\)](https://www.cdc.gov/mmwr/volumes/72/wr/mm7224a4.htm). These findings highlight that health care providers do the following:

- Ensure people with HIV are up to date with their [Meningococcal Vaccine Recommendations \(www.cdc.gov/vaccines/vpd/mening/hcp/recommendations.html\)](https://www.cdc.gov/vaccines/vpd/mening/hcp/recommendations.html), including booster doses.
- Maintain high suspicion for meningococcal disease when someone with HIV presents with symptoms compatible with this disease.
- Screen patients with meningococcal disease for HIV.

Meningococcal disease is uncommon but deadly. In the United States, nearly 1 in 10 cases of meningococcal disease occurred in people with HIV in 2022. Yet vaccine uptake remains low for this population. People with HIV are recommended to receive two doses of MenACWY vaccine 8 weeks apart, followed by a booster dose every 5 years. Children with HIV who receive the primary series when they are younger than 7 years old should get their first booster 3 years later, then continue with the regular 5-year booster interval. CDC also recommends that all people be screened for HIV at least once in their lifetime. Providers should ensure that patients with meningococcal disease and unknown HIV status are screened for HIV. For more information visit:

- [Meningococcal Disease Basics \(www.health.mn.gov/diseases/meningococcal/basics.html\)](https://www.health.mn.gov/diseases/meningococcal/basics.html)
- [CDC: Meningococcal Disease: What People Living with HIV Need to Know \(www.cdc.gov/meningococcal/downloads/17-275138B-MeningococcalDis-HIV-FS.pdf\)](https://www.cdc.gov/meningococcal/downloads/17-275138B-MeningococcalDis-HIV-FS.pdf)