



# Physician's Advisory Committee Meeting

Thursday, November 16, 2023



# Agenda



## Physicians Advisory Committee Meeting

November 16, 2023 | [Teams Webinar](#) | 7:30 – 8:30 AM

Registration is required prior to meeting

### AGENDA

- |         |      |   |                         |
|---------|------|---|-------------------------|
| 7:30 am | I.   | Introductions and Purpose of PAC        |                         |
| 7:40 am | II.  | ACIP Update                             | Dr. Sawyer              |
| 8:05 am | III. | Epidemiology/Immunization Branch Update | Danelle Wallace,<br>MPH |
| 8:15 am | IV.  | County of San Diego Update              | Dr. Beatty              |
| 8:25 am | V.   | Questions                               |                         |

# What's new?

## Recent recommendations

PCV15 and PCV20 for adults and children  
Pentavalent Men ACWYB  
RSV vaccine and Nirsevimab  
Preferential influenza vaccine product recommendations for adults 65 years and older  
Mpox routine for those with risk factors  
DT no longer available  
Menactra no longer available

## Future recommendations and vaccines

Chikungunya vaccine  
PCV 21, 24?  
RSV for infants?  
Group B Strep vaccine  
May be going back to trivalent influenza vaccine: elimination of B Yamagata strain  
One-dose HPV vaccine?  
????????????

# Vaccine disparities-National Immunization Survey

TABLE 2. Estimated vaccination coverage by age 24 months<sup>a</sup> among children born during 2019–2020,<sup>†</sup> by selected vaccines and doses and health insurance status<sup>§</sup> — National Immunization Survey-Child, United States, 2020–2022

Vaccine/Dose	Health insurance status, % (95% CI)			
	Private only (Ref) n = 15,668	Any Medicaid n = 9,682	Other insurance n = 1,961	Uninsured n = 422
<b>DTaP<sup>¶</sup></b>				
≥3 doses	96.3 (95.7–96.9)	92.2 (91.1–93.2)**	92.1 (89.5–94.3)**	80.4 (72.7–87.1)**
≥4 doses	87.3 (86.1–88.4)	76.6 (74.8–78.3)**	76.3 (72.3–80.1)**	61.3 (52.3–70.4)**
<b>Poliovirus (≥3 doses)</b>	95.6 (94.9–96.2)	91.3 (90.1–92.3)**	91.6 (88.9–93.8)**	80.0 (72.2–86.9)**
<b>MMR (≥1 dose)<sup>††</sup></b>	94.6 (93.9–95.3)	89.6 (88.4–90.7)**	88.9 (85.7–91.6)**	78.3 (70.1–85.6)**
<b>Hib<sup>§§</sup></b>				
Primary series	95.7 (95.0–96.4)	91.9 (90.9–92.9)**	91.8 (89.3–94.0)**	78.8 (71.0–85.8)**
Full series	84.4 (83.2–85.6)	75.1 (73.3–76.9)**	76.7 (72.9–80.3)**	61.9 (53.1–70.8)**
<b>Combined seven-vaccine series<sup>****</sup></b>	<b>76.6 (75.1–78.0)</b>	63.6 (61.6–65.5)**	66.2 (62.0–70.4)**	<b>42.5 (33.9–52.3)**</b>
<b>No vaccinations</b>	0.6 (0.5–0.8)	1.2 (0.8–1.5)**	0.8 (0.5–1.2)	6.0 (3.4–9.5)**

# 2024 Immunization Schedule

- Published in November now
- PCV 13, DT, Menactra are out
- Nersivimab, RSV, Mpox are in
- Changed legends for Table 3
- Addendum section for updates

**Table 1** Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2024

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 and other immunizing agents	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	17-18 yrs	
Respiratory syncytial virus (RSV-mAb [Nirsevimab])	1 dose depending on maternal RSV vaccination status. See Notes			1 dose (6-19 months). See Notes														
Hepatitis B (HepB)	1 <sup>st</sup> dose	← 2 <sup>nd</sup> dose →		← 3 <sup>rd</sup> dose →														
Rotavirus (RV): RV1 (2-dose series), RVS (3-dose series)	1 <sup>st</sup> dose			2 <sup>nd</sup> dose	See Notes													
Diphtheria, tetanus, acellular pertussis (DTaP < 7 yrs)	1 <sup>st</sup> dose			2 <sup>nd</sup> dose	3 <sup>rd</sup> dose	← 4 <sup>th</sup> dose →			1 <sup>st</sup> dose									
Haemophilus influenzae type b (Hib)	1 <sup>st</sup> dose			2 <sup>nd</sup> dose	See Notes		← 3 <sup>rd</sup> or 4 <sup>th</sup> dose. See Notes →											
Pneumococcal conjugate (PCV15, PCV20)	1 <sup>st</sup> dose			2 <sup>nd</sup> dose	3 <sup>rd</sup> dose	← 4 <sup>th</sup> dose →												
Inactivated poliovirus (IPV < 18 yrs)	1 <sup>st</sup> dose			2 <sup>nd</sup> dose	← 3 <sup>rd</sup> dose →					4 <sup>th</sup> dose	See Notes							
COVID-19 (1vCOV-mRNA, 1vCOV-aP)	1 or more doses of updated (2023-2024 Formula) vaccine (See Notes)																	
Influenza (IV4)	Annual vaccination 1 or 2 doses																	
Influenza (LAIV4)	Annual vaccination 1 or 2 doses																	
Mumps, measles, rubella (MMR)	See Notes					← 1 <sup>st</sup> dose →			2 <sup>nd</sup> dose									
Varicella (VAR)	See Notes					← 1 <sup>st</sup> dose →			2 <sup>nd</sup> dose									
Hepatitis A (HepA)	See Notes					3-dose series. See Notes												
Tetanus, diphtheria, acellular pertussis (Tdap ≥ 7 yrs)														1 dose				
Human papillomavirus (HPV)														See Notes				
Meningococcal (MenACWY-CRM ≥ 2 mos, MenACWY-TT ≥ 2 years)														1 <sup>st</sup> dose	2 <sup>nd</sup> dose			
Meningococcal B (MenB-4C, MenB-FHbp)																See Notes		
Respiratory syncytial virus vaccine (RSV [Abrysvo])														Seasonal administration during pregnancy. See Notes				
Dengue (DENV4CYD; 9-16 yrs)														Seropositive in endemic dengue areas (See Notes)				
Mpox																		

Range of recommended ages for all children
Range of recommended ages for catch-up vaccination
Range of recommended ages for certain high-risk groups
Recommended vaccination can begin in this age group
Recommended vaccination based on shared clinical decision-making
No recommendation/ not applicable

**Table 3** Recommended Child and Adolescent Immunization Schedule by Medical Indication, United States, 2024







Always use this table in conjunction with Table 1 and the Notes that follow. Medical conditions are often not mutually exclusive. If multiple conditions are present, refer to guidance in all relevant columns. See Notes for medical conditions not listed.

Vaccine and other immunizing agents	Pregnancy	Immunocompromised (excluding HIV infection)	HIV infection CD4 percentage and count*		CSF leak or cochlear implant	Asplenia or persistent complement component deficiencies	Heart disease or chronic lung disease	Kidney failure, End-stage renal disease or on dialysis	Chronic liver disease	Diabetes	
			<15% or <200mm	>15% and >200mm							
RSV-mAb (nirsevimab)		2nd RSV season (See Notes)	1 dose depending on maternal RSV vaccination status, See Notes				2nd RSV season (See Notes)	1 dose depending on maternal RSV vaccination status, See Notes			
Hepatitis B											
Rotavirus		SCID <sup>a</sup>									
DTaP/Tdap	DTaP Tdap: 1 dose each pregnancy										
Hib		HSCT: 3 doses	See Notes			See Notes					
Pneumococcal											
IPV											
COVID-19		See Notes									
IIIV4											
LAIV4								Asthma, wheezing: 2-4 years <sup>b</sup>			
MMR	*										
VAR	*										
Hepatitis A											
HPV	*	3 dose series, See Notes									
MenACWY											
MenB											
RSV (Abrysvo)	Seasonal administration, See Notes										
Dengue											
Mpox	See Notes										

  Recommended for all age-eligible children who lack documentation of a complete vaccination series  
  Not recommended for all children, but is recommended for some children based on increased risk for or severe outcomes from disease  
  Recommended for all age-eligible children, and additional doses may be necessary based on medical condition or other indications. See Notes.  
  Precaution: Might be indicated if benefit of protection outweighs risk of adverse reaction  
  Contraindicated or not recommended  
  No Guidance/ Not Applicable  
 \*Vaccinate after pregnancy, if indicated

# 2024 Immunization Schedule-changes

## New legend definitions for Table 3

 Recommended for all age-eligible children who lack documentation of a complete vaccination series	 Not recommended for all children, but is recommended for some children based on increased risk for or severe outcomes from disease	 Recommended for all age-eligible children, and additional doses may be necessary based on medical condition or other indications. See Notes.	 Precaution: Might be indicated if benefit of protection outweighs risk of adverse reaction	 Contraindicated or not recommended *Vaccinate after pregnancy, if indicated	 No Guidance/ Not Applicable
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## New addendum section for updates

### Addendum

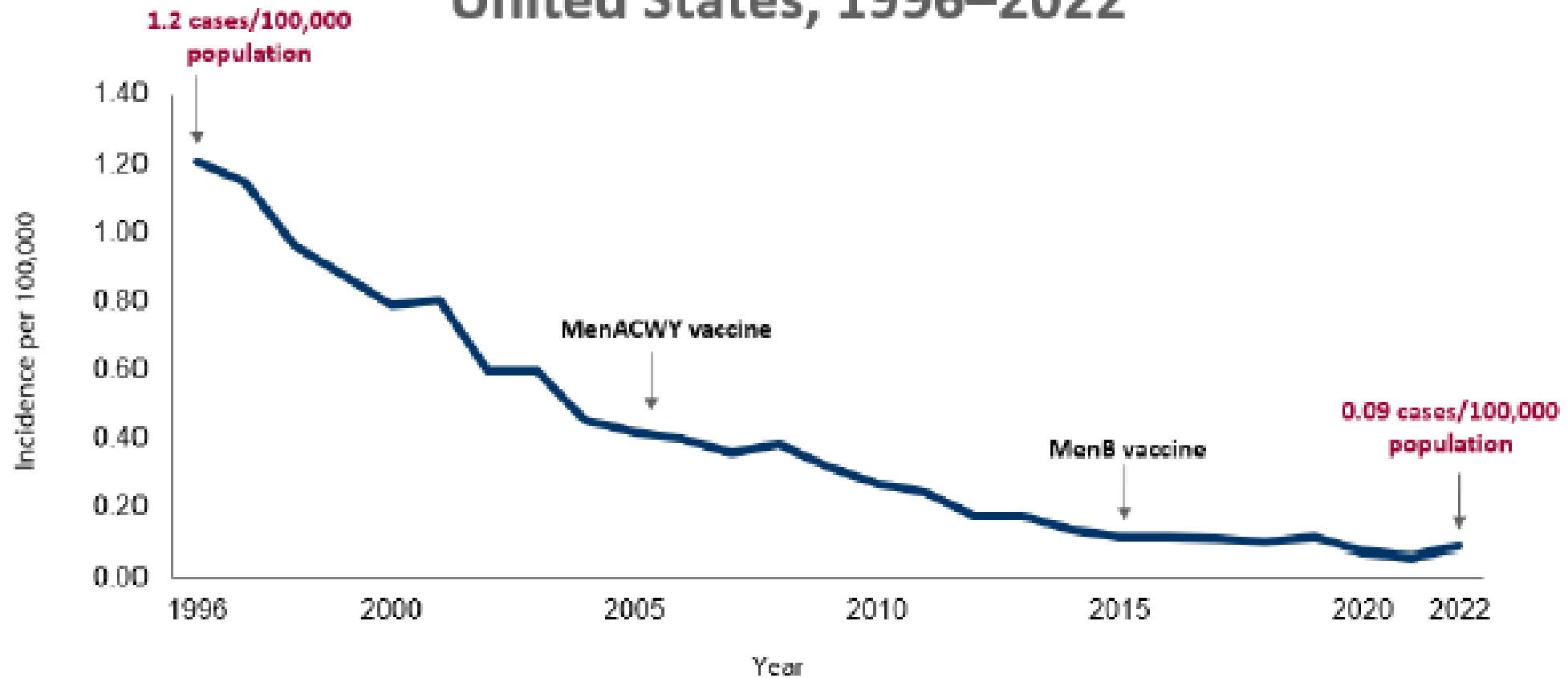
### Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States

