

SAN DIEGO IMMUNIZATION COALITION PRESENTS

20th Annual

KICK THE FLU⁺2

Summit



A CALL TO
ARMS!

August 29, 2024



• m i s s i o n

The mission of SDIC is to increase immunization rates and improve the health of the residents of San Diego County by raising awareness and providing education about vaccine-preventable diseases.

agenda

- 12:30 - 12:40 NETWORKING & EXHIBITS
- 12:40 - 12:55 FORMAL WELCOME & ANNOUNCEMENTS
- 12:55 - 1:00 INTERIM DEPUTY PUBLIC HEALTH OFFICER GREETING
- 1:00 - 1:25 PREPARING FOR WINTER RESPIRATORY SEASON FROM CDPH
- 1:25 - 1:50 WHAT'S NEW WITH THE FLU + 2?
- 1:50 - 2:00 STATE INFLUENZA PROGRAM AWARDS
- 2:00 - 2:15 BREAK
- 2:15 - 2:40 2023 - 2024 SAN DIEGO COUNTY RESPIRATORY VIRUS SURVEILLANCE SUMMARY
- 2:40 - 3:05 INFODEMIOLOGY FOR VACCINE CONFIDENCE
- 3:05 - 3:35 PANEL DISCUSSION: VACCINE HESITANCY
- 3:35 - 3:50 SDIC PARTNER ANNOUNCEMENTS
- 3:50 - 4:00 ANNOUNCEMENTS AND CLOSING REMARKS



welcome

**seema shah,
Md, mph**

Interim Deputy Public Health Officer
Public Health Services, County of San Diego
Health & Human Services Agency



presenter

Robert Schechter, MD, MPH

Chief, Immunization Branch
California Department of Public Health



Preparing for Winter Respiratory Season

CDPH Immunization Branch Update



Disclosures

I have no relevant financial relationships to disclose.

I might discuss off-label use of vaccines licensed or authorized by US FDA.

Timing and Administration of COVID-19, Influenza and RSV Immunizations

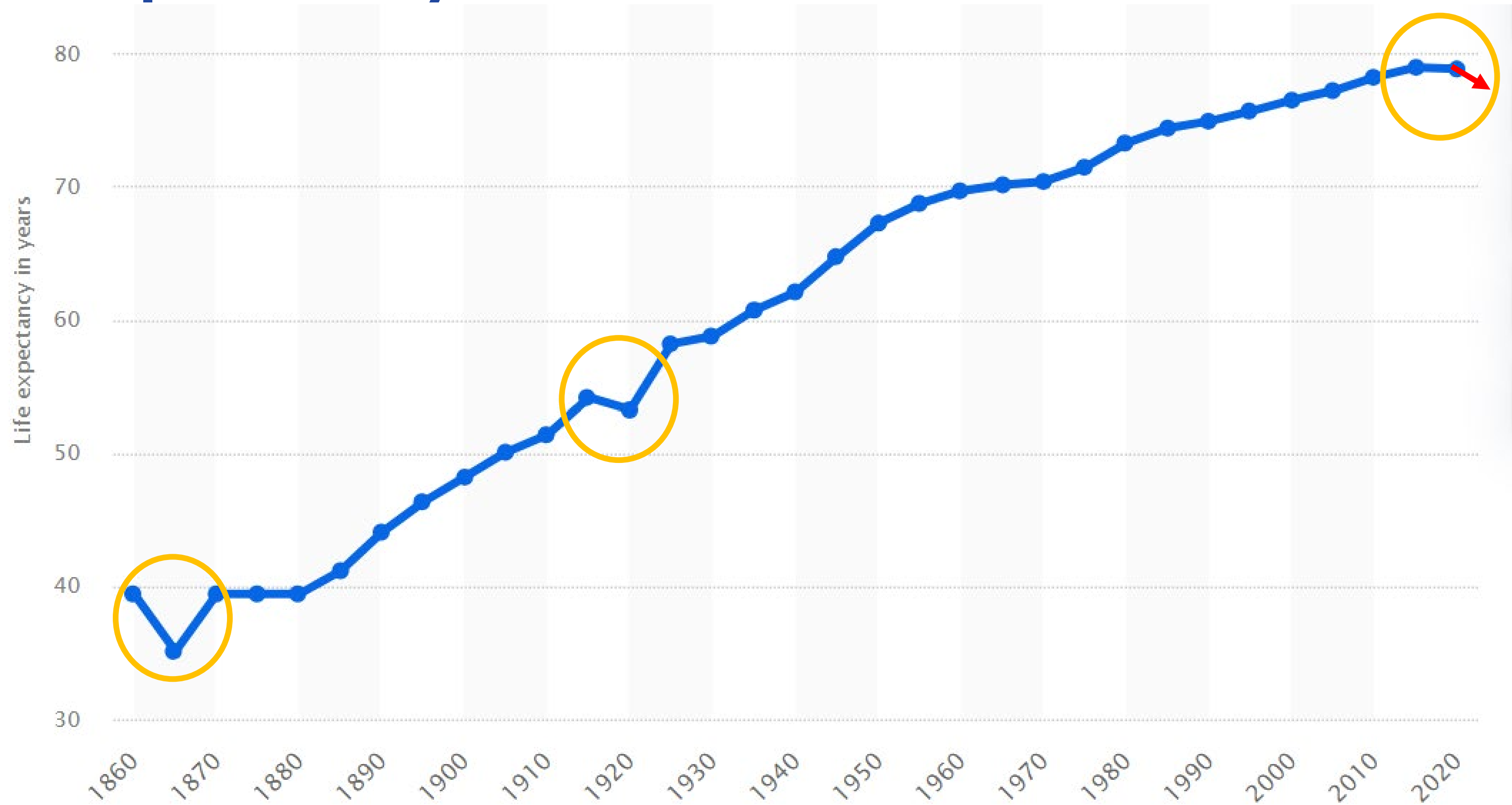
	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
COVID-19	Administer as soon as available		However, can be given any time of the year to people eligible for vaccination									
Flu		Ideally administer early fall ¹										
Older adults RSV vaccine		Ideally administer late summer/ early fall										
Maternal RSV vaccine		Administer September through January in most of the continental U.S. ²										
OR			Ideally administer October through March in most of the continental U.S. ²									
Infant RSV immunization, nirsevimab			Ideally administer October through March in most of the continental U.S. ²									

¹ Children who need 2 doses should receive their first dose as soon as possible (including during July and August). One dose of flu vaccine can be considered for pregnant people in their third trimester during July and August.

