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NCPA 2025 ANNUAL CONVENTION



1



**Navigating the
Latest Vaccine
Recommendations**

➤ **NCPA 2025 Annual Convention and Expo**



2

Speaker



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Kansas



3

Disclosure Statement

Amanda Applegate has a financial interest with Sunflower Health Plan, and the relationship has been mitigated through peer review of this presentation. There are no relevant financial relationships with ACPE-defined commercial interests for anyone else in control of the content of the activity.



4

Pharmacist and Technician Learning Objectives

- Summarize the process for vaccine recommendations in the United States.
- Describe the impact of vaccine-preventable disease outbreaks in the United States.
- Discuss recent updates to vaccine recommendations that influence the delivery of pharmacy-based immunization services.
- Apply current Centers for Disease Control and Prevention and Advisory Committee on Immunization Practices immunization schedules and recommendations to patient cases.



5

Wake up!

Does your state require you to immunize per CDC/ACIP guidelines?

Are you using the PREP Act to extend your vaccine types/age range?



7

Wake up!

What types of vaccines does your pharmacy offer?

- Routine adult vaccines
- Childhood vaccines
- Travel vaccines
- Respiratory vaccines only



8

Legal Updates



9

Public Readiness and Emergency Preparedness (PREP) Act

- 12th Amendment, effective through December 31, 2029
 - Pharmacists, pharmacy interns, and qualified pharmacy technicians
 - Patients 3 years and older
 - COVID & influenza only
 - Tests & vaccinations

i. The vaccine must be authorized, approved, or licensed by the FDA;

ii. Vaccination must be ordered and administered according to CDC's/ACIP's COVID-19 vaccine recommendation(s)

<https://public-inspection.federalregister.gov/2024-29108.pdf> FDA – Food and Drug Administration, CDC – Centers for Disease Control and Prevention, ACIP – Advisory Committee for Immunization Practices



10

Centers for Disease Control and Prevention's Advisory Committee for Immunization Practices

- “Federal advisory committee that develops recommendations on the use of vaccines in the civilian population of the United States”
 - Voting members
 - Up to 19 medical professionals
 - 1 consumer representative knowledgeable about social/community aspects of immunization programs
 - 8 non-voting ex officio members from federal agencies
 - 31 liaison members representing professional societies

<https://www.cdc.gov/acip/grade>



11

GRADE

Standardized process for developing ACIP recommendations for transparency, consistency, and communications

- Policy question defined
 - Population, Intervention, Comparison, Outcomes (PICO)
- Benefits and harms critical to policy decision defined
- Systematic review of evidence for efficacy and safety
 - Published and unpublished



https://www.cdc.gov/acip/downloads/Policies-Procedures-508_1.pdf

12

US Vaccine Approval Process



VRBPAC - Vaccines and Related Biological Products Advisory Committee
https://www.cdc.gov/acip/downloads/Policies-Procedures-508_1.pdf

13

What's next?

- American Health Insurance Providers and the Alliance of Community Health Plans affirmed their commitment to covering this fall's vaccinations
- Does your state statute require you to follow specific recommendations?
- Does your statewide/physician protocol allow for flexibility?



https://www.cdc.gov/acip/downloads/Policies-Procedures-508_1.pdf

14

Protocol check: Can I give this vaccine??

Jamie, a 28 year old female, wants a COVID vaccination. She has no chronic conditions, but she is scared of long COVID.



"Certified immunizers should administer vaccinations that are FDA approved and that are recommended by the CDC/ACIP."



15

Protocol check: Can I give this vaccine??

Jamie, a 28 year old female, wants a COVID vaccination. She has no chronic conditions, but she is scared of long COVID.



"Vaccinate according to indications and contraindications recommended in current guidelines from ACIP/CDC, or as authorized by the FDA, and/or recommended by other evidence-based authorities."



16

Other Authorities

Professional Associations

- American Academy of Pediatrics (AAP)
- American College of Obstetrics and Gynecology (ACOG)
- American Cancer Society (ACS)

Professional Guidelines

- American Diabetes Association Standards of Care

State Issued Guidance

- West Coast Health Alliance
- Statewide standing orders/protocols

New Organizations

- Vaccine Integrity Project



17



18



19

Chikungunya Vaccine

- Live attenuated (Ixchiq, Valneva) FDA approved November 2023 for 18 years of age and older
 - Safety signal detected – serious adverse events in adults aged 60 years and older
 - Use paused in affected population
- Virus-like particle (Vimkuna, Bavarian Nordic) FDA approved February 2025 for 12 years of age and older
- ACIP recommended for people traveling to an area with a chikungunya outbreak and lab workers who might be exposed to the virus; consider for moving or extended travel to an area without risk
 - ACIP Added Vimkuna April 2025

COVID-19



New vaccine

- Low dose mRNA (mNexspike, Moderna) – 10 µg/0.2mL
 - FDA approved for those who have previously received a COVID vaccine
 - 65 years and older
 - 12-64 years at high risk for severe COVID-19
- Storage – prefilled syringe
 - Frozen: to expiration date
 - Fridge: 90 days
 - Room temp: 24 hours



FDA. Package Insert – mNexspike. <https://www.fda.gov/media/186738/download?attachment>
 Moderna. Relative vaccine efficacy against COVID-19. <https://products.modernatx.com/mnexspikepro/efficacy>

24

COVID-19 Safety Notes

FDA Approves Required Updated Warning in Labeling of mRNA COVID-19 Vaccines Regarding Myocarditis and Pericarditis Following Vaccination

June 25, 2025

FDA Safety Communication

Purpose: To inform the public and healthcare providers that FDA has required and approved updates to the Prescribing Information for [Comirnaty](#), (COVID-19 Vaccine, mRNA) manufactured by Pfizer Inc. and [Spikevax](#) (COVID-19 Vaccine, mRNA) manufactured ModernaTX, Inc. to include new safety information about the risks of myocarditis and pericarditis following administration of mRNA COVID-19 vaccines.