In addition to the recommendations presented in the previous sections of this immunization schedule, ACIP has approved the following recommendations by majority vote since October 26, 2023. The following recommendations have been adopted by the CDC Director and are now official. Links are provided if these recommendations have been published in *Morbidity and Mortality Weekly Report (MMWR)*.

Vaccines	Recommendations	Effective Date of Recommendation*
No new vaccines or vaccine recommendations to report		

Wodi-October 2023 ACIP meeting: <https://www.cdc.gov/vaccines/acip/meetings/index.html>

## Meningococcal Disease Incidence — United States, 1996–2022\*

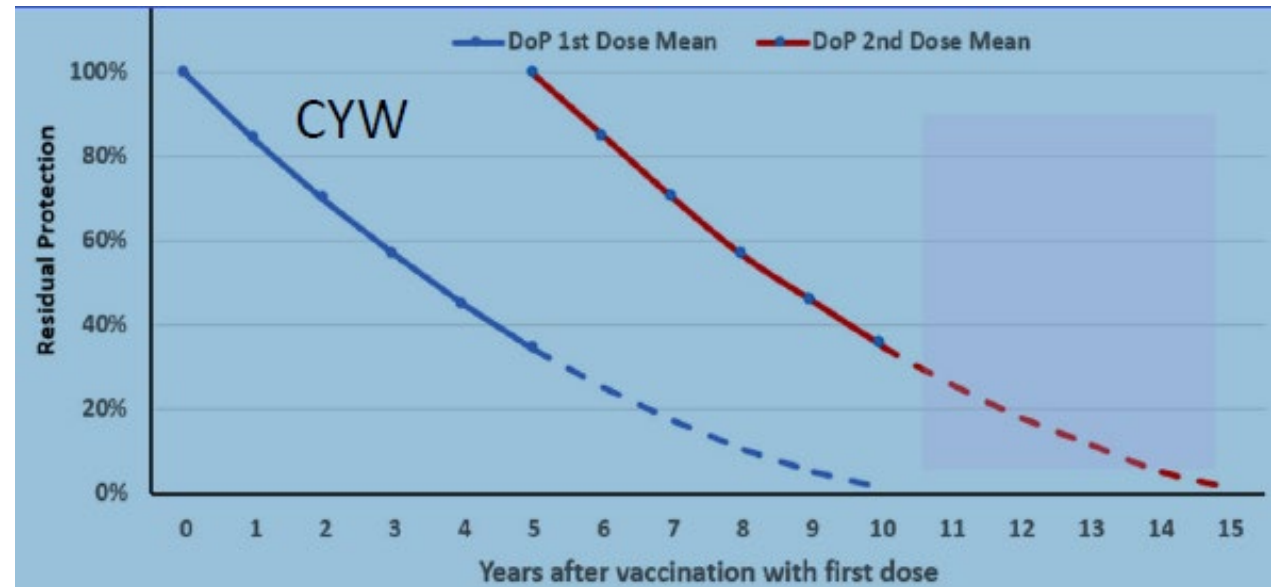


Collins-October 2023 ACIP meeting: <https://www.cdc.gov/vaccines/acip/meetings/index.html>



# Current meningococcal vaccine recommendations are problematic

- Complicated and inconsistent
- Not cost-effective
- Have led to low uptake of Men B vaccine
- May not be timed optimally based on current epidemiology of meningococcal disease
- Will be revisited by ACIP in the coming year



# Risk groups for meningococcal disease

Indication		MenACWY (age ≥2 months)	MenB (age ≥10 years)
Medical conditions	Asplenia	X	X
	Complement Deficiency	X	X
	Complement inhibitor use	X	X
	HIV infection	X	
Other	Some microbiologists	X	X
	Exposure during an outbreak	X	X
	Travel to hyperendemic areas	X	
	First-year college students	X	
	Military recruits	X	

Collins-October 2023 ACIP meeting: <https://www.cdc.gov/vaccines/acip/meetings/index.html>

# Meningococcal Vaccines

Vaccine	Type	Serogroups	Licensed ages	Comments
Menactra		ACWY		No longer available
Menveo	Conjugate-CRM 197	ACWY	2 mo through 55 years	New One-Vial presentation coming in 2023 for those 10 years and older
MenQuadfi	Conjugate-tetanus toxoid	ACWY	2 years and older	
Trumenba	Protein	B	10 through 25 years	
Bexsero	Protein	B	10 through 25 years	
Penbraya	Conjugate-tetanus toxoid/ Protein	ACWYB	10 through 25 years	An option when ACWYB indicated on same day

# Pentavalent Men ACWYB vaccine

- FDA approved on October 20, 2023 for people 10 through 25 years of age
- Cost around \$200
- Combines a Men ACWY tetanus toxoid conjugate vaccine (Nimenrix) with the existing MenB-FHbp (Trumenba)
- Given as 2 doses at least 6 months apart
- Somewhat more reactogenic than separate ACWY + B vaccination
- Not interchangeable with MenB-4C (Bexero)

Collins-October 2023 ACIP meeting: <https://www.cdc.gov/vaccines/acip/meetings/index.html>

# Meningococcal vaccination-Possible options for pentavalent vaccine

Options	11–12 year old dose	16 year old dose #1	16 year old dose #2
Standard of care (MenACWY only)	Q	Q	–
Standard of care (MenACWY + MenB)	Q	Q+B	B
PICO 1 (MenABCWY as option for MenACWY + MenB)	Q	P	B
PICO 2 (MenABCWY as option for MenACWY)	P	P	±B
PICO 3 (MenABCWY as option for MenB)	Q	P	P
Combination of all 3 PICOs	P	P	P

Q=Quadvalent ACWY  
 B=MenB  
 P=Pentavalent ACWYB

# Meningococcal vaccination: New recommendation


MenABCWY vaccine may be used when both MenACWY and MenB are indicated at the same visit.\*

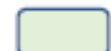
\* 1) Healthy individuals aged 16–23 years (routine schedule) when shared clinical decision-making favors administration of MenB vaccination, 2) individuals aged 10 years and older at increased risk of meningococcal disease (e.g., due to persistent complement deficiencies, complement inhibitor use, or functional or anatomic asplenia) due for both vaccines.


## Influenza Vaccines by Age Indication, United States, 2021–22 Influenza Season

Vaccine type		0 through 6 months	6 through 23 months	2 through 17 years	18 through 49 years	50 through 64 years	≥65 years	
IIV4s	Standard-dose, unadjuvanted inactivated (IIV4)	Not approved for age group	Eggbased				Afluria Quadrivalent Fluarix Quadrivalent FluLaval Quadrivalent Fluzone Quadrivalent	
	Cell culture-based inactivated (ccIIV4)		Not eggbased					Flucelvax Quadrivalent
	Adjuvanted inactivated (aIIV4)	Not approved for age group					Fluad Quadrivalent	
	High-dose inactivated (HD-IIV4)	Not approved for age group					Fluzone High-Dose Quadrivalent	
RIV4	Recombinant (RIV4)	Not approved for age group			Not eggbased			Flublok Quadrivalent
LAIV4	Live attenuated (LAIV4)	Not approved for age group		Eggbased		Not approved for age group		

IIV4=quadrivalent inactivated influenza vaccine RIV4=quadrivalent recombinant influenza vaccine LAIV4=quadrivalent live attenuated influenza vaccine

 Not approved for age group

 Eggbased

 Not eggbased

All vaccines expected for 2021–22 are quadrivalent (i.e., contain hemagglutinin derived from four viruses: one influenza A(H1N1), one influenza A(H3N2), one influenza B/Victoria and one influenza B/Yamagata).

# We no longer care about eggs!

Egg allergic people can receive ANY influenza vaccine

Influenza vaccine allergic people might be able to get subsequent influenza vaccines





# New mpox vaccine recommendation for people 18 years and older

- ACIP recommends vaccination\* with the 2-dose† JYNNEOS vaccine series for persons aged 18 years and older at risk for mpox§
  - \* Interim recommendation that ACIP will revisit in 2-3 years
  - † Dose 2 administered 28 days after dose 1
- § Persons at risk:
- Gay, bisexual, and other men who have sex with men, transgender or nonbinary people who in the past 6 months have had one of the following:
  - A new diagnosis of  $\geq 1$  sexually transmitted disease
  - More than one sex partner
  - Sex at a commercial sex venue
  - Sex in association with a large public event in a geographic area where mpox transmission is occurring
- Sexual partners of persons with the risks described in above
- Persons who anticipate experiencing any of the above

# Mpox vaccine recommendation for people under 18 years

- Close contact with people with probable or confirmed mpox
- Consider vaccine for adolescents with risk factors
  - Gay, bisexual, and other men who have sex with men, transgender or nonbinary people who in the past 6 months have had one of the following:
  - A new diagnosis of  $\geq 1$  sexually transmitted disease
  - More than one sex partner
  - Sex at a commercial sex venue
  - Sex in association with a large public event in a geographic area where mpox transmission is occurring