² In jurisdictions with RSV seasonality that differs from most of the continental United States, including Alaska, southern Florida, Guam, Hawaii, Puerto Rico, U.S.-affiliated Pacific Islands, and U.S. Virgin Islands, providers should follow state, local, or territorial guidance. However, nirsevimab may be administered outside of routine seasonal administration (ie., October through March) based on local RSV activity and other special circumstances.

COVID-19

Life expectancy at birth: United States, 1860–2020

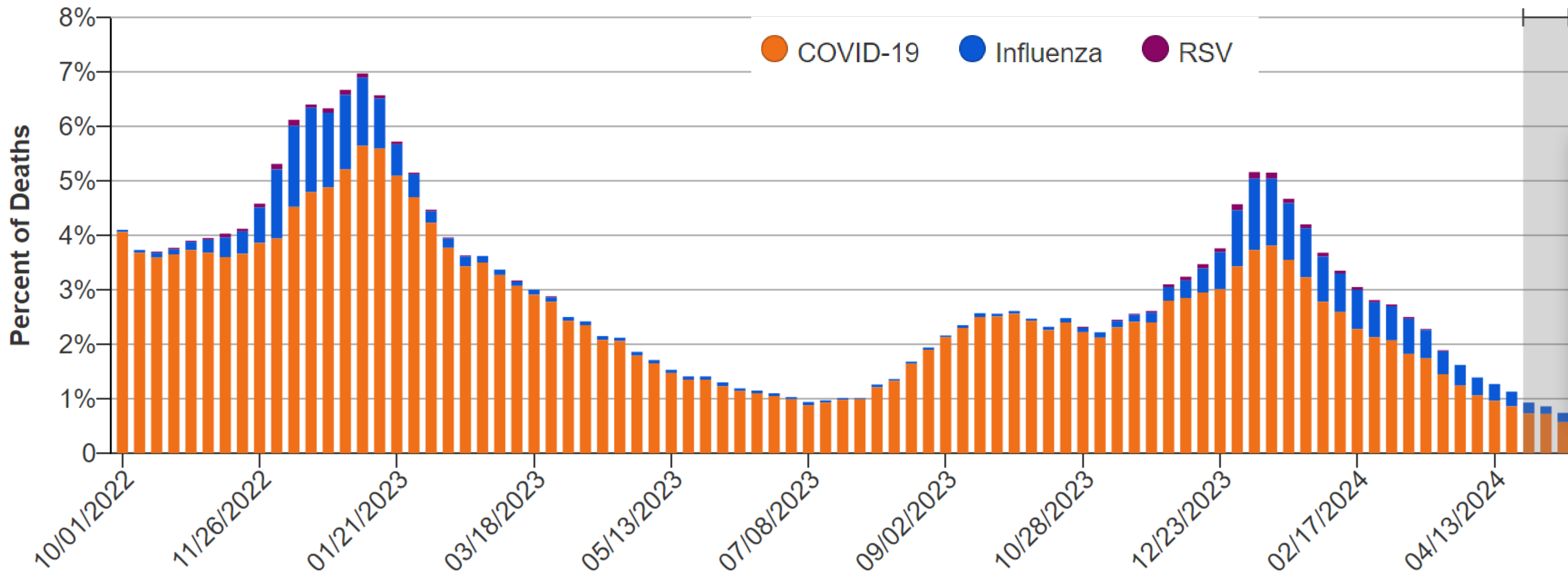


COVID-19 Deaths in California by Age Group and Period

Number and Rate per 100K population

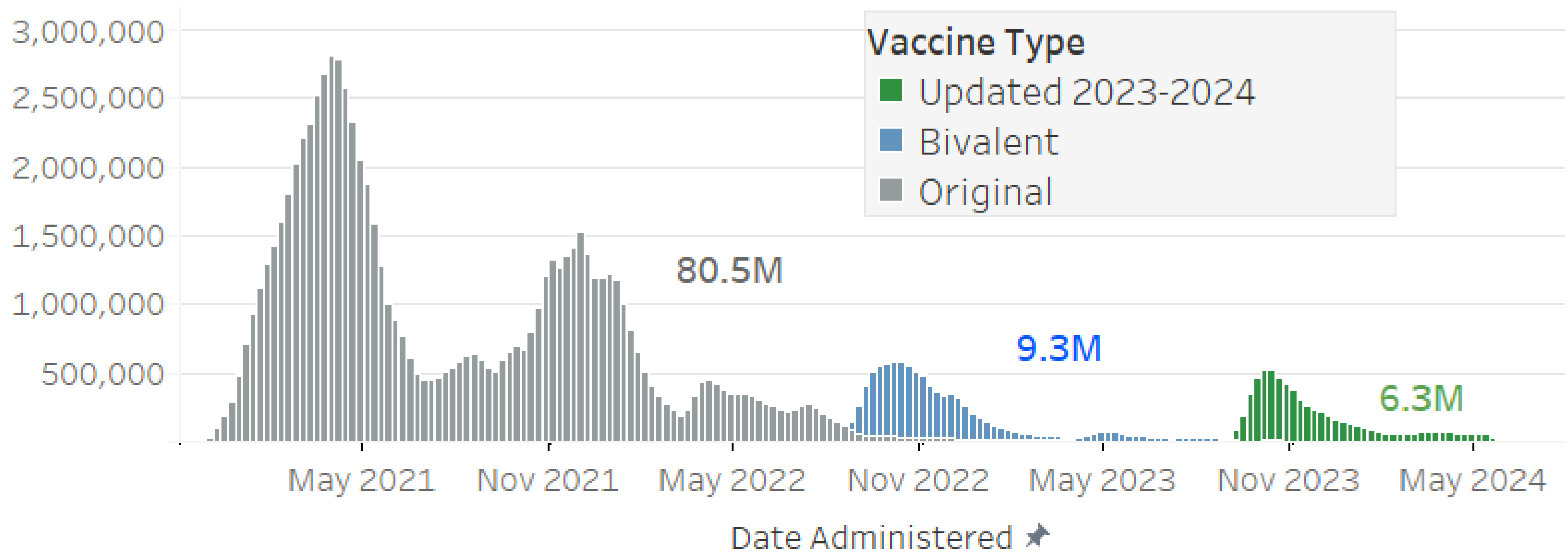
Time Period	Age 0-17 Years		Age 18-64 Years		Age >65 Years	
	#	rate	#	rate	#	rate
1/2020 - 6/2021	32	0.4	16,975	71.1	46,699	716.3
7/2021 - 6/2022	54	0.6	9,845	41.7	19,015	283.6
7/2022 - 6/2023	11	0.1	784	3.3	4,632	67.1
7/2023 – 5/2024	10	0.1	580	2.5	4,079	59.1