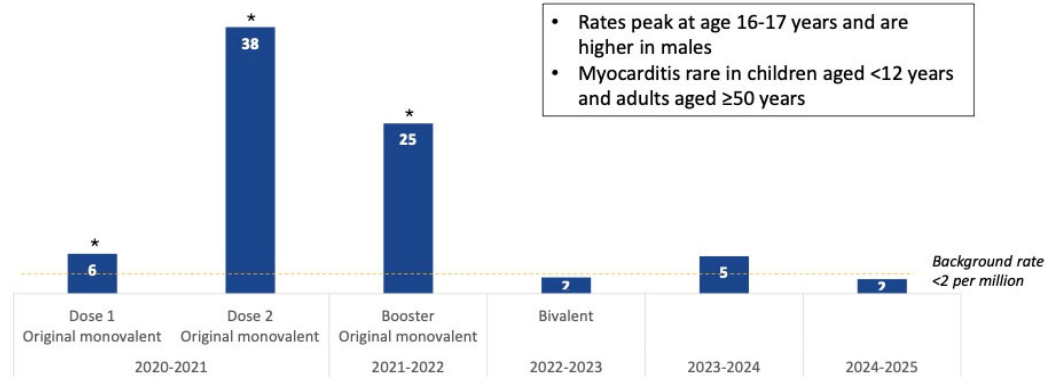


FDA. FDA Approves Required Updated Warning in Labeling of mRNA COVID-19 Vaccines Regarding Myocarditis and Pericarditis Following Vaccination. June 25, 2025.

25

Myocarditis Following mRNA COVID-19 Vaccination Among People Ages 12–39 Years in the Vaccine Safety Datalink

Incidence of myocarditis within 7 days of vaccination per million mRNA vaccine doses administered



- Rates peak at age 16-17 years and are higher in males
- Myocarditis rare in children aged <12 years and adults aged ≥50 years

*Statistically significant increased rate ratio in vaccinated concurrent comparator analysis. Source: CDC Immunization Safety Office

22



Meyer, S. Update on CDC's COVID-19 Vaccine Safety Monitoring. ACIP Meeting. June 2025.

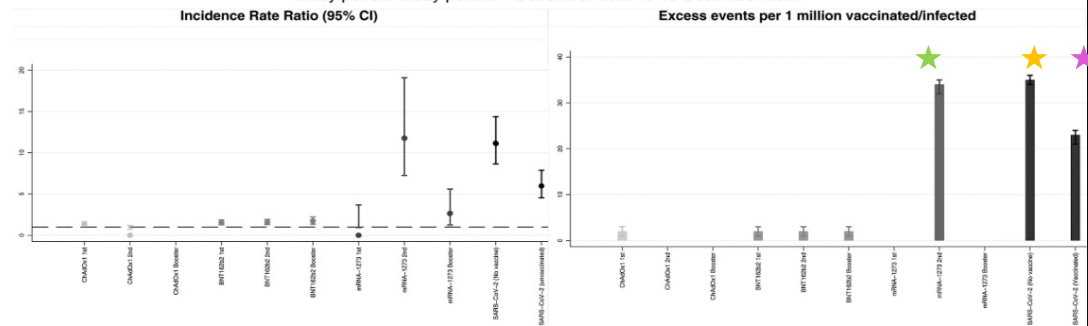
26

COVID-19 Safety Notes

- Not cited:

Risks of myocarditis in the 1–28 days after COVID–19 vaccines or SARS–CoV–2

Study period: Study period: 1 December 2020 to 15 December 2021



Patone M et al. Risk of Myocarditis After Sequential Doses of COVID-19 Vaccine and SARS-CoV-2 Infection by Age and Sex. Circulation. August 2022.

27

COVID-19 Safety Notes

- Not cited:

Table 3. Associations Between Clinical Outcomes and Myocarditis Groups Over 18 Months

Outcome	Postvaccine myocarditis (n = 558)		Post-COVID-19 myocarditis (n = 298)		Conventional myocarditis (n = 3779)	
	No. of events (%)	Weighted hazard ratio ^a	No. of events (%)	Weighted hazard ratio ^a	No. of events (%)	Weighted hazard ratio ^a
Rehospitalization for myopericarditis	18 (3.2)	0.75 (0.40-1.42)	12 (4.0)	1.07 (0.53-2.13)	220 (5.8)	1
Cardiovascular event (excluding myopericarditis)	15 (2.7)	0.54 (0.27-1.05)	22 (7.4)	1.01 (0.62-1.64)	277 (7.3)	1
Heart failure, heart rhythm and conduction disorders, cardiomyopathy ^b	6 (1.1)	0.53 (0.07-4.28)	11 (3.7)	1.23 (0.58-2.63)	132 (3.5)	1
Hospitalization for any cause	68 (12.2)	0.69 (0.50-0.94)	63 (21.1)	1.04 (0.73-1.48)	739 (19.6)	1
Death from any cause	1 (0.2)		4 (1.3)		49 (1.3)	1
Composite outcome 1 ^c	32 (5.7)	0.55 (0.36-0.86)	36 (12.1)	1.04 (0.70-1.52)	497 (13.2)	1
Composite outcome 2 ^c	75 (13.4)	0.64 (0.48-0.85)	76 (25.5)	1.03 (0.75-1.40)	874 (23.1)	1

Semenzato L, Le Vu S, Botton J, et al. Long-Term Prognosis of Patients With Myocarditis Attributed to COVID-19 mRNA Vaccination, SARS-CoV-2 Infection, or Conventional Etiologies. *JAMA*. 2024;332(16):1367–1377. doi:10.1001/jama.2024.16380



28

Effectiveness of 2024–2025 COVID-19 vaccination against COVID-19–associated hospitalization among immunocompetent adults aged ≥65 years — VISION and IVY Networks September 2024 – May 2025

