# Update on the June 2024 ACIP meeting

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# Disclosures

- I have no conflicts of interest.
- I do NOT intend to discuss an unapproved or investigative use of a commercial product/device in my presentation

# Disclaimer

- The opinions expressed in this presentation are solely those of the presenter and do not necessarily represent the official positions of Immunize.org, or the National Adult and Influenza Immunization Summit

# RSV Vaccines – Adults

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# Policy questions

1. Should all adults aged ≥75 years be recommended to receive a single dose of RSV vaccination?
2. Should adults aged 60–74 years at increased risk of severe RSV disease be recommended to receive a single dose of RSV vaccination?
3. Should adults aged 50–59 years at increased risk of severe RSV disease be recommended to receive a single dose of RSV vaccination?

# ACIP recommendations

1. ACIP recommends adults 75 years of age and older receive a single dose of RSV vaccination.[a,b]
2. ACIP recommends adults 60–74 years of age who are at increased risk of severe RSV disease[c] receive a single dose of RSV vaccination.[a,b]

a. RSV vaccination is recommended as a single lifetime dose only. Persons who have already received RSV vaccination are NOT recommended to receive another dose.

b. These recommendations would supplant the current recommendation that adults 60 years of age and older may receive RSV vaccination, using shared clinical decision-making. Adults 60–74 years of age who are not at increased risk of severe RSV disease would NOT be recommended to receive RSV vaccination.

c. The Clinical Considerations presentation will describe chronic medical conditions and other risk factors for severe RSV disease proposed to be named in this risk-based recommendation.

# RSV Vaccines – Maternal/Pediatric

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# Anticipated supply of maternal RSV vaccine and nirsevimab for 2024–2025 RSV season

- For maternal RSV vaccine, no anticipated supply/demand mismatch
- For nirsevimab, limited availability beginning early September, ramping up during September, broadly available by October 1
- Original ACIP recommendations (as published in MMWR) apply for 2024-25 RSV season
  - Pregnant people receive a single dose of the Pfizer RSVpreF vaccine (brand name Abrysvo) between 32 and 36 weeks of pregnancy.
  - In most of the continental United States, the vaccine is recommended during RSV season, which is from September through January
- All infants are recommended to be protected by either maternal RSV vaccination or nirsevimab for the 2024-25 RSV season

# Recommendations for additional RSV vaccine doses in subsequent pregnancies

- People who received a maternal RSV vaccine during a previous pregnancy are not recommended to receive additional doses during future pregnancies
- Infants born to people who were vaccinated only during a prior pregnancy should receive nirsevimab
- Recommendations can be updated in the future if additional data are available

# COVID-19

# Policy questions

## Should 2024 – 2025 COVID-19 vaccines be recommended for use in persons

## Products and ages under review for authorization or approval by FDA include:

- Moderna COVID-19 vaccine for ages 6 months and older
- Novavax COVID-19 vaccine for ages 12 years and older
- Pfizer-BioNTech COVID-19 vaccine for ages 6 months and older

# Policy questions

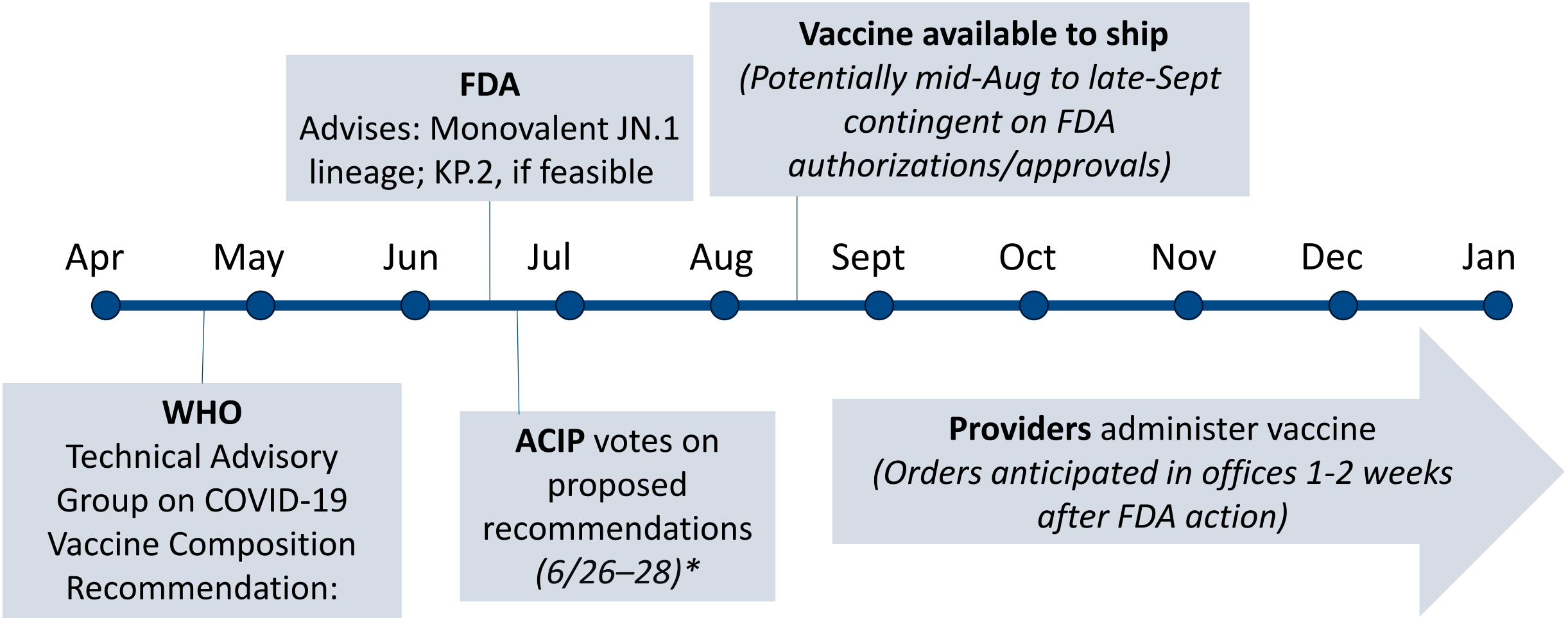
- Benefits of COVID-19 vaccination vary by age and risk status
  - Under a universal recommendation, 2024-2025 COVID-19 vaccines will be available to all persons ages ≥6 months
  - Additional implementation efforts should be targeted toward those that will receive the most benefit from COVID-19 vaccination, including people ≥65 years old, people with underlying conditions[1] including immunocompromise, and pregnant people to protect themselves and their infants