Percentage of deaths due to COVID-19, Influenza disease and RSV disease, U.S., October 2022- May 11, 2024



Total Doses Administered: 96,253,692

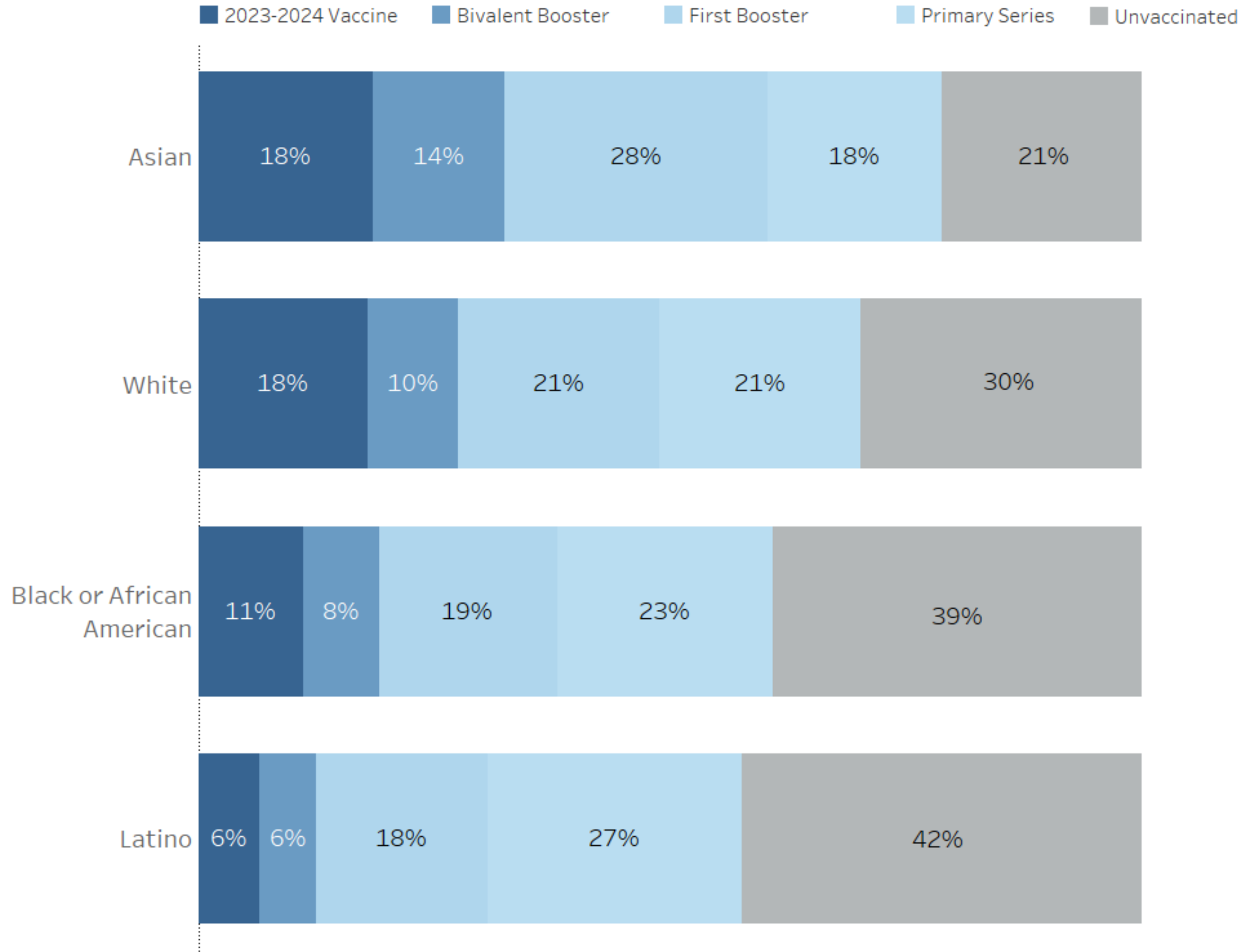
Weekly Doses Administered



CDPH data: ~15% of CA population up to date as of May 31, 2024



CA Population by Type of COVID-19 Vaccine Dose Uptake and Race/Ethnicity



CDPH data: ~15% of CA population up to date as of May 31, 2024

Thousands of Providers Reporting COVID-19 Doses In CAIR

Vaccine	Dates	Purchaser	Ages 6 months – 18 Years	Ages 18 Years and Older
COVID-19	12/20 – 8/21	Public	6.4 K	10.8 K
	9/21 – 8/22	Public	6.9 K	10.0 K
	9/22 – 8/23	Public	5.1 K	7.6 K
	9/23 – present	Private + Public	1.9 K	4.8 K
Tdap	9/23 – present	Private + Public	6.7 K	8.9 K
Influenza	9/23 – present	Private + Public	7.8 K	11.2 K