Sexual partners of persons with the risks described in above

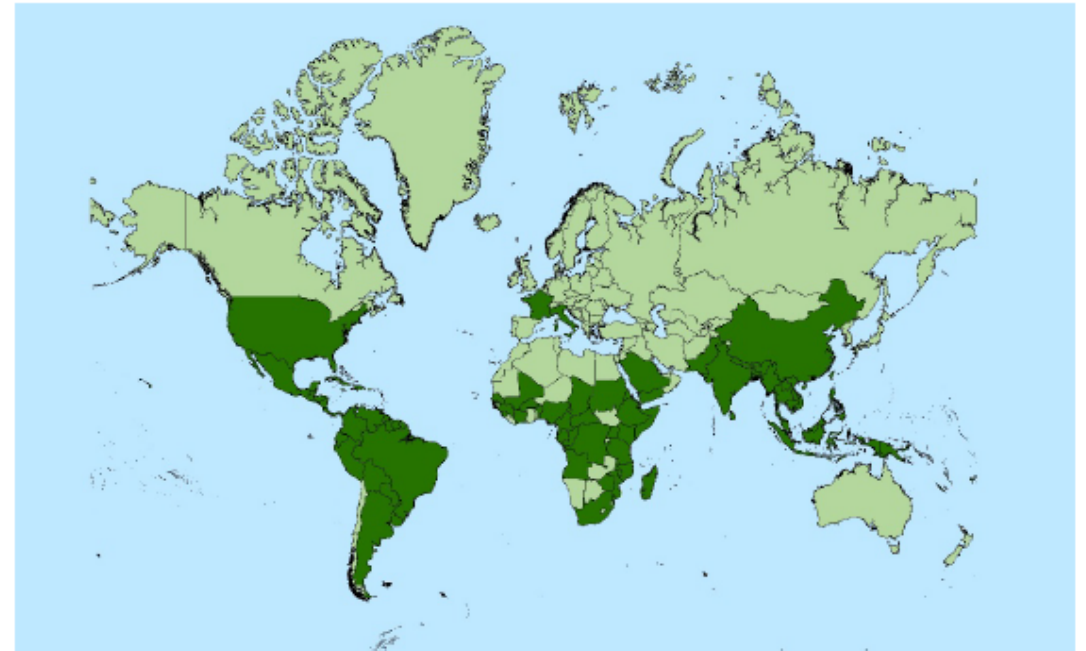
Persons who anticipate experiencing any of the above

- Travel to a country with confirmed cases of mpox

# Chikungunya vaccine

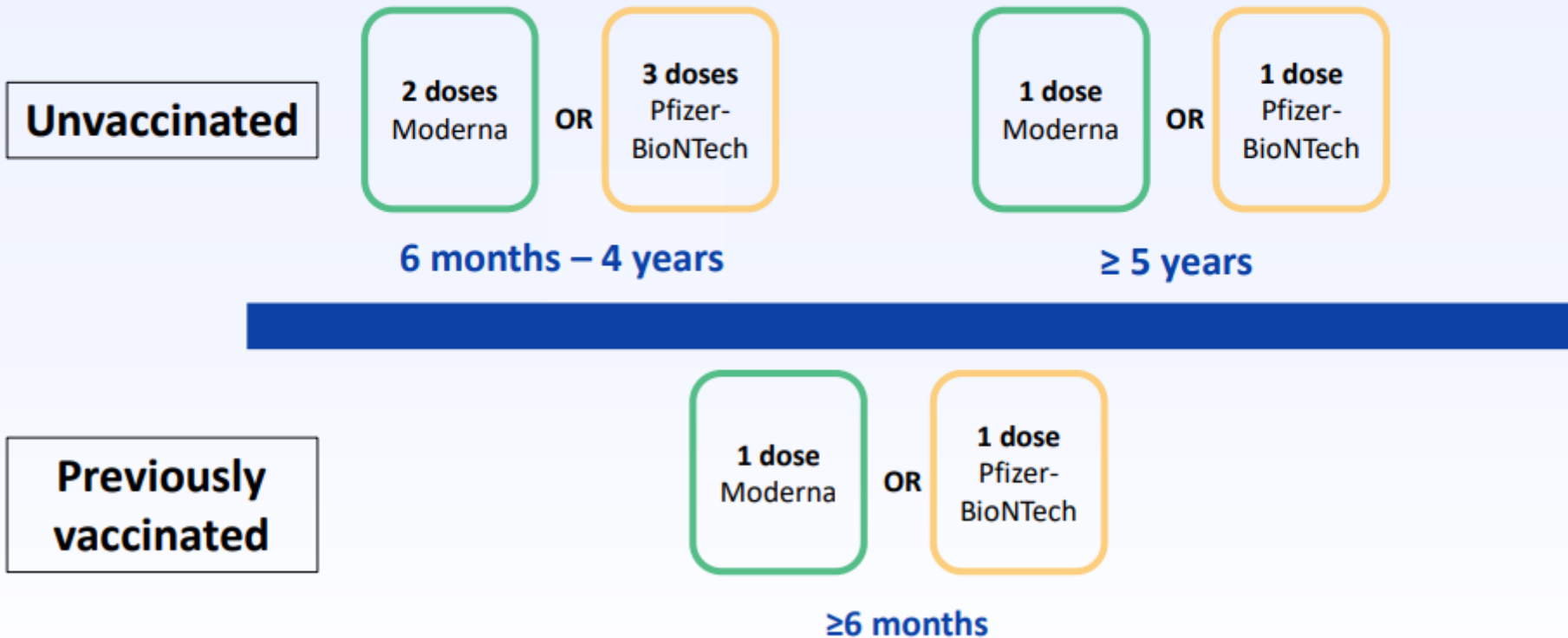
- Licensed on November 9, 2023
- People >65 years and <1 year at increased risk
- Underlying medical conditions also increase risk
- Intrapartum transmission occurs
- New vaccine
  - Live attenuated vaccine
  - Single dose schedule
  - Initial licensure for people 18 years and older
- Likely to be recommended for travelers to areas with outbreaks and to high-risk individuals traveling to countries with cases in the last 5 years

Countries and territories with current or past transmission of chikungunya virus



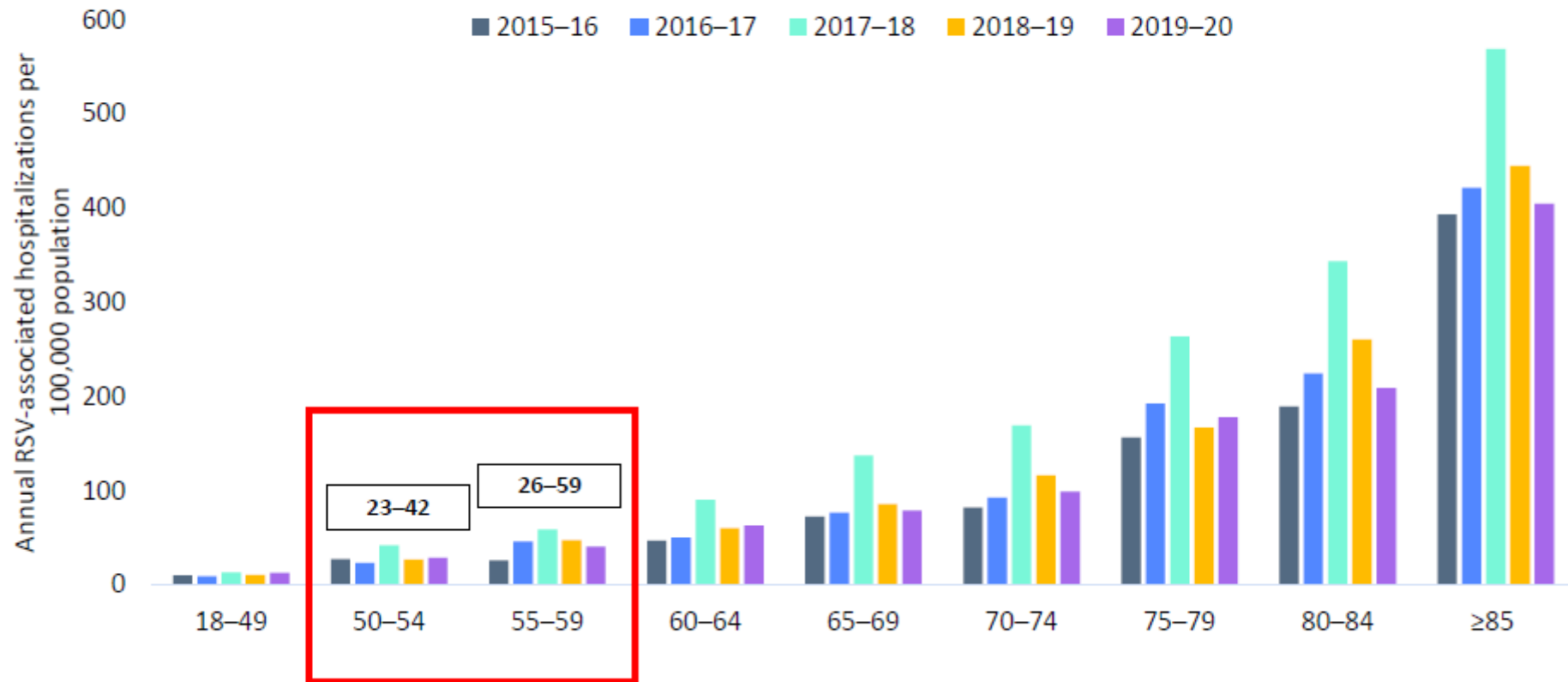
<https://www.cdc.gov/chikungunya/geo/index.html>

