MAY 2023

HIC UPDATE

Activities of the Hawaii Immunization Coalition



... Protecting Hawaii's Families



UPCOMING IMMUNIZATION MEETINGS

June 21-22, 2023: Next regular meeting of the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP)

Webcast link <u>https://www.ustream.tv/channel/VWBXKBR8af4</u>

Food & Drug Administration (FDA) Vaccines and Related Biological Products Advisory Committee (VRBPAC) has a few meetings coming up this summer:

• May 18, 2023

Committee open session meeting to discuss and make recommendations on the safety and effectiveness of ABRYSVO (Respiratory Syncytial Virus Vaccine), manufactured by Pfizer Inc., with a requested indication, in Biologics License Application (BLA) 125768 (STN 125768/0), for the prevention of lower respiratory tract disease and severe lower respiratory tract disease caused by RSV in infants from birth through 6 months of age by active immunization of pregnant individuals. Announcement and meeting materials

• June 15, 2023

Committee open session meeting to discuss and make recommendations on the selection of strain(s) to be included in the periodic updated COVID-19 vaccines for the 2023-2024 vaccination campaign. This discussion will include consideration of the vaccine composition for fall to winter, 2023-2024. <u>Announcement and meeting materials</u>

For more upcoming immunization meetings, Immunize.org' s <u>Calendar of Events</u>.

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The Hawaii Immunization Coalition (HIC) is a statewide, community-based non-profit 501(c)3 coalition of public and private organizations and concerned individuals whose mission is to promote effective strategies to ensure that all of Hawaii's families are appropriately vaccinated against vaccine-preventable diseases.

Highlights from the Hawai'i 2023 CDC Pink Book Course

Thank you to all that were able to attend the 2023 Hawaii CDC Pink Book Course on March 7-8 at the Hawaii Convention Center. We hope that everyone had an enjoyable and productive meeting. We had a wonderful time hosting and seeing everyone in person!



Social Media Toolkit – NASN Grant

HIC received a grant from the <u>National Association of School Nurses</u> in September of 2022 to create a social media toolkit of culturally relevant materials. The materials created for the social media toolkit aim to increase vaccine confidence for pediatric vaccinations and the COVID-19 vaccine in parents of school-aged children in Hawai'i.

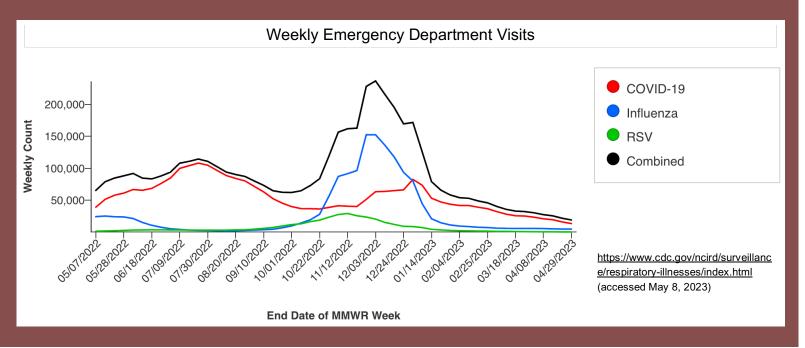
The project was spearheaded by HIC Director Melissa Kahili-Heede, and a collaborative effort between the Hawai'i Immunization Coalition, school nurses from Hawai'i Keiki, the Hawai'i state Department of Education, and the Department of Health. Public health and social work students from the University of Hawai'i at Mānoa also assisted in the project, lending their knowledge and expertise in social media. Students helped create materials culturally tailored to Hawaii's multiethnic population using imagery, languages, and terminology common to our islands.

This project was necessary because Hawaii is a unique state of plurality, meaning no racial/ethnic group makes up greater than 50% of the total population. Instead, Hawaii's population is a mix of many minority groups: Asian, Native Hawaiian, and other Pacific Islanders, Black, Hispanic, and White. According to Hawaii Health Matters Healthy People 2030 Progress Tracker, Hawaii is behind in several pediatric vaccination goals, including MMR and DTaP coverage and the HPV vaccine.