Network/2024–2025 COVID-19 vaccination status/days since dose	COVID-19 case-patients N (Col %)	COVID-19 control-patients N (Col %)	Median interval since last dose among vaccinated*, days (IQR)	Adjusted vaccine effectiveness % (95% CI)
VISION				
No 2024–2025 COVID-19 dose (Ref)	2,943 (85)	34,900 (74)	958 (508–1,187)	Ref
Received 2024–2025 COVID-19 dose 7–179 days earlier	515 (15)	12,043 (26)	92 (51–132)	44 (38–50)
2024–2025 COVID-19 dose, 7–59 days earlier	155 (4)	3,604 (8)	34 (20–47)	46 (36–54)
2024–2025 COVID-19 dose, 60–119 days earlier	207 (6)	4,509 (10)	90 (75–104)	50 (42–57)
2024–2025 COVID-19 dose, 120–179 days earlier	153 (4)	3,930 (8)	147 (133–162)	32 (19–43)
IVY				
No 2024–2025 COVID-19 dose (Ref)	822 (88)	1,824 (79)	Not available	Ref
Received 2024–2025 COVID-19 dose 7–179 days earlier	110 (12)	499 (21)	92 (55–130)	46 (32–58)
2024–2025 COVID-19 dose, 7–59 days earlier	43 (5)	124 (5)	32 (20–46)	42 (16–60)
2024–2025 COVID-19 dose, 60–119 days earlier	37 (4)	205 (9)	89 (73–103)	53 (32–68)
2024–2025 COVID-19 dose, 120–179 days earlier	30 (3)	170 (7)	146 (130–161)	40 (9–62)

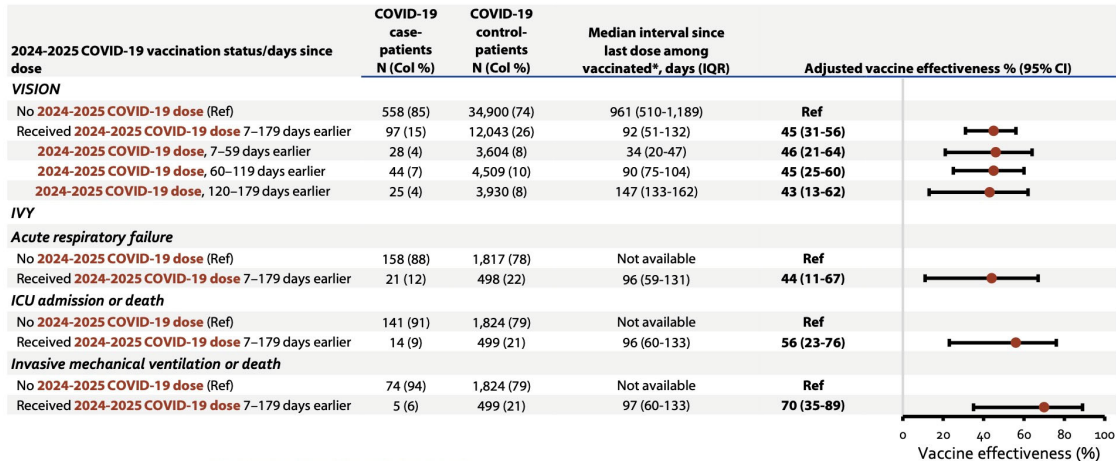
Updated from: Link-Gelles, et al. MMWR: <https://www.cdc.gov/mmwr/volumes/74/wr/mm7406a1.htm>



MacNeil, A. COVID-19 vaccine effectiveness update. ACIP. September 2025.

29

Effectiveness of 2024–2025 COVID-19 vaccination against COVID-19–associated critical illness among immunocompetent adults aged ≥65 years — VISION and IVY Networks
September 2024 – May 2025



MacNeil, A. COVID-19 vaccine effectiveness update. ACIP. September 2025.

30

COVID-19 Recommendations: ACIP

- Adults 65 years and older: Vaccinate based on individual-based decision making*
- Individuals 6 months to 64 years: Vaccinate based on individual-based decision making
 - Emphasis that risk-benefit of vaccination is most favorable for individuals who are at increased risk for severe COVID-19 disease
- Individual-based decision making = shared clinical decision making
 - Pharmacists allowed to vaccinate per shared clinical decision making



CDC Newsroom. October 6, 2025

31

COVID-19 Recommendations: FDA

- Approved for use in individuals aged 65 years and older
- Approved for use in individuals in the following age groups with at least one underlying condition that puts them at high risk for severe outcomes from COVID-19

SPIKEVAX (Moderna)	Comirnaty (Pfizer)	mNEXSPIKE (Moderna)	Nuvaxovid (Novavax)
6 months – 64 years	5 – 64 years	12 – 64 years	12 – 64 years



FDA Package Inserts

32

COVID-19 Recommendations: AAP

- All infants and children aged 6-23 months are at high risk and should receive the 2026-2026 COVID-19 vaccine
 - Initial series or current season dose
- Children 6 months – 18 years who are immunocompromised should receive 2+ doses of the 2025-2026 COVID-19 vaccine
- Children and adolescents aged 2-18 years should receive a single dose of the 2026-2026 COVID-19 vaccine



American Academy of Pediatrics Committee on Infectious Diseases. Recommendations for COVID-19 Vaccines in Infants, Children, and Adolescents: Policy Statement. Pediatrics. 2025; doi: 10.1542/peds.2025-073924 -- Image: Microsoft stock image

33

COVID-19 Recommendations: ACOG

- Continues to recommend the use of updated COVID-19 vaccines in individuals contemplating pregnancy and in pregnant, recently pregnant, and lactating individuals.



American College of Obstetrics and Gynecology. COVID-19 Vaccination Considerations for Obstetric–Gynecologic Care. Updated September 2025.