FDA Approves and Authorizes Updated mRNA COVID-19 Vaccines; ACIP Recommends Use

- **Updated 2024 – 2025** mRNA COVID-19 vaccines contain **KP.2 strain** of SARS-CoV-2
 - Current main variant is KP.3.1.1, which is from the JN.1 lineage and closely related to KP.2.
 - Receiving an updated 2024 – 2025 COVID-19 vaccine this fall provides better protection against the current strains.
- **2-month** minimum interval between doses of 2024 – 2025 mRNA COVID-19 vaccine and 2023 – 2024 COVID-19 vaccine for people 5+ years
- Proceed with using 2024 – 2025 mRNA COVID-19 vaccines as soon as supplies arrive

[FDA Press Release 8/22/24](#)
[CDC Variant Tracker](#)

COVID-19 Spike Protein Vaccine Updates

- The 2023–2024 Novavax COVID-19 Vaccine remains authorized but is no longer available in the United States as all doses have expired.
- 8/23/24 updated press release from manufacturer on its JN.1-based vaccine under review by FDA:

Novavax Continues to Partner with the U.S. FDA on Review of 2024-2025 Formula COVID-19 Vaccine

CDC/ACIP recommendations for 2024 – 2025 mRNA COVID-19 vaccines

- Similar guidelines as 2023 – 2024 vaccines:
 - Multiple dose primary series for children 6 months - 4 years
 - 1-2 doses for children 6 months - 4 years with prior doses
 - 1 dose for people 5 years and older
 - Additional doses for immunocompromised
 - No additional dose for 65 years and older at this time

[FDA Press Release 8/22/24](#)

COVID-19 Vaccine Timing 2024-25 –Routine Schedule

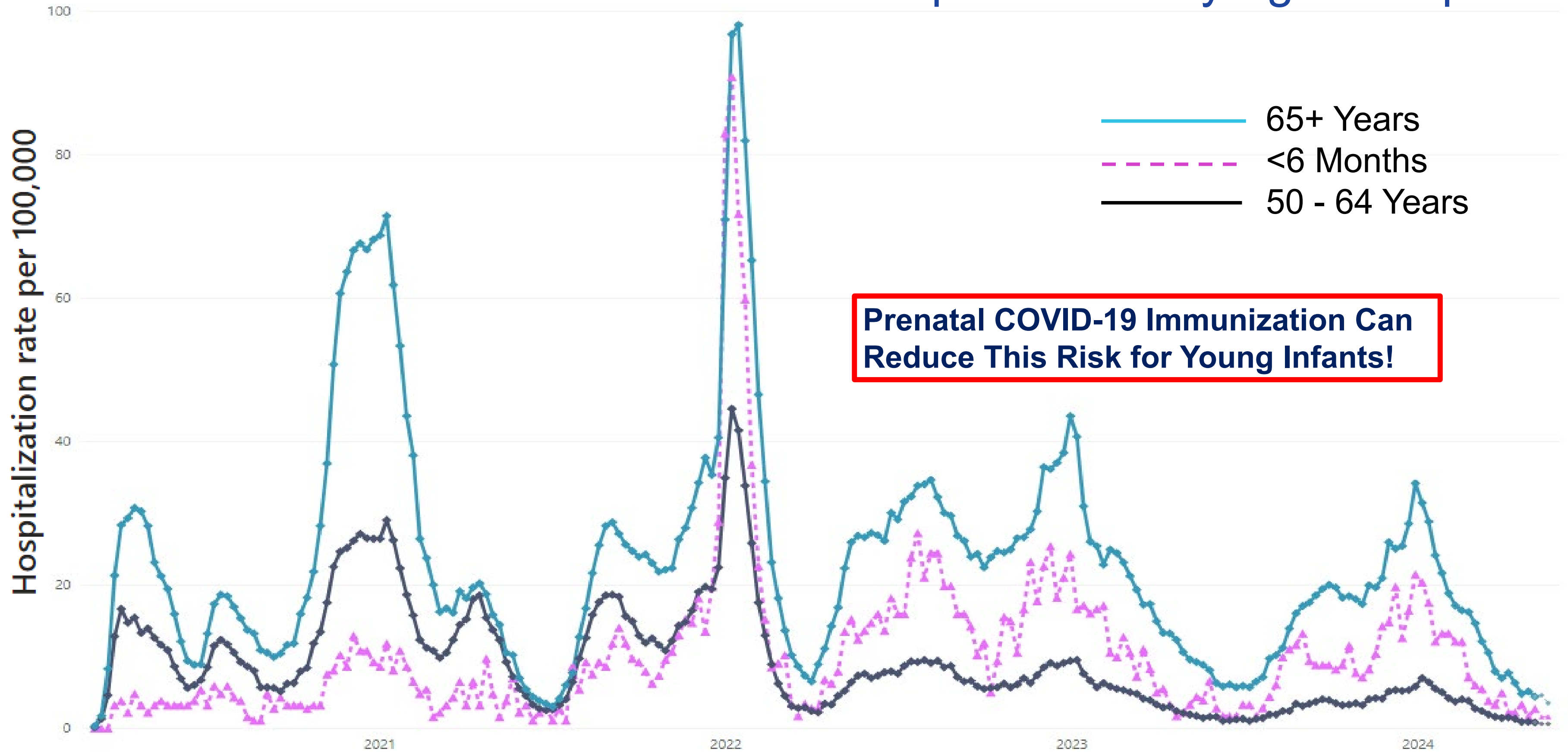
Age*	Vaccine	If unvaccinated:	If had any prior doses, give 2024-25 doses:
6 months–4 years [†]	Pfizer–Infant/Toddler	1st Dose → 3-8 weeks** → 2nd Dose → ≥8 weeks → 3rd Dose	If 1 prior dose, then: 3-8** weeks → 1 → ≥8 weeks → 2 If ≥2 prior doses, then: ≥8 weeks → 1
	Moderna–Pediatric [‡]	1st Dose → 4-8 weeks** → 2nd Dose	If 1 prior dose, then: 4-8 weeks → 1 If ≥2 prior doses then: ≥8 weeks → 1
5–11 years	Moderna–Pediatric [‡]	1 Dose	If 1 or more prior doses (of any of the brands), then [^] : ≥2 months → 2024-25 Formulation: Moderna/Pfizer
	Pfizer–Pediatric	1 Dose	
12+ years	Pfizer–Adol/Adult (Comirnaty)	1 Dose	If 1 or more prior doses (of any of the brands), then [^] : ≥2 months → 2024-25 Formulation: Moderna/Pfizer
	Moderna–Adol/Adult (Spikevax)	1 Dose	
	Novavax	1st Dose → 3-8 weeks** → 2nd Dose	