## 2023 – 2024 COVID-19 vaccine recommendations for mRNA COVID-19 vaccines



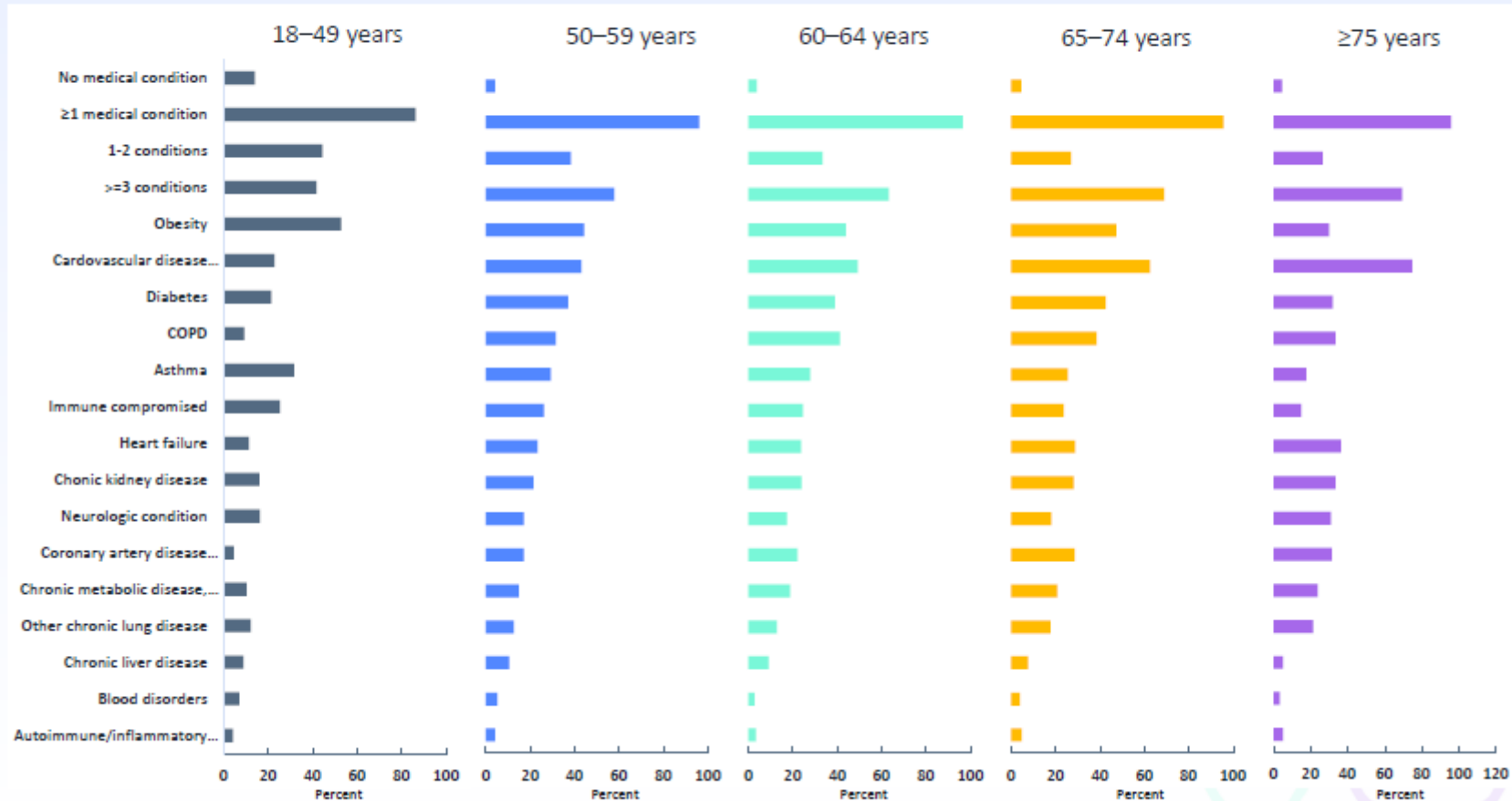
Note: Those ages 6 months – 4 years who have previously received a single dose of Pfizer-BioNTech would need 2 additional doses. Additional doses are recommended for persons with immunocompromising conditions.

## Adjusted RSV-associated hospitalization rates\* per 100,000 adults ≥18 years by 5-year age group and year, RSV-NET, 2015–2016 to 2019–2020



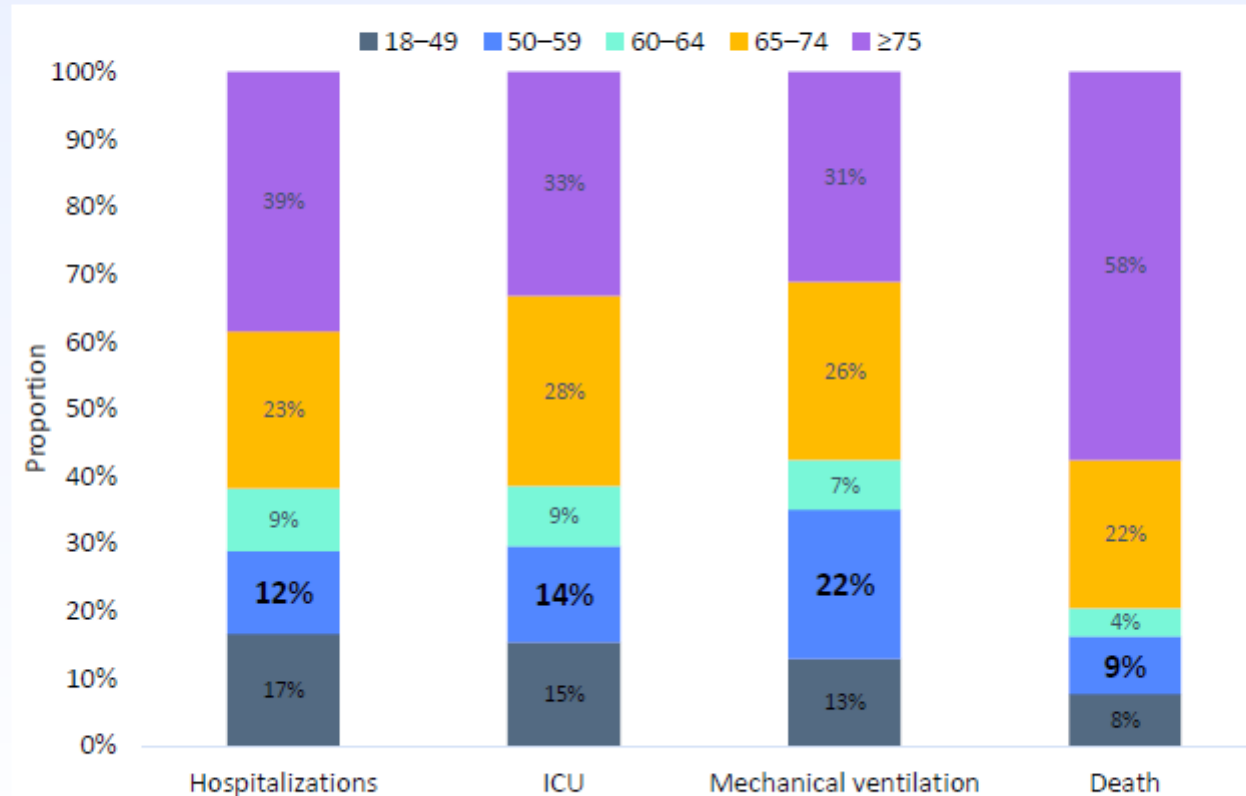
\*Unpublished data. Rates are adjusted for the frequency of RSV testing during each season and the sensitivity of RSV diagnostic tests.

## Frequency of underlying medical conditions among non-pregnant adults with RSV-associated hospitalizations by age group — RSV-NET, 2014–2015 to 2017–2018 and 2022–2023



\*Clinical data were collected for all patients with laboratory-confirmed RSV hospitalizations during the 2014–2015 to 2017–2018 seasons, and for an age- and site-stratified random sample of patients with laboratory-confirmed RSV hospitalizations during the 2022–2023 season. Displayed percentages were weighted for the probability of selection.

## Distribution of RSV-associated hospitalizations and severe outcomes among adults $\geq 18$ years by age group, RSV-NET, 2022–2023



ICU = intensive care unit

\*Clinical data, including severe outcomes, were collected for an age- and site-stratified random sample of patients with laboratory-confirmed RSV hospitalizations during the 2022–2023 season. Displayed percentages were weighted for the probability of selection.

Patton-ACIP presentation 10-25-2023

# IMMUNIZATION EPIDEMIOLOGY UPDATES

NOVEMBER 16, 2023

*Danelle Wallace, MPH*

*Senior Epidemiologist*

*Epidemiology and Immunization Services Branch*



# COVID-19 VACCINES

- CDC Up to date (UTD) definition change – monovalent vaccine

The screenshot shows the CDC website page for COVID-19 vaccines. The header includes the CDC logo and the text 'Centers for Disease Control and Prevention' with the tagline 'CDC 24/7: Saving Lives. Protecting People™'. A search bar is located in the top right corner. The main heading is 'COVID-19'. Below this, there is a navigation menu with options: 'About COVID-19', 'Symptoms', 'Testing', 'Understanding Your Risk', 'Prevention', and 'Vaccines'. The 'Vaccines' section is expanded, showing sub-links: 'Stay Up to Date with Vaccines', 'Overview of COVID-19 Vaccines', 'How COVID-19 Vaccines Work', 'Your Vaccination', 'Safety & Monitoring', and 'How CDC Monitors Effectiveness'. The main content area is titled 'Stay Up to Date with COVID-19 Vaccines' and includes a sub-heading 'What You Need to Know' with a list of bullet points. Below this is a section titled 'Recommendations for Everyone Aged 5 Years and Older' with a paragraph of text.

**Stay Up to Date with COVID-19 Vaccines**

Updated Oct. 4, 2023 [Español](#) [Print](#)

### What You Need to Know

- CDC recommends the 2023–2024 updated COVID-19 vaccines: Pfizer-BioNTech, Moderna, or Novavax, to protect against serious illness from COVID-19.
- [Everyone aged 5 years and older](#) † should get **1 dose of an updated COVID-19 vaccine** to protect against serious illness from COVID-19.
- [Children aged 6 months–4 years](#) need multiple doses of COVID-19 vaccines to be [up to date](#), including at least 1 dose of updated COVID-19 vaccine.
- [People who are moderately or severely immunocompromised](#) may get additional doses of updated COVID-19 vaccine.
- COVID-19 vaccine recommendations will be updated as needed.

### Recommendations for Everyone Aged 5 Years and Older

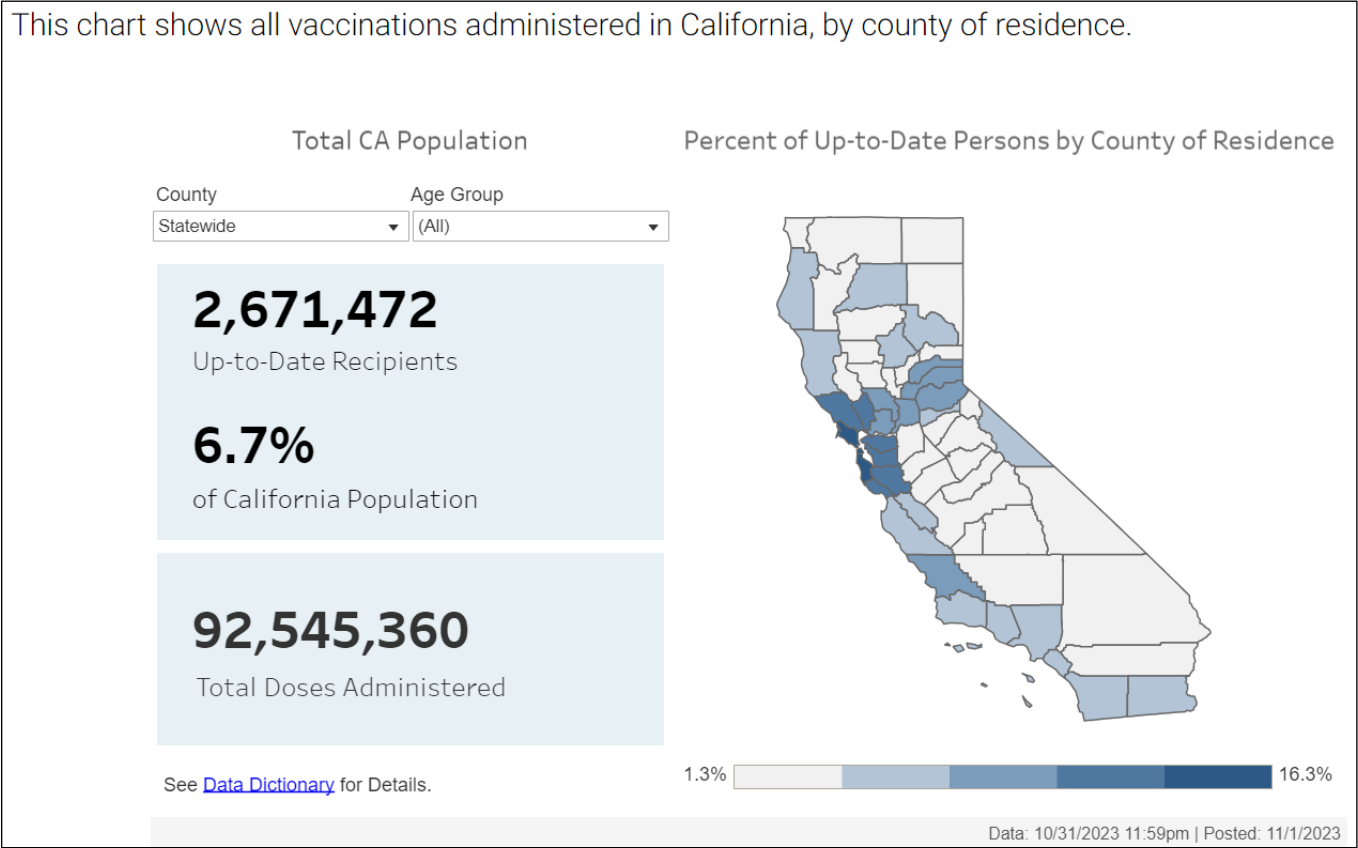
Everyone aged 5 years and older † should get **1 dose of an updated COVID-19 vaccine** to protect against serious illness from COVID-19. None of the updated 2023–2024 COVID-19 vaccines is [preferred over another](#).