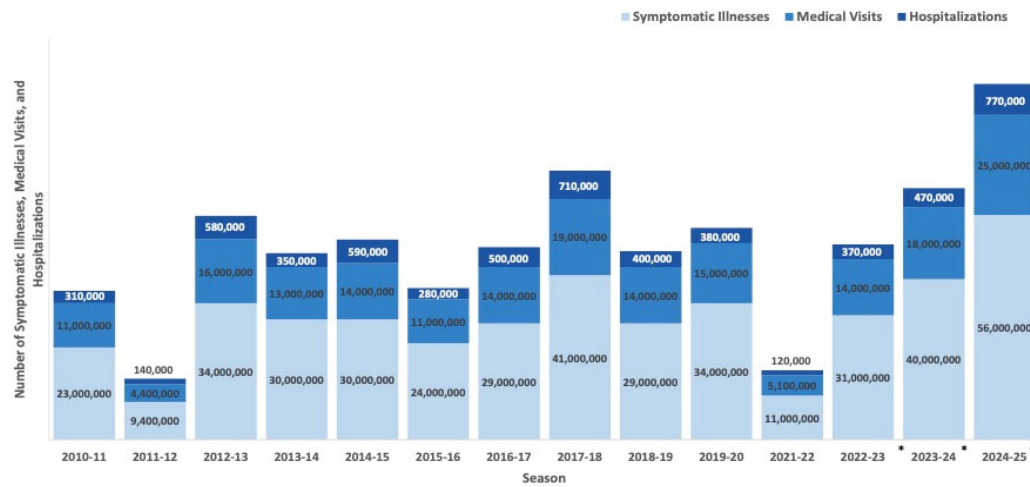
34

Influenza



35

Influenza Disease Burden Varied by Season



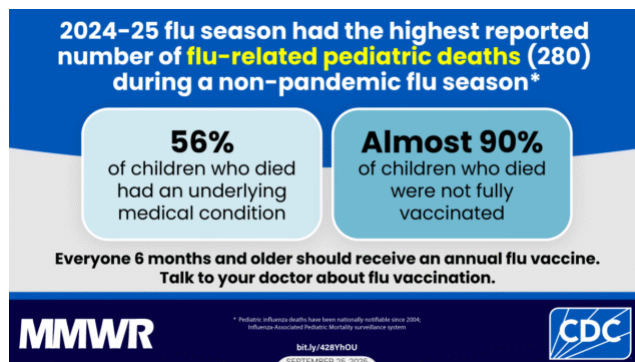
*Preliminary Estimates



Dugan V. ACIP Meeting. Estimates of influenza burden and burden averted through vaccination. June 2025.

36

Influenza – not "just the flu"



- 109 cases of **pediatric influenza-associated encephalopathy (IAE)**
 - 55% previously healthy
 - 74% admitted to ICU
 - 19% died
 - 84% were not fully vaccinated

Reinhart K, Huang S, Kniss K, Reed C, Budd A. Influenza-Associated Pediatric Deaths — United States, 2024–25 Influenza Season. MMWR Morb Mortal Wkly Rep 2025;74:565–569. DOI: <http://dx.doi.org/10.15585/mmwr.mm7436a2>
 Fazal A, Harker EJ, Neelam V, et al. Pediatric Influenza-Associated Encephalopathy and Acute Necrotizing Encephalopathy — United States, 2024–25 Influenza Season. MMWR Morb Mortal Wkly Rep 2025;74:556–564. DOI: <http://dx.doi.org/10.15585/mmwr.mm7436a1>



37

New vaccine option

- Live attenuated influenza vaccine (FluMist, AstraZeneca) for home delivery and self/caregiver administration
- Nasal spray flu vaccine
- Indicated for ages 2-49 years



- Disposal via mail-back



AstraZeneca. FluMist Home Delivery. <https://www.flumist.com/ordering-using-at-home>

38

Influenza Notes

- Trivalent vaccine
- Recombinant influenza vaccination (Flublok, Sanofi)
 - FDA approved age range increase to 9 years and older March 2025
- **ACIP affirmed existing recommendation that everyone aged 6 months and older should receive a flu shot**
 - Preferential recommendation for high dose (Fluzone High Dose, Sanofi), adjuvanted (Fluad, Seqiris), or recombinant influenza (Flublok, Sanofi) vaccinations for all persons aged 65 years and older
 - Avoid vaccinating during July/August for most adults



<https://www.fda.gov/media/179778/download/attachment>
 Grohskopf LA, Ferdinands JM, Blanton LH, Broder KR, Loehr J. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices – United States, 2024–25 Influenza Season. MMWR Recomm Rep. 2024 Aug 29;73(5):1–25. doi: 10.15585/mmwr.r7305a1. PMID: 39197095; PMCID: PMC11501009.

39

Influenza Notes

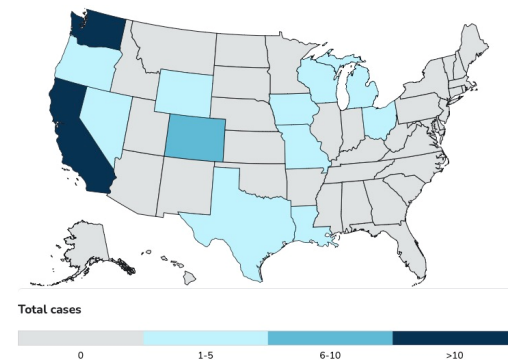
- ACIP voted to remove flu shots containing thimerosal from the recommendation
- What is thimerisol?
 - Ethylmercury-based preservative to protect against contamination
 - Found in cosmetics, eye drops, disinfectants, and other medications
 - Methylmercury – environmental toxin
 - Primarily found in fish and shellfish



Highly Pathogenic Avian Influenza (HPAI)

- No known person to person spread
- 70 total cases
- 7 probable cases
- 1 death

Confirmed Human Cases of HPAI since 2024



Exposure source

- 41 – Dairy herds
- 2 – Other animal
- 24 – Poultry farms
- 3 – Unknown source

Invasive Pneumococcal Disease (IPD)