COVID-19 Vaccine Timing 2024-25 if Moderately/Severely Immunocompromised

Age	Vaccine	If unvaccinated:	If had any prior doses give 2024-25 doses:
6 months–4 years	Pfizer Infant/Toddler	1st Dose → 3 weeks → 2nd Dose → ≥8 weeks → 3rd Dose → ≥2 months → Optional Dose*	1 prior dose: 3 w → 1 → ≥8 w → 2 → ≥2 m → Optional Dose* ≥2 prior doses: ≥8 w → 1 → ≥2 m → Optional Dose*
	Moderna–Pediatric	1st Dose → 4 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → ≥2 months → Optional Dose*	1 prior dose: 4 w → 1 → ≥4 w → 2 → ≥2 m → Optional Dose* 2 prior doses: ≥4 w → 1 → ≥2 m → Optional Dose*
5–11 years	Moderna–Pediatric	1st Dose → 4 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → ≥2 months → Optional Dose* Moderna/Pfizer	≥3 prior doses ^{**} : ≥8 w → 1 → ≥2 m → Optional Dose* (for ages 5+ yrs, Pfizer dose is also OK)
	Pfizer–Pediatric	1st Dose → 3 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → ≥2 months → Optional Dose* Moderna/Pfizer	1 prior dose: 3 w → 1 → ≥4 w → 2 → ≥2 m → Optional Dose* 2 prior doses: ≥4 w → 1 → ≥2 m → Optional Dose*
12+ years	Pfizer–Adol/Adult (Comirnaty)	1st Dose → 3 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → ≥2 months → Optional Dose* Moderna/Pfizer	≥3 prior doses ^{**} : ≥8 w → 1 → ≥2 m → Optional Dose* 1 prior dose: 4 w → 1 → ≥4 w → 2 → ≥2 m → Optional Dose* 2 prior doses: ≥4 w → 1 → ≥2 m → Optional Dose*
	Moderna–Adol/Adult (Spikevax)	1st Dose → 4 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → ≥2 months → Optional Dose* Moderna/Pfizer	≥3 prior doses ^{**} : ≥8 w → 1 → ≥2 m → Optional Dose* 1 prior dose: 4 w → 1 → ≥4 w → 2 → ≥2 m → Optional Dose* 2 prior doses: ≥4 w → 1 → ≥2 m → Optional Dose*
	Novavax	1st Dose → 3 weeks → 2nd Dose → ≥2 months → Optional Dose* Moderna/Pfizer	≥1 prior doses ^{**} : ≥2 m → 1 → ≥2 m → Optional Dose*

IMM-1396 COVID-19 Vaccine Timing Chart (eziz.org)

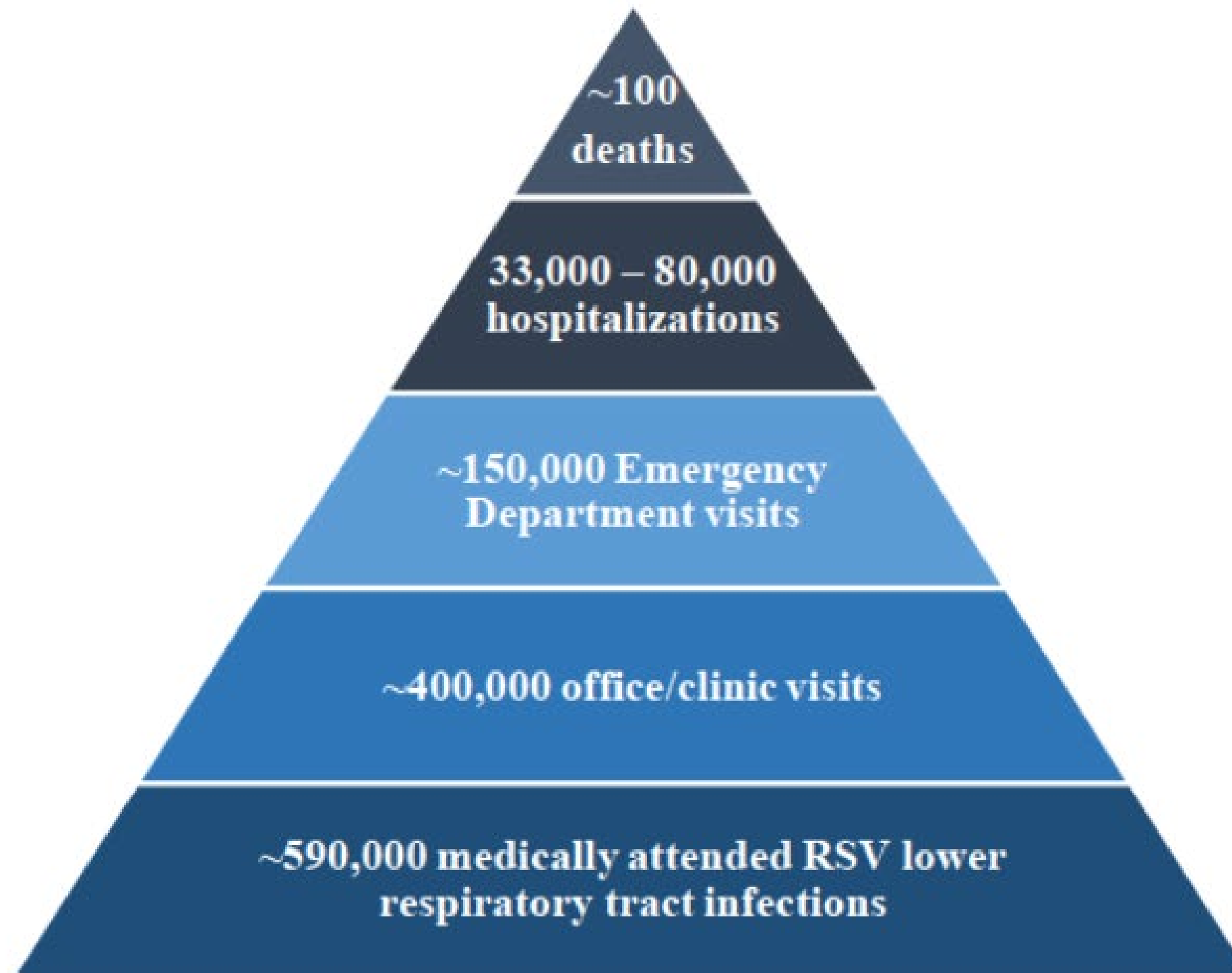
Rates of COVID-19-Associated Hospitalization by Age Group