[Stay Up to Date with COVID-19 Vaccines | CDC](#)



# COVID-19 VACCINES – STATE RESULTS

- CDC Up to date (UTD) definition change – monovalent vaccine

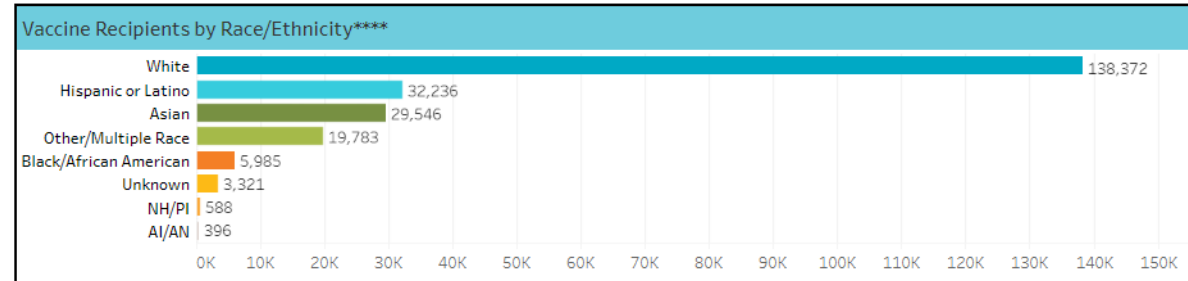
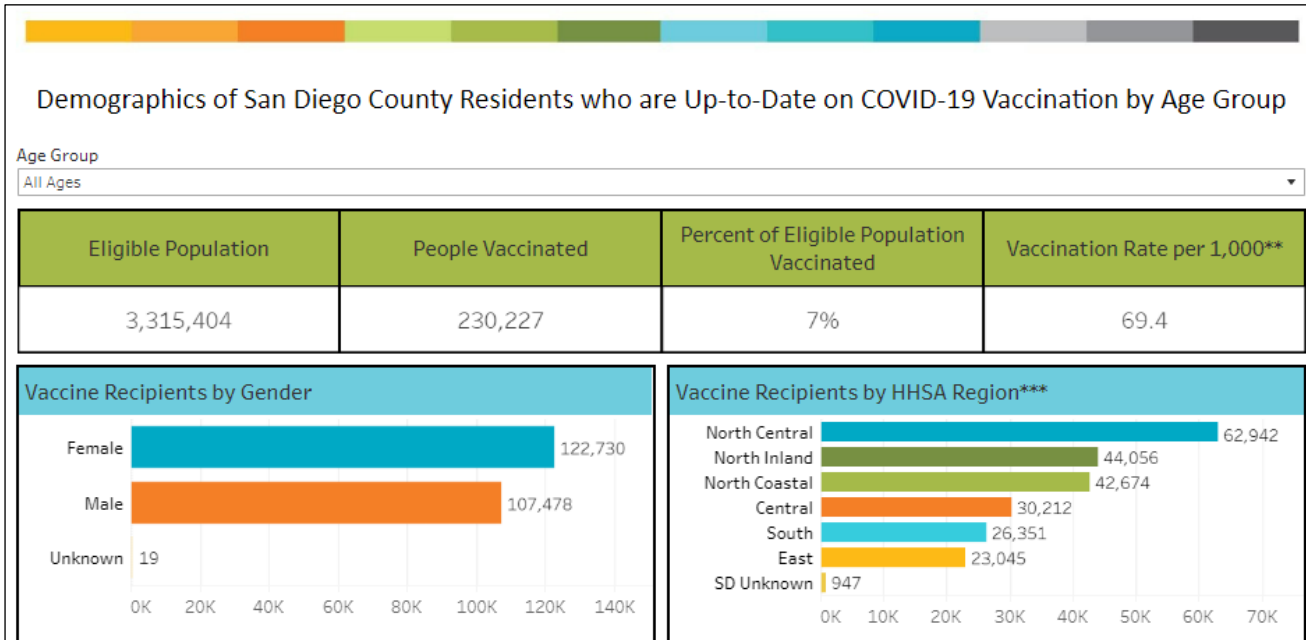


[Vaccination data - Coronavirus COVID-19 Response \(ca.gov\)](https://www.ca.gov/vaccination-data)



# COVID-19 VACCINES – LOCAL RESULTS

- Dashboard transitioned to reflect new monovalent vaccine

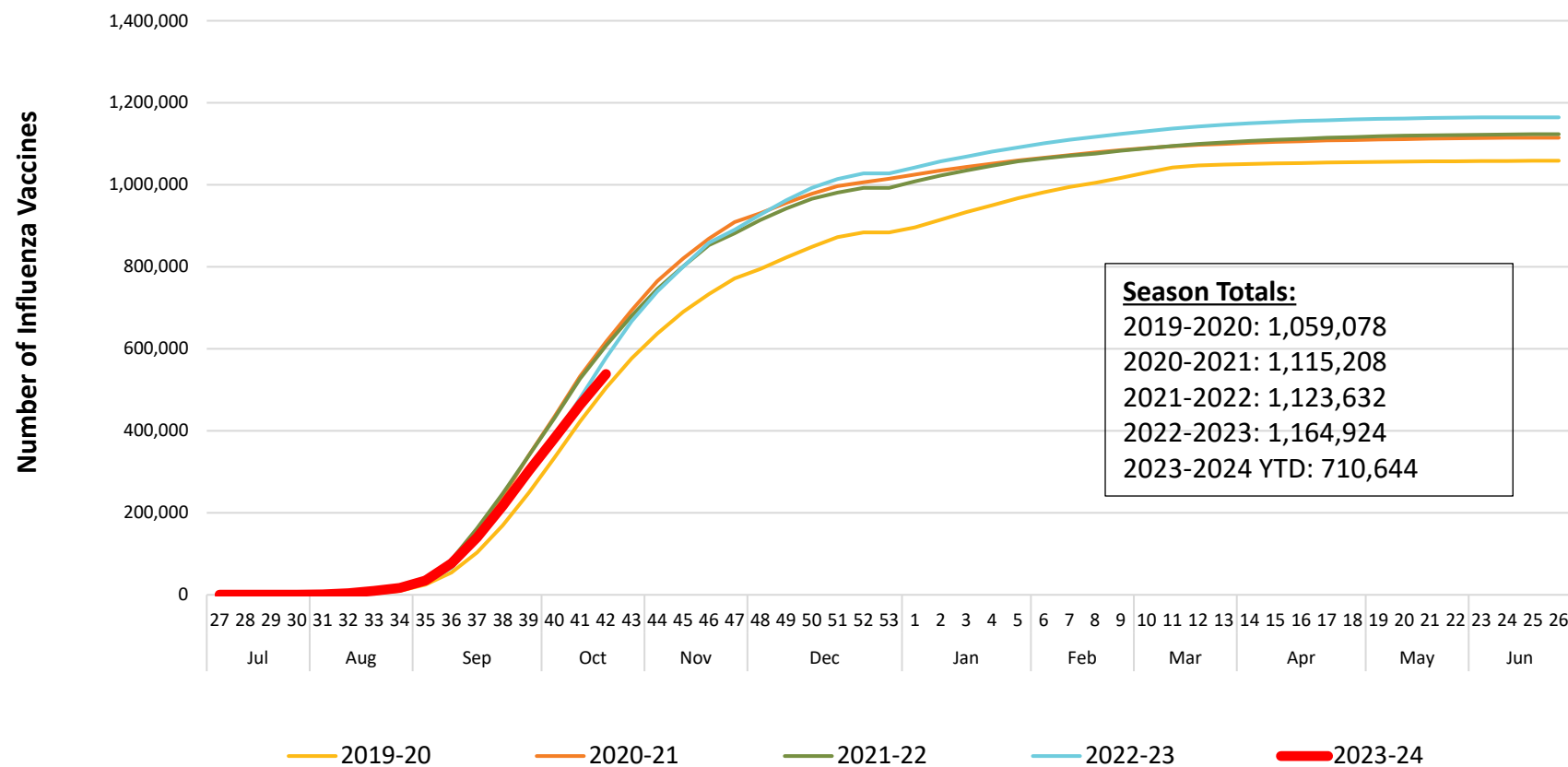


[COVID 19 Vaccines Administered Dashboard \(sandiegocounty.gov\)](https://sandiegocounty.gov)



# INFLUENZA VACCINES

Figure 20. Cumulative Number of **Influenza** Vaccinations Administered\*  
by CDC Week and Fiscal Year



**22% of eligible San Diego residents**



# RESPIRATORY SYNCYTIAL VIRUS (RSV) VACCINES AND ANTIBODIES

- RSV, a common respiratory virus that usually causes mild, cold-like symptoms.
  - Most people recover in a week or two, but RSV can be serious.
  - Infants and older adults are more likely to develop severe RSV and need hospitalization.
  - Vaccines are available to protect older adults and pregnant women from severe RSV.
    - Arexvy (for those 60+)
    - Abrysvo (for those 60+ OR pregnant women 32-26 weeks)
  - Monoclonal antibody products are available to protect infants and young children from severe RSV.
    - Beyfortus (nirsevimab)




# RSV RECOMMENDATIONS - CDC

## CDC Recommendations

### Adults 60 years old and over

- Adults 60 years of age and older may receive a single dose of RSV vaccine using shared clinical decision-making.

### Infants and young children

- 1 dose of nirsevimab for all infants younger than 8 months born during or entering their first RSV season.
- 1 dose of nirsevimab for infants and children 8–19 months old who are at increased risk for severe RSV disease and entering their second RSV season.
- *Note:* A different monoclonal antibody, palivizumab, is limited to children under 24 months of age with certain conditions that place them at high risk for severe RSV disease. It must be given once a month during RSV season. Please see [AAP guidelines for palivizumab](#). 