Tripledemic Threat Recede

After new SARS-CoV-2 variants caused another summer surge of COVID-19 disease in 2022, public health officials grew concerned about the early onset of seasonal influenza and respiratory syncytial virus (RSV) last fall. The combined threat of flu, RSV, and COVID-19 respiratory illnesses spawned the term "tripledemic". Influenza and RSV incidence had remained low while pandemic measures such as masking and physical distancing were in place. Their resurgence strained hospital systems once again, particularly as young children became ill with RSV.

Instead of a prolonged season of respiratory illnesses, influenza and RSV peaked before the winter holidays. Even COVID-19 reached a lower-than-expected peak shortly after the new year began. However, experts warn that additional waves of flu and RSV are possible in the spring, and new SARS-CoV-2 variants could arise.



WHO Declares End of COVID-19's Emergency Phase

After 1,191 days, on May 5, 2023, the World Health Organization (WHO) announced that COVID-19 was no longer a public health emergency of international concern (PHEIC). The WHO director-general, Tedros Adhanom Ghebreyesus, made the decision following a recommendation by the organization's COVID-19 emergency committee. During a meeting on Thursday, the committee highlighted the decreasing numbers of deaths and hospitalizations and the high levels of population immunity against SARS-CoV-2 as reasons for ending the PHEIC.

During a press conference the day after this announcement, Tedros emphasized that COVID-19 remains a global health threat and that the new status doesn't mean that countries can let down their guard. "It is time for countries to transition from emergency mode to managing COVID-19 alongside other infectious diseases," he said. The announcement didn't come as a surprise. After the emergency committee's last meeting, in late January, <u>Tedros acknowledged</u> that the pandemic was probably at a transition point. "This is not a snap decision. It is a decision that has been considered carefully for some time, planned for, and made on the basis of a careful analysis of the data," he said during the press conference.

REFERENCES

https://www.who.int/news/item/05-05-2023-statement-on-the-fifteenth-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-coronavirus-disease-(covid-19)-pandemic https://www.nature.com/articles/d41586-023-01559-z

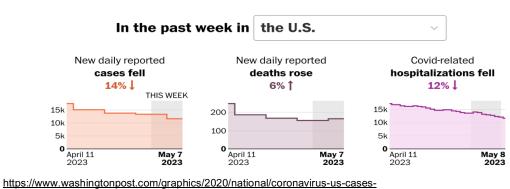
Pandemic Emergency Declaration Ends in the U.S.

Three years into a historic pandemic, COVID-19 rates of hospitalizations and deaths have declined significantly from their peaks though roughly 400 COVID-19-related deaths per day were still reported in the last week. The US population has achieved broad immunity through vaccination and previous infections. President Joe Biden recently announced that the declaration of a national public health emergency will end on May 11, 2023.

While will be many celebrating, ending the public health emergency also means that COVID-19 vaccines and tests may not be available free of charge to all. Pfizer has indicated that its mRNAbased COVID-19 vaccine will cost upward of \$100 per dose. Moderna has stated that its own mRNA-based COVID-19 vaccine, developed with the taxpayer-funded aid of research, will not incur outof-pocket charges for fully insured patients and for uninsured/underinsured patients through their patient assistance program.

Tracking U.S. covid-19 cases, deaths and other metrics by state

More than **1,131,000** people have died from coronavirus in the U.S., and more than **104,562,000** cases have been reported.



deaths/?itid=sn_coronavirus_1/&state=US (accessed May 8, 2023)



MORTALITY IN HAWAI'I

Hepatitis B and Liver Cancer in the Past 20 Years

In February 2023, the Hawai'i Department of Health released Hawai'i Hepatitis B Mortality and Liver Cancer, the first such report ever developed in the state. Below are the main report findings that demonstrate the importance of hepatitis elimination, in alignment with Hep Free 2030.

Higher rates of liver cancer mortality were also found when comparing Hawai'i to the United States.

In Hawai'i, higher rates were found among male and/or API residents as well.

Higher Rates of Hepatitis B Deaths in Hawai'i (2000-2020)

3 Times Higher

In 2019, Hep B mortality rate for Hawai'i was **1.17 deaths per 100,000**, compared to 0.42 per 100,000 for the United States.