Respiratory Syncytial Virus (RSV)

Figure 4

RSV Burden of Disease in the United States in the First Year of Life



Source: Reeves et al 2020, Bont et al 2016

Options to Protect Infants Against Severe RSV (1)

Nirsevimab monoclonal antibody recommended from **October through March** for:

- All infants aged < 8 months born during or entering their first RSV season
- Infants and children aged 8-19 months who are at increased risk of severe RSV disease and entering their second RSV season

Effectiveness estimated at $\geq 90\%$ against RSV-associated hospitalization

Scarcity of Supply Last Season (2023-2024), CDC NIS:

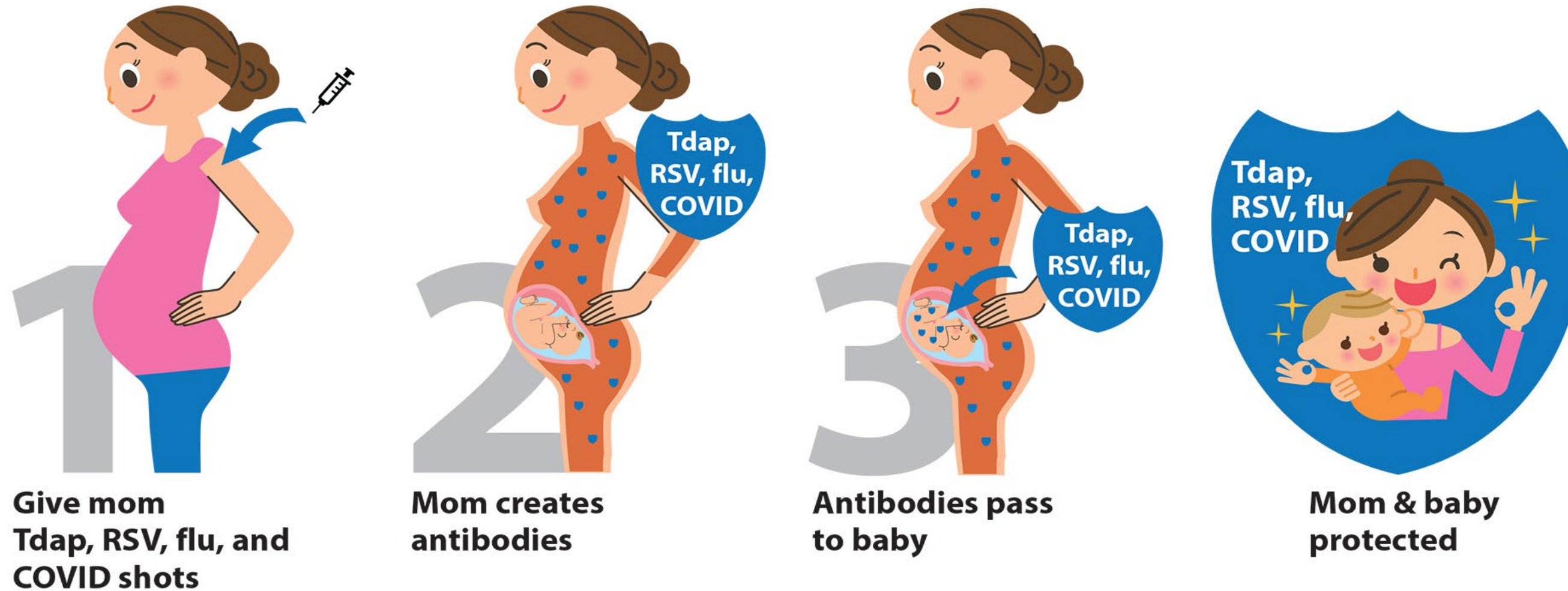
- 30-40% of mothers of infants <8 months reported receiving nirsevimab
- ~90% of women age 18-49 years reported interest in receipt or receipt
- Supply for ~30% of the children age <20 months recommended for product

[ACIP and AAP Recommendations for Nirsevimab \[www.cdc.gov/vaccines/imz-managers/coverage/rsvvaxview/nirsevimab-coverage.html\]\(https://www.cdc.gov/vaccines/imz-managers/coverage/rsvvaxview/nirsevimab-coverage.html\)](https://www.cdc.gov/vaccines/imz-managers/coverage/rsvvaxview/nirsevimab-coverage.html)

[*Early Estimate of Nirsevimab Effectiveness for Prevention of RSV-Associated Hospitalization Among Infants Entering Their First Respiratory Syncytial Virus Season — New Vaccine Surveillance Network, October 2023–February 2024 \(cdc.gov\)](https://www.cdc.gov/nis/newsroom/2024/s0123-nirsevimab-effectiveness.html)



Options to Protect Infants Against Severe RSV (2)



- **RSVpreF RSV vaccine (Abrysvo™, Pfizer)** recommended at 32 - 36 weeks of pregnancy, **September through January**
- CDC NIS, 2023-24: ~20% of women at 32+ weeks GA in Vaccine Safety Datalink (incl. KP NC and SC) received prenatal RSV vaccine

Looking Ahead to Fall 2024

Supply of nirsevimab projected to increase

- by how much?