### Pregnant people

- 1 dose of maternal RSV vaccine during weeks 32 through 36 of pregnancy, administered immediately before or during RSV season. Abrysvo is the only RSV vaccine recommended during pregnancy.

[RSV \(Respiratory Syncytial Virus\) Immunizations | CDC](#)



# RSV HEALTH ADVISORIES – CDPH AND CDC



State of California—Health and Human Services Agency  
**California Department of Public Health**



## Health Advisory

**TO: Healthcare Providers**

**Early Respiratory Syncytial Virus (RSV) Activity and Use of RSV Prevention Products**  
**10/27/2023**

### Key Messages

- During the week ending October 21, 2023, 7.4% of respiratory specimens from sentinel laboratories in California tested positive for RSV[1], indicating an early start to the RSV season; in pre-pandemic years, this level of activity was generally seen in November or December.
- The long-acting monoclonal antibody, nirsevimab (Beyfortus™), recommended as passive immunization to protect infants, is currently in extremely short supply, as described in the October 23, 2023 CDC health advisory and prioritization guidance.
- **Maternal RSV vaccine** (Abrysvo™) from 32 to 36 weeks gestational age is an alternative to nirsevimab for protecting infants against severe RSV disease. Most infants will likely only need protection from either the maternal RSV vaccine or nirsevimab, but not both. Prenatal care providers should discuss potential nirsevimab supply shortages when counseling pregnant people about prenatal RSV vaccine.
- CDPH will update VFC providers about nirsevimab supplies via email and via postings to [eziz.org](http://eziz.org). CDPH is encouraging birthing hospitals, acute care hospitals, and others providing care to neonatal patients to [join the VFC Program](#) to ensure newborns get immunized against RSV as supplies increase.

[Early Respiratory Syncytial Virus \(RSV\) Activity and Use of RSV Prevention Products \(ca.gov\)](#)

Limited Availability of Nirsevimab in the United States—Interim CDC Recommendations to Protect Infants from Respiratory Syncytial Virus (RSV) during the 2023–2024 Respiratory Virus Season

[Print](#)



Distributed via the CDC Health Alert Network  
October 23, 2023, 3:30 PM ET  
CDCHAN-00499

[Health Alert Network \(HAN\) - 00499 | Limited Availability of Nirsevimab in the United States—Interim CDC Recommendations to Protect Infants from Respiratory Syncytial Virus \(RSV\) during the 2023–2024 Respiratory Virus Season](#)



# HEPATITIS A VACCINES

## San Diego County Hepatitis A Vaccine Summary, 2023

Effective 9/12/2023, data are updated monthly on the second Tuesday of the month.

### Dates Included

- 1/1/2023-2/12/2023  
 2/13/23-Present (Response Period)

Data through 10/09/2023. Updated 10/10/2023.

### Administering Provider Type

Source	Provider Type	Count	%
County	Foot Teams	1,186	1.8%
	PEP*	40	0.1%
	PODs**	275	0.4%
	Public Health Clinics	4,076	6.3%
	<b>Total</b>	<b>5,577</b>	<b>8.6%</b>
County-Affiliated	Champions for Health	2,352	3.6%
	Detention Facilities	134	0.2%
	<b>Total</b>	<b>2,486</b>	<b>3.8%</b>
Non-County	FQHCs	12,906	19.9%
	Healthcare Facilities	40,120	61.9%
	Pharmacies	3,724	5.7%
	<b>Total</b>	<b>56,750</b>	<b>87.6%</b>
<b>Grand Total</b>		<b>64,813</b>	<b>100.0%</b>

### Vaccine Recipient Age

Source	Age Group	Count	%
County	<18	3,164	56.7%
	18-29	318	5.7%
	30-49	1,138	20.4%
	50-64	746	13.4%
	65+	211	3.8%
<b>Total</b>		<b>5,577</b>	<b>100.0%</b>
County-Affiliated	<18	27	1.1%
	18-29	327	13.2%
	30-49	1,045	42.0%
	50-64	806	32.4%
	65+	281	11.3%
<b>Total</b>		<b>2,486</b>	<b>100.0%</b>
Non-County	<18	45,659	80.5%
	18-29	1,262	2.2%
	30-49	3,731	6.6%
	50-64	3,472	6.1%
	65+	2,626	4.6%
<b>Total</b>		<b>56,750</b>	<b>100.0%</b>
<b>Grand Total</b>		<b>64,813</b>	<b>100.0%</b>

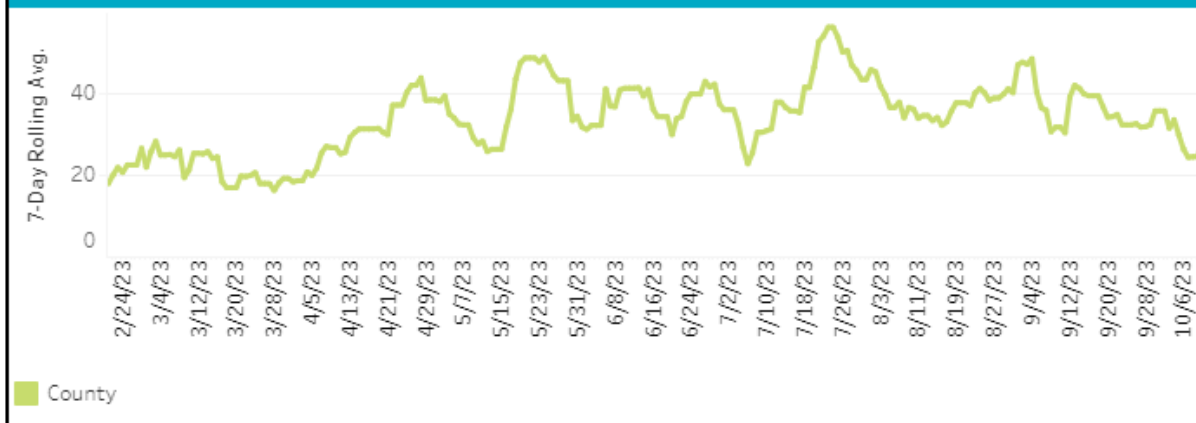
\*Post-Exposure Prophylaxis

\*\*Vaccine Point of Distribution

### Administering Organization Affiliation

COUNTY

### Vaccines by Date Administered



All data are provisional and subject to change.

\*Includes vaccines entered into CAIR2 under the COSD Epidemiology or Immunization Program

Data source: California Immunization Registry (CAIR2)

[Vaccine Webpage \(sandiegocounty.gov\)](https://sandiegocounty.gov)





# CONTACT SLIDE

- For questions or comments, please contact the County of San Diego Immunization Unit
  - Danelle Wallace, Senior Epidemiologist at [DanelleRuth.Wallace@sdcounty.ca.gov](mailto:DanelleRuth.Wallace@sdcounty.ca.gov) or (619) 629-1698

**SANDIEGOCOUNTY.GOV**



*On May 17, 2016, the County of San Diego Health and Human Services Agency Department of Public Health Services received accreditation from the Public Health Accreditation Board.*



**LIVE WELL  
SAN DIEGO**

# Public Health Updates

Mark Beatty, MD, MPH

Assistant Medical Director

Epidemiology and Immunization Services

# San Diego County Respiratory Virus Surveillance Report

Prepared by Epidemiology and Immunization Services Branch

[www.sdepi.org](http://www.sdepi.org)

November 9, 2023

## COVID-19

Cases  
**21,255**

Deaths  
**115**

Outbreaks\*  
**179**

7/2/2023 – 11/4/2023

## Influenza

Cases  
**1,223**

Deaths  
**3**

Outbreaks\*  
**1**

7/2/2023 – 11/4/2023

## RSV

Cases  
**679**

Deaths  
**2**

Outbreaks\*  
**2**

7/2/2023 – 11/4/2023

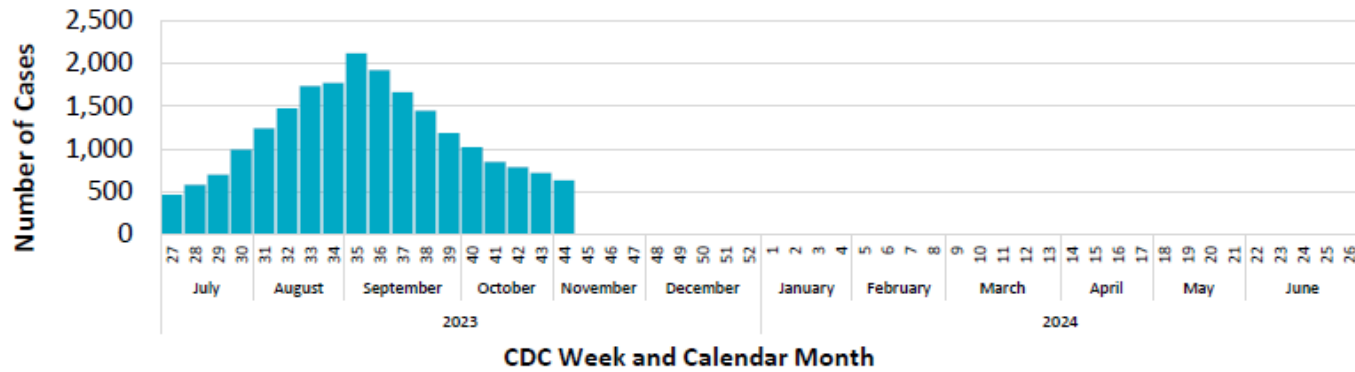
\*In residential congregate settings

### Report Content Links

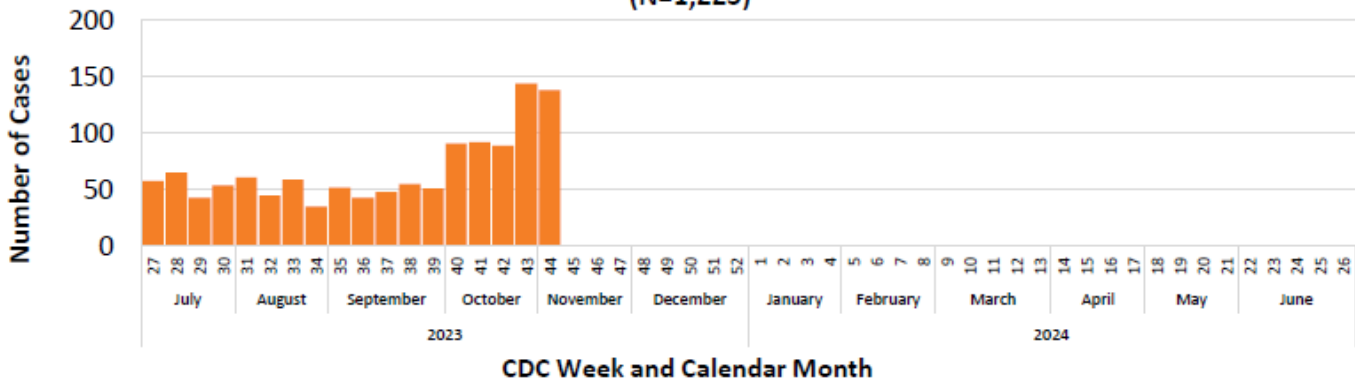
- Page 2: [COVID-19, Influenza, and RSV Fiscal Year-to-Date Overview](#)
- Page 3: [COVID-19, Influenza, and RSV Cases by Episode Week, Fiscal Year-to-Date](#)
- Page 4: [Cumulative COVID-19, Influenza, and RSV Cases](#)
- Page 5: [COVID-19 and Influenza Hospital and ICU Census](#)
- Page 6: [Emergency Department Data: Respiratory Symptoms](#)
- Page 7: [Proportion of Cases by Age Group and Episode Month, Fiscal Year-to-Date](#)
- Page 8: [Proportion of Cases by Age Group and Fiscal Year](#)
- Page 9: [COVID-19, Influenza, and RSV Positivity and Outbreaks](#)
- Page 10: [COVID-19, Influenza, and RSV Deaths by Age and Fiscal Year](#)
- Page 11: [Summary of Deaths, Fiscal Year-to-Date](#)
- Page 12: [Vaccinations Administered](#)
- Page 13: [Vaccine Recipients by Age](#)
- Page 14: [Wastewater Surveillance](#)
- Page 15: [Influenza Subtypes](#)