Male Residents

Hep B mortality rates for male residents in Hawai'i were **up to 1.7 times state average** from 2000 to 2020.

API Residents

Hep B mortality rates for Asian and Pacific Islander (API) residents were **up to 1.4 times state average** from 2000 to 2020.

The development of this report was the result of a multi-sector collaboration between DOH and external partners, including Hep Free Hawai'i, the Centers for Disease Control and Prevention (CDC), and the Hepatitis B Foundation. To read the report and related materials, visit <u>https://health.hawaii.gov/harmreduction/new-hep-b-mortality-article/</u>. For local hepatitis B screening and immunization resources, visit <u>www.hepfreehawaii.org</u>.

Report Documents Cultural Context and Recommendations for Pandemic Response Among Native Hawaiian and Pacific Islander Communities of Hawai'i



A new collaborative report, "COVID-19 Vaccination Experiences and Perceptions among Communities of Hawai'i," authored by the Hawai'i State Department of Health and community and academic researchers examines the COVID-19 vaccine effort in Hawai'i from December 2020 through June 2021 in order to better understand successful strategies and identify lessons learned from this large scale public health intervention. This report offers valuable insight into creating equity and access for underserved and marginalized communities.

Key Recommendations from "COVID-19 Vaccination Experiences and Perceptions among Communities of Hawai'i" to improve public health emergency response among Native Hawaiian & Pacific Islander communities:

- 1. Acknowledge the historical trauma and the lived experiences of marginalized communities to understand the adverse effects on one's emotional and physical health.
- 2. Foster collaborative partnerships with trusted community messengers and organizations to promote messages of wellbeing.
- 3. Ensure transparency and diverse representation in decision-making processes at all levels and allocation of resources.
- 4. Utilize multidimensional approaches that promote holistic healthcare by prioritizing in-language services, cultural values, and traditional practices.
- 5. Document processes and protocols to create streamlined clinical responses that are replicable for future public health emergencies.

Full Report: <u>https://health.hawaii.gov/coronavirusdisease2019/files/2022/11/Full-Report-COVID-19-Vaccination-Experiences-Perceptions-among-Communities-of-Hawai%CA%BBi.pdf</u>

Multimedia ToolKit (incudes video interview clips with Dr. Sarah Kemble, report authors Chantelle Matagi and Keʻalohilani Worthington and photos/ video of community testing and vaccine outreach): <u>https://drive.google.com/drive/folders/1MY6fIsb-nsm7vQDiAvhXaFCIP75rEv4t</u>



Scenes from community-based organizations' collaborative outreach to extend COVID-19 testing and vaccine access in Native Hawaiian and Pacific Islander communities statewide. Photo Credit: COVID Pau.

2023 CDC Immunization Schedules

Child & Adolescent Schedule (Birth to 18 years): https://www.cdc.gov/va ccines/schedules/hcp/im z/child-adolescent.html

Adult Schedule (19 years or Older): https://www.cdc.gov/va ccines/schedules/hcp/im z/adult.html

COVID-19 Vaccination Schedule (Updated May 4, 2023):

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html

- <u>Everyone aged 6 years and older should get 1 updated Pfizer-</u> BioNTech or Moderna COVID-19 vaccine to be <u>up to date</u>.
- <u>People aged 65 years and older</u> may get a 2nd dose of updated Pfizer-BioNTech or Moderna COVID-19 vaccine.
- <u>People who are moderately or severely immunocompromised</u> may get additional doses of updated Pfizer-BioNTech or Moderna COVID-19 vaccine.
- <u>Children aged 6 months-5 years</u> may need multiple doses of COVID-19 vaccine to be <u>up to date</u>, including at least 1 dose of updated Pfizer-BioNTech or Moderna COVID-19 vaccine, depending on the number of doses they've previously received and their age.