Invasive pneumococcal disease

- ACIP recommends a single dose of any PCV vaccine for all PCV-naïve adults aged ≥ 50 years or when vaccination history is unknown

	Included in vaccine Not included in vaccine																															
	Serotype																															
Vaccine	1	3	4	5	6A	6B	7F	9V	14	18C	19A	19F	23F	22F	33F	8	10A	11A	12F	15B	2	9N	17F	20	15A	15C	16F	23A	23B	24F	31	35B
PCV21																																
PPSV23																																
PCV20																																
PCV15																																

Kobayashi M, Leidner AJ, Gierke R, et al. Expanded Recommendations for Use of Pneumococcal Conjugate Vaccines Among Adults Aged ≥ 50 Years: Recommendations of the Advisory Committee on Immunization Practices — United States, 2024. MMWR Morb Mortal Wkly Rep 2025;74:1–8.
DOI: <http://dx.doi.org/10.15585/mmwr.mm7401a1>.

Measles



What is measles (rubeola)?

- Highly contagious airborne virus causing severe flu-like illness with a rash
- Complications occur in 3 in 10 patients
 - 1 in 20 – pneumonia
 - 1 in 1000 – encephalitis causing deafness and intellectual disability
 - 3 in 1000 – death

<https://www.cdc.gov/measles/hcp/communication-resources/consider-measles-infographic.html>,
<https://www.idsociety.org/ID-topics/infectious-disease/measles/know-the-facts>,
<https://www.who.int/news-room/fact-sheets/detail/measles>

Approximate Timeline

- **Day 0 – Exposure**
- **Day 10-14 – Prodrome**
 - 3 C's – cough, coryza, conjunctivitis
 - Fever – 103°-105°
 - Koplik spots on mucous membranes
- **Days 14-20 – Rash**
 - Head → neck → trunk → limbs
- **Day 21 – 2-3 years - Post measles**
 - Immune amnesia

Contagious 4 days
before rash and 4 days
after rash appears

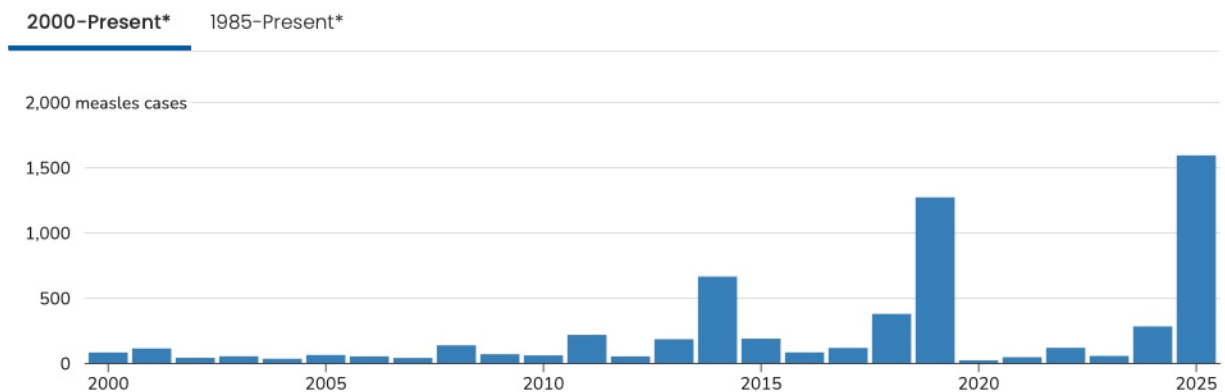


CDC. Epidemiology and Prevention of Vaccine Preventable Diseases – 14th Edition. <https://www.who.int/news-room/fact-sheets/detail/measles>
<https://asm.org/articles/2019/may/measles-and-immune-amnesia>; Mina MJ, et al. Measles virus infection diminishes preexisting antibodies that offer protection from other pathogens. Science 2019;366:599-606.

48

Yearly measles cases

as of October 14, 2025



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

49

- Total cases: 284
- Hospitalizations:
- 114 of 285 (40%)
- Deaths: 3

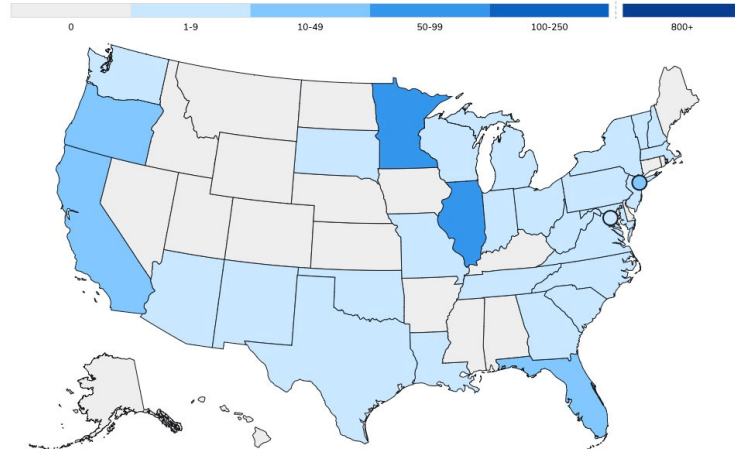
- **Age**

- <5 years: 120 (42%)
- 5-19 years: 88 (31%)
- ≥20 years: 77 (27%)