Source: [Respiratory Viruses Surveillance \(sandiegocounty.gov\)](#)

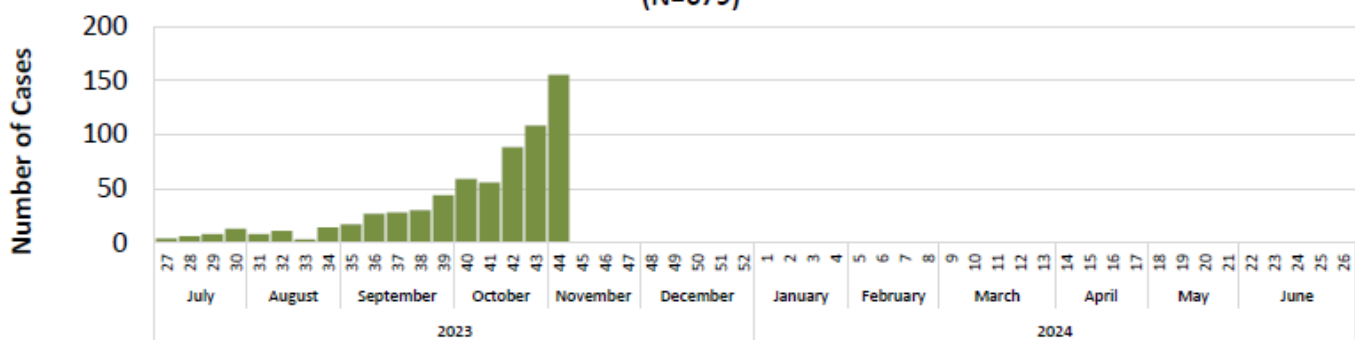
**Figure 1.1. San Diego County COVID-19 Confirmed and Probable Cases (N=21,255)**



**Figure 1.2. San Diego County Influenza Cases (N=1,223)**

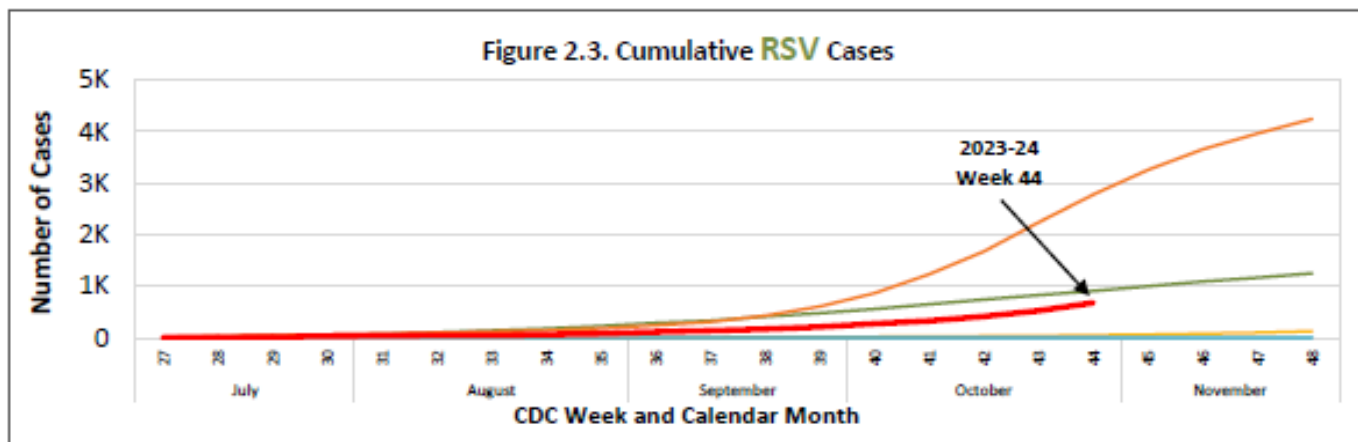
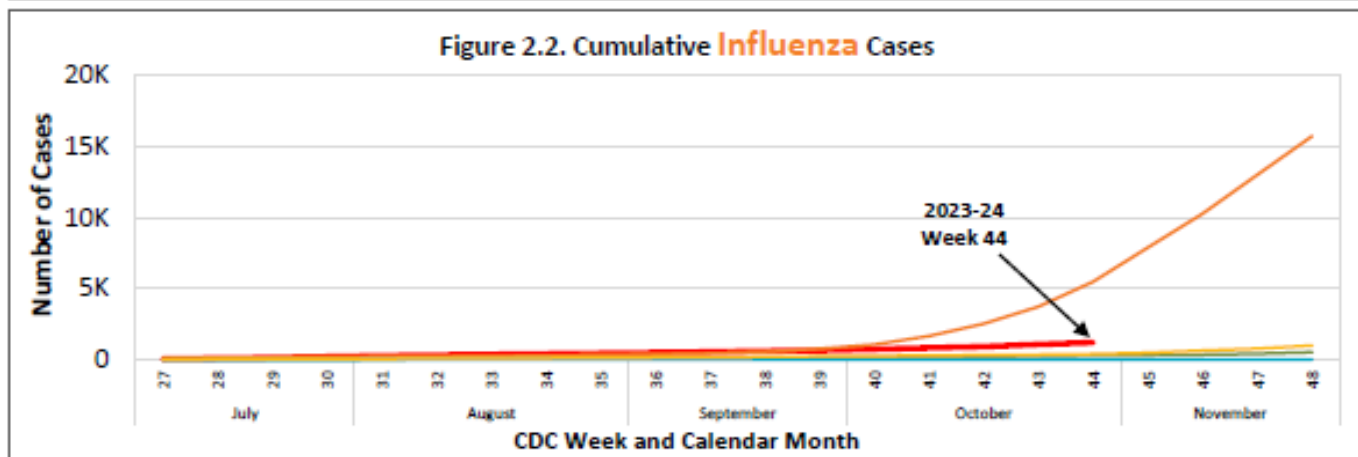
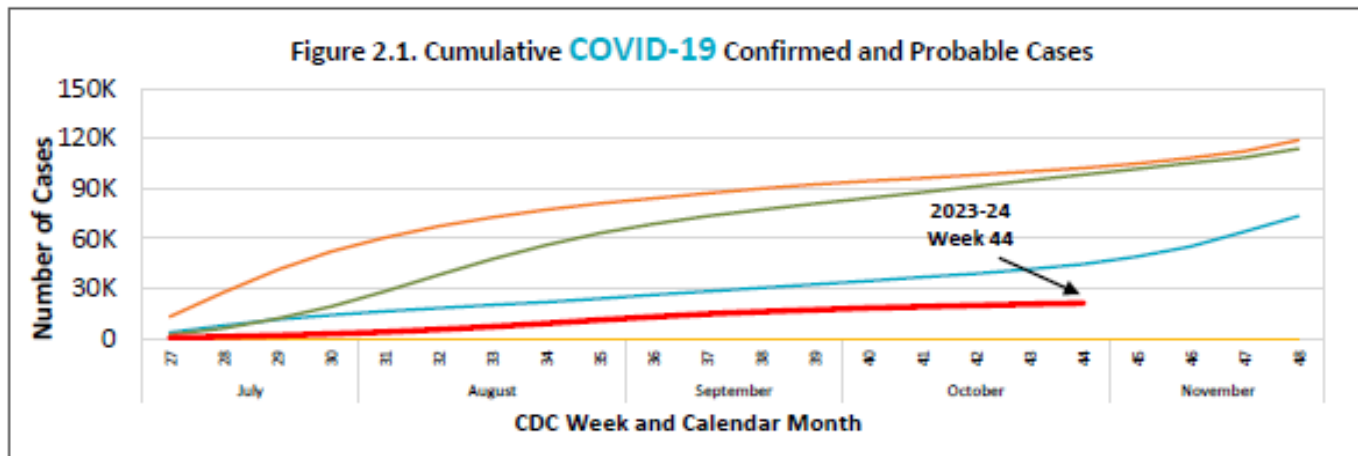


**Figure 1.3. San Diego County RSV Cases (N=679)**



Source: [Respiratory Viruses Surveillance \(sandiegocounty.gov\)](https://www.sandiegocounty.gov/RespiratoryVirusesSurveillance)