Table 1 COVID-19 vaccination recommendations have changed. Find the latest recommendations at www.cdc.gov/covidschedule Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2023

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos 9 mos	12 mos 15 mos	18 mos	19–23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs 1	7-18 yrs
Hepatitis B (HepB)	1 ⁴ dose				<> 3 ^{et} dose>										
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1* dose	2 nd dose	See Notes										
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1ª dose	2 nd dose	3ª dose	4 4* c	lose>			5 ⁿ dose					
Haemophilus influenzae type b (Hib)			1 ^e dose	2 nd dose	See Notes	43 rd or 4 th dose. See Notes →									
Pneumococcal conjugate PCV13, PCV15)			1* dose	2 nd dose	3ª dose	< 4 [±] dose>									
nactivated poliovirus IPV <18 yrs)			1ª dose	2 nd dose	•	— 3 ¹⁴ dose ———				4ª dose					See
COVID-19 (1vCOV-mRNA, 2vCOV-mRNA, 1vCOV-aPS)					2- or 3- dose primary series and booster (See Notes)										
influenza (IIV4)					Annual vaccination 1 or 2 doses							Annual vaccination 1 dose only			
influenza (LAIV4)										al vaccinati or 2 doses	ion O	Annu	al vaccinatio	on 1 dose on	y
Measles, mumps, rubella (MMR)					See Notes	< 1" dose►				2™ dose					
Varicella (VAR)						∢ 1" dose►				2 rd dose					
lepatitis A (HepA)					See Notes	2-dose serie	es, See Notes	Б							
fetanus, diphtheria, acellular pertussis Tdap ≥7 yrs)												1 dose			
luman papillomavirus (HPV)												See Notes			
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)	r See Notes								1 ^e dose		2 rd dose				
Meningococcal B MenB-4C, MenB-FHbp)													See No	tes	
Pneumococcal polysaccharide PPSV23)	See Notes														
Dengue (DEN4CYD; 9-16 yrs)									Seropositive in endemic dengue areas (See Notes)						
Range of recommended ages for all children		ecommend up vaccinati			nge of recommended a certain high-risk group		mended vacu gin in this age			commende shared clin				recommend t applicable	ation/

2023 State of the ImmUNION

Every year, <u>Vaccinate Your Family</u> (VYF) writes and distributes a <u>State of the ImmUnion</u> report to help examine the strength of our country's defenses against vaccine-preventable diseases, and what we can do, as public health advocates and policymakers, to make our country stronger and more resilient in the face of emerging health threats.

Take a moment to ask for strong support of vaccines and to share the most recent <u>State of the ImmUnion report</u> by using <u>VYF's</u> <u>form</u> to send quick and easy emails to your Members of Congress.

You can also share the report along with one of our <u>2023 state fact sheets</u> that will help your lawmakers understand the importance of strong vaccination policies in Hawai'i.

Highlights from the 2023 State of the ImmUNION report:

- The success of COVID-19 vaccines.
- The win for people with Medicare and Medicaid now that vaccines are, or soon will be, covered.
- Gaps in programming and funding to support the vaccination of uninsured adults and children.
- Costs associated with vaccine-preventable disease outbreaks that occurred between 2017 and 2022.

2023 STATE OF THE **MUNION**

Hawaiʻi VACCINATE YOUR FAMIL Early Childhood Vaccination Rates Kindergarten Vaccination Rates Select vaccination rates for Select vaccination rates for children 0-35 kindergarteners in Hawaii: months in Hawaii: Measles: 84.4% Measles: 90.7% Varicella (chickenpox): 87.2% DTaP (whooping cough): 72.8% Polio: 88.4% Polio: 89.2% Adult Vaccination Rates Adolescent Vaccination Rates Select vaccination rates for teens 13-17 in Select vaccination rates for adults in Hawaii: Hawaii: Flu: 53.7% COVID-19: 88.8% Measles: 91.6% - Varicella (chickenpox): 91.5% Pneumococcal (65+): 60.4% HPV: 69.3% Shingles (50+): 51.6% FULLY FUNDING THE SECTION 317 IMMUNIZATION PROGRAM IS THE BEST

WAY TO ENSURE THAT EVERYONE WHO WANTS A VACCINE CAN GET ONE State and local health departments can use Section 317 funds for a number of immunization-related activities, including providing vaccines for uninsured adults, staffing clinics, and carrying out education and outreach campaigns. In

FY22, Hawaii received \$1,965,730 in Section 317 funds.