- **Vaccination Status**

- Unvaccinated or unknown: 89%
- One MMR dose: 7%
- Two MMR doses: 4%

US Measles Cases 2024



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

50

- Total cases: 1227
- Hospitalizations:
- 148 (12%)
- Deaths: 3

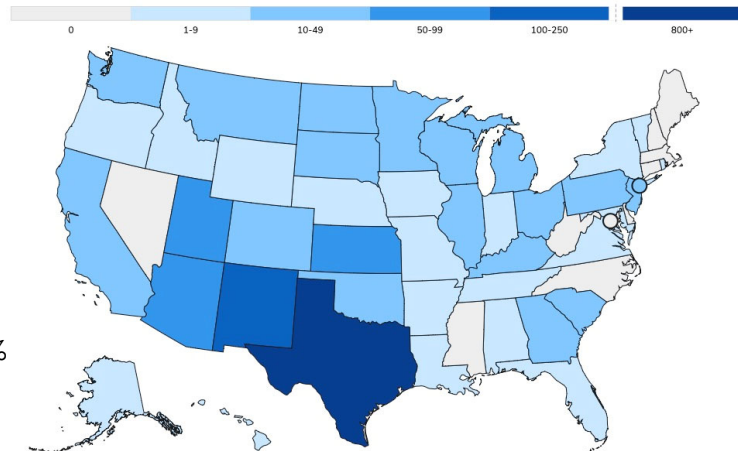
- **Age**

- <5 years: 355 (29%)
- 5-19 years: 455 (37%)
- ≥ 20 years: 404 (33%)

- **Vaccination Status**

- Unvaccinated or unknown: 95%
- One MMR dose: 2%
- Two MMR doses: 3%

US Measles Cases 2025



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

51

Outbreak Measles Vaccination Guidance

Children

- Early dose at 6-11 months
- Subsequent dose at 12-15 months
- Final dose at 4-6 years (before school)
- Children >12 months with no history of MMR vaccine should receive one dose immediately then another dose after 28 days

Teens & Adults

- One dose recommended for all who have received one previous dose of any MMR vaccine
- Two doses 28 days apart are recommended for all with no history of vaccination



52

Measles Vaccinations

MMRII (Merck)

- Live
- 0.5mL
- Admin subQ or IM
- ≥12 months
- Vaccine frozen, diluent fridge or room temp
- Contains gelatin

ProQuad MMRV (Merck)

- Live
- 0.5mL
- Admin subQ or IM
- 12 mo – 12 years
- Vaccine frozen, diluent fridge or room temp
- Contains gelatin

Priorix (GSK)

- Live
- 0.5mL
- Admin subQ
- ≥12 months
- Vaccine refrigerated, diluent fridge or room temp



FDA Package Inserts

53

ACIP MMR/MMRV Vaccination

Children

- 2 doses MMR or MMRV recommended for all children
- First dose at 12-15 months
 - MMR and varicella dosed separately
- Second dose at 4-6 years (before school)
 - MMRV or MMR + varicella

Adults

- One dose recommended for all adults ≥ 18 years if no previous evidence of immunization or immunity
- Two doses 28 days apart recommended for adults working in healthcare or attending college



54

ACIP MMR/MMRV Vaccination Safety Stats

- 1 in 3000 children (0.03%) experience a febrile seizure following the first dose of MMR vaccine
- 1 in 2300-2600 children (0.03-0.04%) experience a febrile seizure following the first dose of MMRV vaccine
- No increased risk for febrile seizure observed after MMRV vaccination in ages 4-6 years old

Baseline risk of febrile seizure following infection: 2-5%, peak incidence at 12-18mo

Feemster, K. Delay in measles vaccination associated with increased risk of post-vaccination seizures. Peds. Volume 164, Issue 3, 672-676.
McLean, H. et al. Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013: Summary Recommendations of the Advisory Committee on Immunization Practices (ACIP). June 2013.
Xixis KL, Samanta D, Smith T, et al. Febrile Seizure. [Updated 2024 Jan 19]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-.



55

Meningitis



Meningococcal Vaccine Schedule

- **MenACWY** recommended for *all* healthy persons aged 11-18 years
 - Single dose at 11-12 years
 - Booster dose at 16 years
- **MenB** recommended for healthy persons 16-23 years based on *shared clinical decision making*
 - 2 dose series



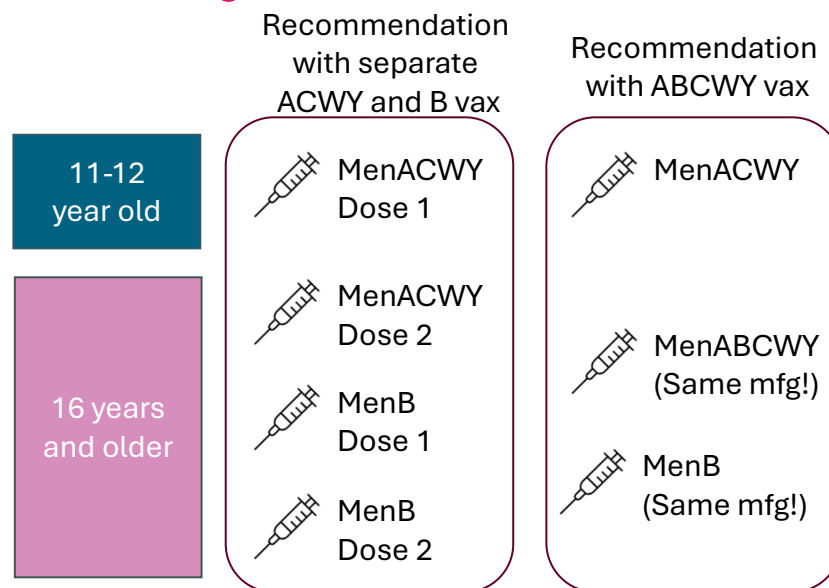
Meningococcal Vaccine Schedule

- MenABCWY (Penbraya, Pfizer) FDA approved October 2023
- MenABCWY (Penmenvy, GSK) FDA approved February 2025
- ACIP recommended for people aged 10-25 years who are receiving MenACWY and MenB vaccines at the same visit
 - ACIP Added Penmenvy April 2025
- Use same manufacturer for second MenB vaccine when due
 - Penbraya → Trumenba
 - Penmenvy → Bexsero, 6 months later