2023-24 2022-23 2021-22 2020-21 2019-20



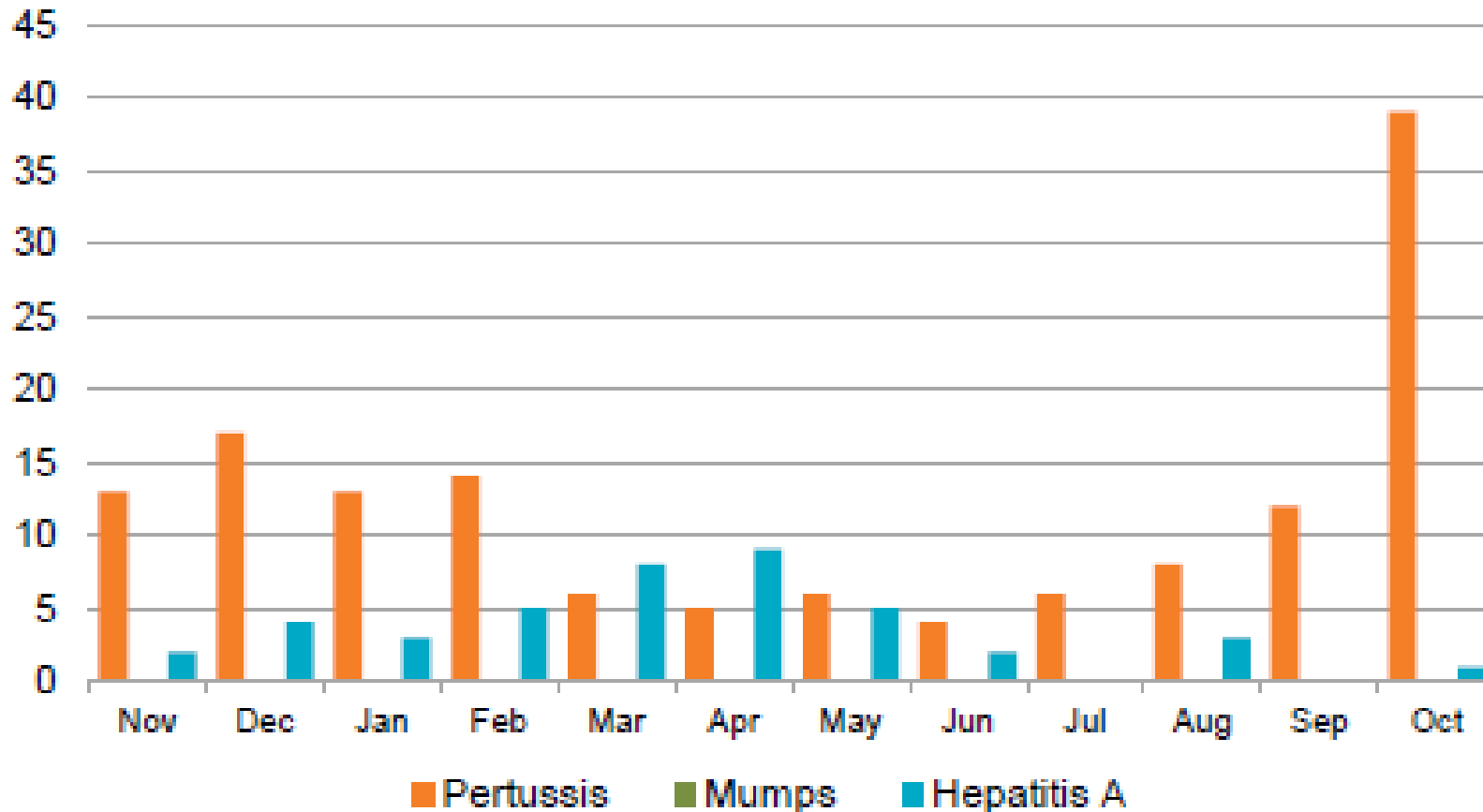
Source: [Respiratory Viruses Surveillance \(sandiegocounty.gov\)](https://www.sandiegocounty.gov/health/communicable-diseases/respiratory-viruses-surveillance/)

# MONTHLY COMMUNICABLE DISEASE REPORT

OCTOBER 2023

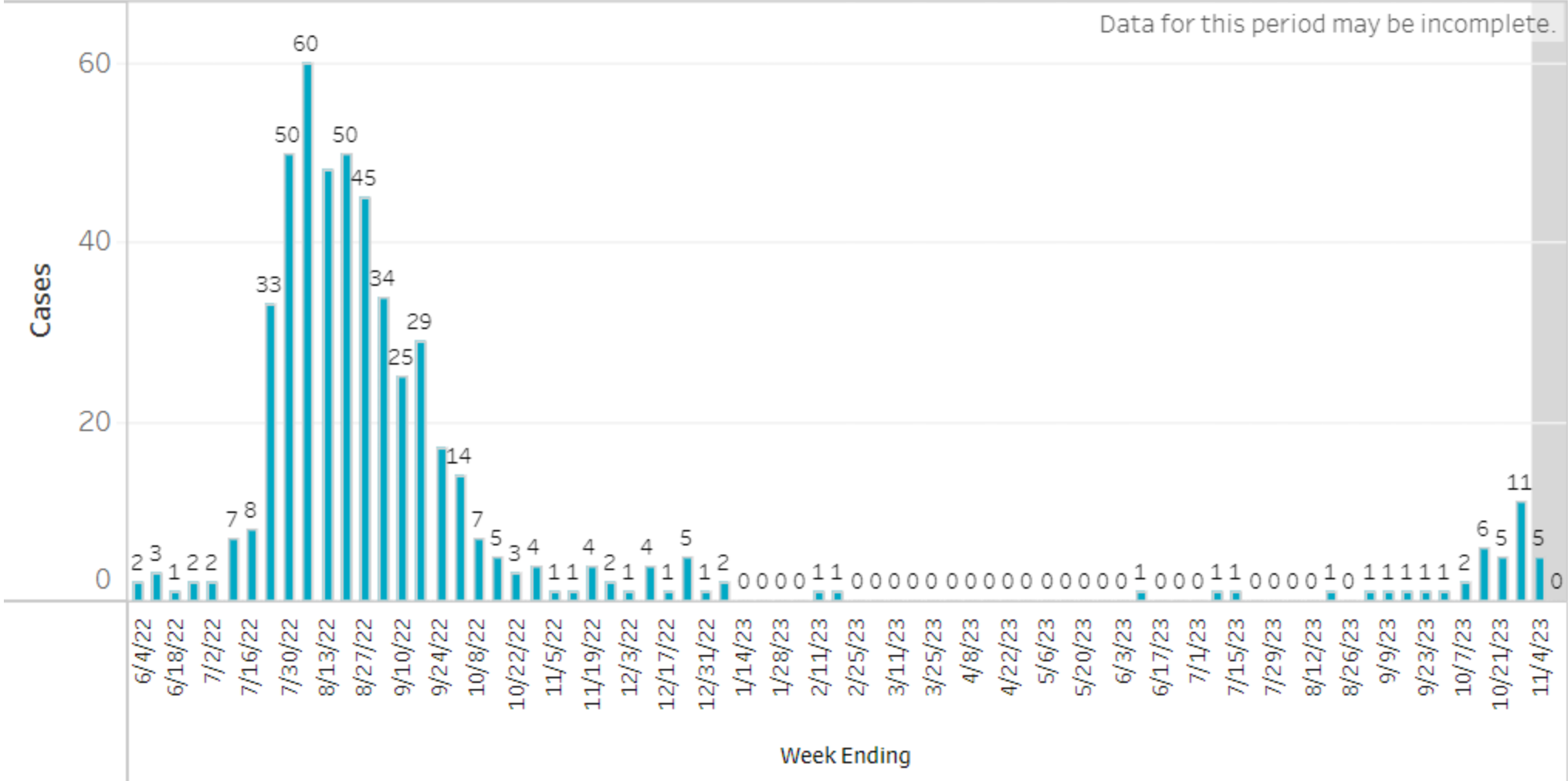
Volume 7, Issue 10: November 15, 2023

**Figure 6. Select Vaccine-Preventable Infections by Month  
November 2022 – October 2023**



Source: [Data and Reports \(sandiegocounty.gov\)](https://www.sandiegocounty.gov/data-and-reports)

# MPOX Confirmed and Probable Cases\* by Episode Date,^ San Diego County



Source: [MPOX Local Cases \(sandiegocounty.gov\)](https://sandiegocounty.gov)

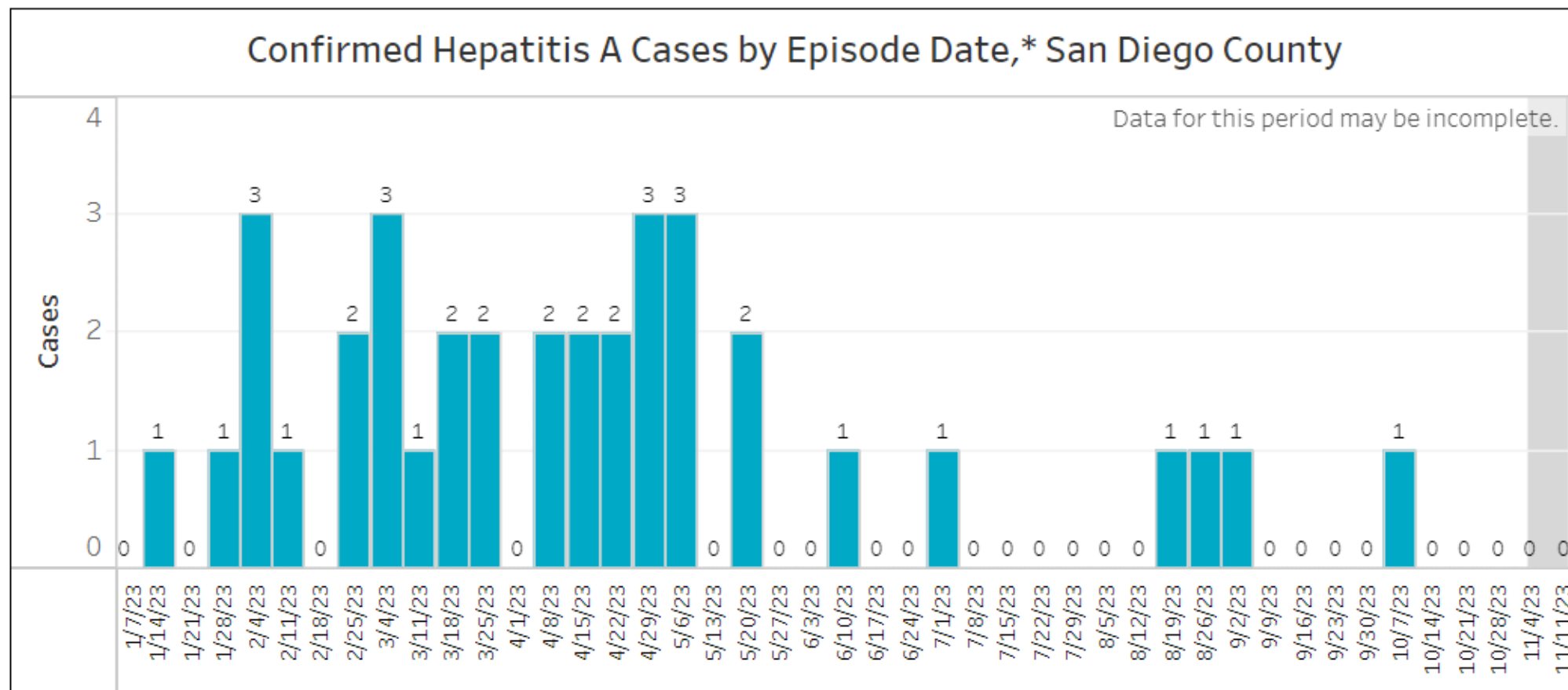
Effective 9/12/2023, data are updated once a month on the second Tuesday of every month.

Data through 11/11/2023. Updated 11/14/2023.

Cumulative Cases
36

Cumulative Hospitalizations
26

Cumulative Deaths
2



\*Episode date is the earliest of the following available dates: symptom onset date, specimen collection date, date of death, date reported. Data for the most recent week may be incomplete.

[Source: Hep A Local Cases \(sandiegocounty.gov\)](https://www.sandiegocounty.gov/health/communicable-diseases/hepatitis-a)



# Thank you!



*The Public Health Services department, County of San Diego Health and Human Services Agency, has maintained national public health accreditation, since May 17, 2016, and was re-accredited by the Public Health Accreditation Board on August 21, 2023.*