To protect infants and toddlers, a continued mix of

- Prenatal RSV Immunization, or
- Nirsevimab given at the birth hospital, or
- Nirsevimab in outpatient visits during early infancy

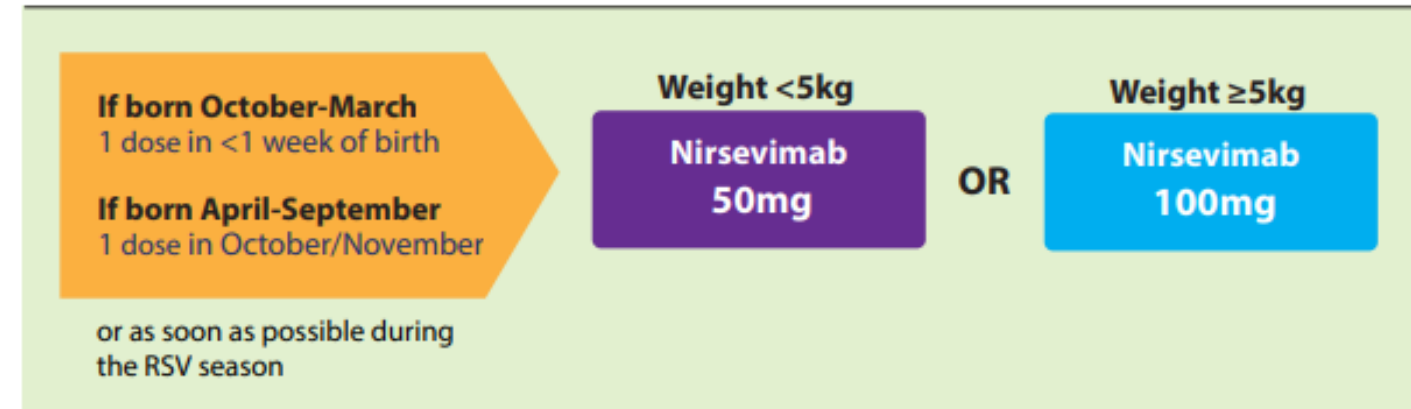
Additional seasons before patterns will settle

Nirsevimab (Beyfortus) Guide to Prevent Severe RSV in Infants and Toddlers

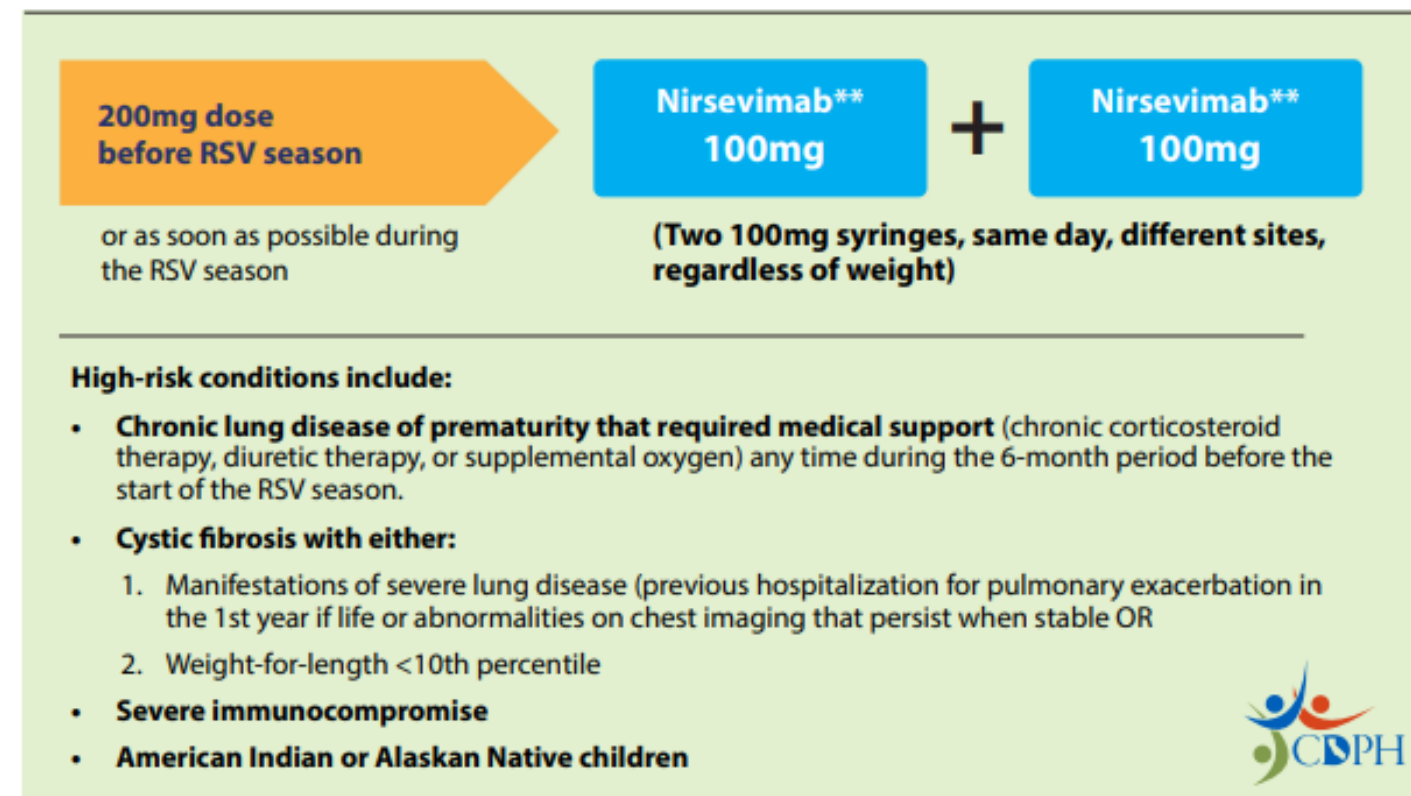
Nirsevimab should be given before the start of RSV season (usually October-March). The dosage depends on age, weight, and health condition. View [CDC's RSV page](#) for web version and additional guidance.

All Infants <8 Months Entering 1st RSV Season

without prenatal vaccination during 32-36 weeks gestational age*



High-Risk Children 8-19 Months Entering 2nd RSV Season



* In limited situations, an infant may be recommended to receive RSV immunization after prenatal vaccination.

** If nirsevimab is unavailable and the child is eligible to receive palivizumab, then palivizumab should be administered. If < 5 doses of palivizumab are administered and nirsevimab becomes available, the child should receive 1 dose of nirsevimab.