58

Meningococcal Vaccine Schedule



Collins et al. Use of the Pfizer Pentavalent Meningococcal Vaccine Among Persons Aged ≥10 Years: Recommendations of ACIP—US, 2023. MMWR 2024;73:345–350. DOI: <https://dx.doi.org/10.15585/mmwr.mm7315a4>

59

RSV



RSV Vaccine Recommendations – Older Adults

- All adults aged ≥ 75 years and adults aged 50-74 years at increased risk of severe RSV disease should receive a single dose of RSV vaccine

Recombinant protein (Arexvy, GSK)	Recombinant protein (Abrysvo, Pfizer)	mRNA (mRESVIA, Moderna)
FDA approved for 50 years and older	FDA approved for 18 years and older	FDA approved for 18 years and older

Increased risk for severe RSV — Older Adults 60-74 years

	Chronic heart disease (eg. heart failure, coronary artery disease, congenital heart disease)		Diabetes with CKD and/or end organ damage (eg. neuropathy, retinopathy) or treatment with insulin or SGLT2i
	Chronic lung disease (eg. COPD, emphysema, asthma, cystic fibrosis, interstitial lung disease)		Neurologic or neuromuscular conditions causing impaired airway (eg. poststroke dysphagia, ALS, muscular dystrophy)
	End-stage renal disease, hemodialysis, other renal replacement therapy		Chronic hematologic conditions (eg. sickle cell disease, thalassemia)
	Moderate or severe immune compromise		Chronic liver disease (eg. cirrhosis)
	Severe obesity (BMI ≥ 40 kg/m ²)		Residence in a nursing home

Other chronic medical conditions or risk factors that a healthcare provider determines would increase the risk for severe disease (eg. frailty, concern for undiagnosed chronic conditions, residency in a remote or rural community where transportation of patients for escalation of medical care is challenging)



Britton A, Roper LE, Kotton CN, et al. Use of Respiratory Syncytial Virus Vaccines in Adults Aged ≥ 60 Years: Updated Recommendations of the Advisory Committee on Immunization Practices—United States, 2024. MMWR Morb Mortal Wkly Rep. ePub: 6 August 2024. DOI: <https://doi.org/10.15585/mmwr.mm7211a1>

62

New RSV Antibody Option - Infants

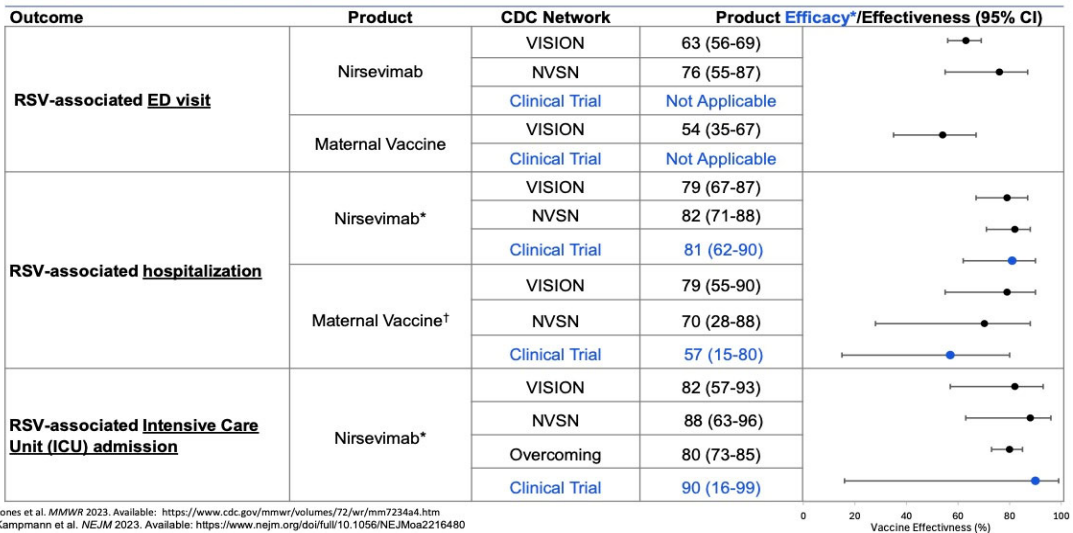
- Nirsevimab (Beyfortus, Pfizer) FDA approved July 2023
 - Recommended for infants <8 months who are born during or entering their first RSV season (October-March) if there is not evidence of vaccination during pregnancy
 - Recommended for children aged 8-19 months who are at increased risk and entering their second RSV season
- Clesrovimab (Enflonsia, Merck) FDA approved June 2025
 - Recommended for infants <8 months who are born during or entering their first RSV season (fall through spring) if there is not evidence of vaccination during pregnancy



<https://www.cdc.gov/rsv/hcp/vaccine-clinical-guidance/infants-young-children.html>
ACIP Meeting, June 2025.

63

Summary of RSV prevention product effectiveness (PE) among infants in their first RSV season, 2024–2025

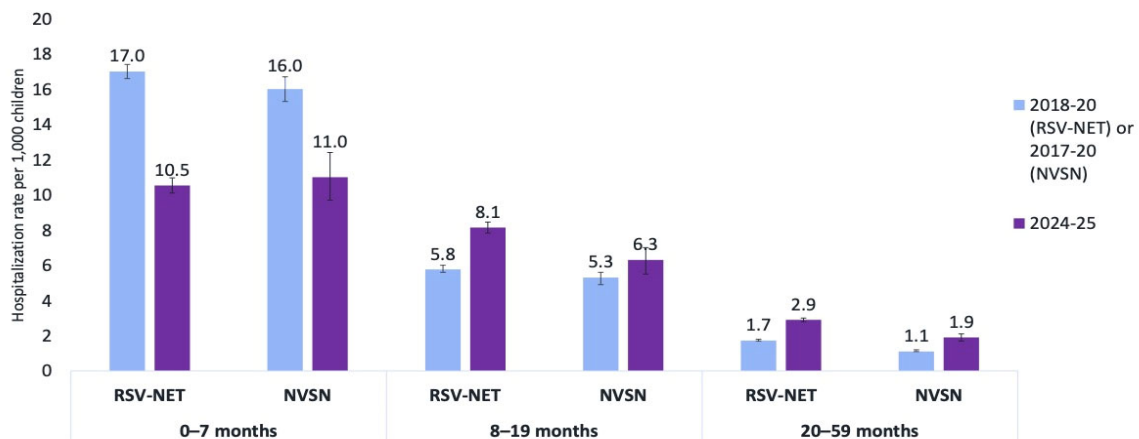


ACIP Meeting. Effectiveness and impact of RSV prevention products in infants during the 2024–2025 RSV season. June 2025.