- The Work Group will continue to evaluate COVID-19 vaccine policy, including the need for a universal recommendation, particularly as COVID-19 epidemiology continues to change

# ACIP recommendation

- ACIP recommends 2024-2025 COVID-19 vaccines as authorized or approved by FDA in persons ≥6 months of age

# Prospective 2024 COVID-19 vaccine timeline

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*__CDC publishes__ MMWR policy note following ACIP and FDA action (potentially late August to late September).

**__CDC__ updates COVID-19 Vaccine Interim Clinical Considerations immediately following FDA action.

# Influenza

# U.S. Influenza Vaccine Composition for the 2024-25 Influenza Season

- All influenza vaccines marketed in the United States for the 2024-25 season will be trivalent
- There will be no influenza B/Yamagata component, following no confirmed detections of wild-type influenza B/Yamagata viruses since March 2020
- U.S. influenza vaccine composition for 2024-25 includes an update to the influenza A(H3N2) component:
  - An A/Victoria/4897/2022 (H1N1)pdm09-like virus for egg-based vaccines or an A/Wisconsin/67/2022 (H1N1)pdm09-like virus for cell and recombinant vaccines;
  - An A/Thailand/8/2022 (H3N2)-like virus for egg-based vaccines or an A/Massachusetts/18/2022 (H3N2)-like virus for cell and recombinant vaccines;
  - A B/Austria/1359417/2021 (B/Victoria lineage)-like virus

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# ACIP recommendation

- ACIP reaffirms the recommendation for routine annual influenza vaccination of all persons aged ≥6 months who do not have contraindications

# ACIP recommendation

- ACIP recommends high-dose inactivated (HD-IIV3) and adjuvanted inactivated (aIIV3) influenza vaccines as acceptable options for influenza vaccination of solid organ transplant recipients aged 18 through 64 years who are receiving immunosuppressive medication regimens, without a preference over other age-appropriate IIV3s or RIV3

# Pneumococcal Vaccines

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# Adult Pneumococcal Vaccines

| | 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **PCV15** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PCV20** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PPSV23** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PCV21** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

## 21-valent pneumococcal conjugate vaccine (CAPVAXIVE™, Merck):

- **Approved by the FDA for adults aged ≥18 years on June 17, 2024[1]**

PCV13=13-valent pneumococcal conjugate vaccine
PCV15=15-valent pneumococcal conjugate vaccine
PCV20=20-valent pneumococcal conjugate vaccine
PPSV23=23-valent pneumococcal polysaccharide vaccine

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1. U.S. FDA Approves CAPVAXIVE™ (Pneumococcal 21-valent Conjugate Vaccine) for Prevention of Invasive Pneumococcal Disease and Pneumococcal Pneumonia in Adults - Merck.com

# Current Pneumococcal Vaccine Recommendations for Adults

- The following groups are currently recommended to receive a dose of pneumococcal conjugate vaccine (PCV):
  - Adults aged ≥65 years who have not received a PCV[1]
  - Adults aged 19–64 years with certain underlying conditions or risk factors[2] who have not received a PCV[1]
  - Certain adults who have received PCV13 but have not received PCV20[3]

# ACIP recommendation

- ACIP recommends PCV21 as an option for adults aged ≥19 years who currently have a recommendation to receive a dose of PCV

# ACIP recommendation

## ACIP Pneumococcal Vaccine Recommendations, June 2024

**ACIP recommends PCV21 as an option for adults aged ≥19 years who currently have a recommendation to receive a dose of PCV.**

Specifically, the ACIP recommended PCV21 for the following populations:

- Adults aged ≥65 years who have never received a PCV
- Adults aged 19-64 years with a risk condition, who have never received a PCV
- Adults aged ≥19 years who have received a PCV, but have not completed the recommended series
- Shared clinical decision-making for use of a supplemental dose of PCV21 for adults ≥65 years who have completed their vaccine series with both PCV13 and PPSV23

- ACIP also considered expanding the age-based recommendation to include adults aged 50-64 years and decided to evaluate this policy question in October 2024.

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We have to focus on operationalizing adult vaccination uptake!

Everyday readiness IS pandemic preparedness

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# Thank You for your attention!

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