64

Cumulative adjusted RSV-associated hospitalization rates in 2024–25 were compared to seasons before product introduction by age group



Bar labels indicate cumulative laboratory-confirmed RSV-associated hospitalizations per 1,000 children as of April 30 (RSV-NET) or March 31 (NVSN) each season. Rates use U.S. population denominators. RSV-NET rates are adjusted to account for RSV underdetection because of testing practices and test sensitivity. NVSN rates are adjusted to account for weeks with <7 days of surveillance, the proportion of eligible children not enrolled, sensitivity of respiratory syncytial virus reverse-transcription polymerase chain reaction testing compared to serology, and each site's estimated market share of acute respiratory illness hospitalizations by age. Error bars denote 95% confidence intervals (95% CI).

37



ACIP Meeting. Effectiveness and impact of RSV prevention products in infants during the 2024–2025 RSV season. June 2025.

65



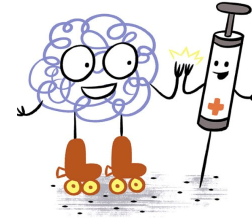
66



67

Patient Resources

- **The Meg Foundation**
- Decreasing pain & anxiety for painful procedures in children
- Poke Plans by age
- SuperMeg Poke Planner app



Pokes are a problem.

 What's Buzzy? Buzzy's vibrations block the pain signal so you don't have to feel the poke!	 What's numbing cream? It's a cream that you put on 30-60 minutes before the poke that numbs your skin!	 What's Shotblocker? Shotblocker is a plastic device with little "nubs" that distract your nerves. Your brain feels the nubs, but not the poke!
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68

Patient Resources

Does mRNA Alter DNA?

By Heather Simpson,
Back to the Vax

One of the biggest rumors floating around about the mRNA inside of the Moderna and Pfizer vaccines is that they can alter your DNA. The short answer is no, they can't. It seems like a pretty simple question, but it's one that has caused a lot of confusion.

Nope

What is the difference between a vaccine and a drug? A vaccine is something that is injected into your body to help your immune system fight off a disease. A drug is something that is taken orally or injected to treat a disease. The word "rushed" is often used to describe vaccines, but it's not always clear what it means. Say you are at a restaurant and the kitchen made the rest of the food. They quickly throw your order together in hopes that everyone will get their food at the same time. You get your burger and it's missing the cheese, and it's

Somehow, your cheeseburger is missing the cheese. The kitchen made the rest of the food, but they quickly throw your order together in hopes that everyone will get their food at the same time. You get your burger and it's missing the cheese, and it's



VACCINE FEARS OVERTURNED BY FACTS



Webinar Series



Were COVID-19 Vaccines Rushed?

By Lydia Greene, Back to the Vax

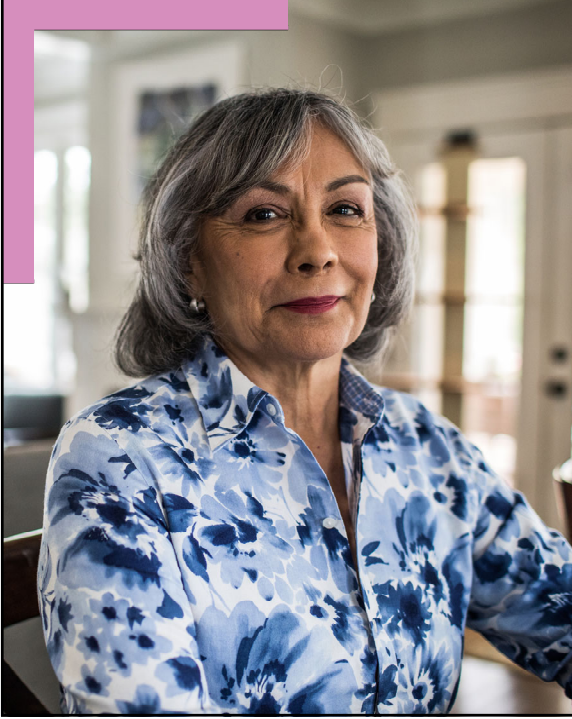
Do Vaccines Cause Autism?

By Lydia Greene, Back to the Vax

Short Answer: No. Wow, that was easy. (kidding).

Long Answer: Here is how I realized that vaccines do not cause autism from the lens of a former anti-vax parent. I have 3 children, and I stopped vaccinating when my oldest was just 4 months old. My next 2 children were completely unvaccinated. Being in the anti-vax crowd led me to have the wrong idea of what autism is. Parents in the anti-vax crowd often throw their order together in hopes that everyone will get their food at the same time. You get your burger and it's missing the cheese, and it's

69



Patient Case

Mary – 67 year old woman walks into your pharmacy on October 24. You have flexible protocol language.

Chronic conditions:

- Seasonal allergies
- Hypertension
- Depression



70

Patient Case

Richard - 70 year old man walks into your pharmacy on October 25. You have flexible protocol language.

Chronic conditions:

- Diabetes, treated with SGLT2i
- Prostate cancer, watch and wait




71



72



73

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