[Nirsevimab \(Beyfortus™\) Guide to Prevent Severe RSV in Infants and Toddlers IMM1480 \(eziz.org\)](#)

Updated Recommendations for Older Adults

- Any of: Either protein-based or newer mRNA vaccine
- ACIP recommends a single dose of RSV vaccine for
 - Ages 75 years of age and older
 - Ages 60–74 years at [increased risk](#) of severe RSV disease
- Persons who have already received RSV vaccination are NOT recommended to receive another dose. Thus far, RSV vaccines appear to provide some protection for at least two RSV seasons.
- May be given year-round but consider giving in late summer and early fall to maximize benefits of RSV vaccination.

[CDC: RSV Vaccination for Adults 60 Years of Age and Over](#)

[ACIP Recommendations: RSV Vaccine in Adults Aged ≥60 Years](#)

Chronic Medical Conditions Associated with Increased Risk of Severe RSV Disease

- Guidance provides flexibility for clinicians to assess patient risk
- Greatest risk of severe RSV disease in people ages ≥ 75 years and people with ≥ 2 chronic conditions



Lung disease



Cardiovascular disease



Moderate or severe immune compromise



Diabetes Mellitus with end-organ damage



Severe obesity
(body mass index ≥ 40 kg/m²)



Frailty



Neurologic or neuromuscular conditions



Chronic kidney disease, advanced



Liver disorders



Hematologic disorders



Other chronic medical conditions that a healthcare provider determines increases risk of severe disease due to respiratory infection



Residence in a nursing home or other long-term care facility (LTCF)*

[Use of RSV Vaccines in Adults Aged \$\geq 60\$ Years: Updated Recommendations of the Advisory Committee on Immunization Practices, 2024 | MMWR ; ACIP 6/26/24: Adult RSV Clinical Considerations](#)

Influenza

Influenza Vaccine Recommendations, 2024-2025

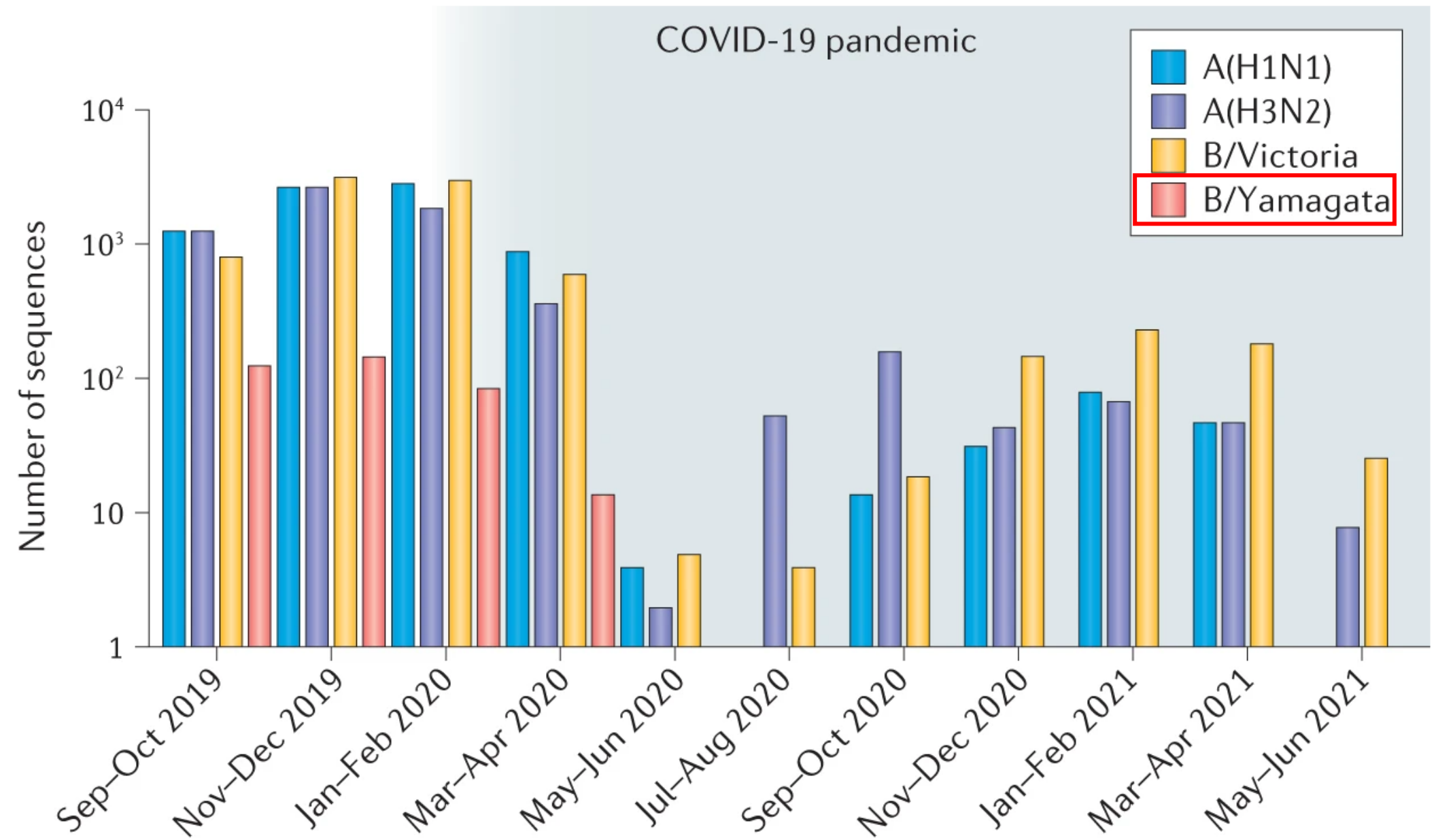
- **Age ≥ 6 months:** routine annual vaccination
- Vaccinate in **September and October.**
 - Can start sooner with
 - Pregnant persons in 3rd trimester
 - Children who need 2 doses
 - Those who may not return in the fall.

[Influenza Vaccination: A Summary for Clinicians](#)

Influenza Vaccine Recommendations, 2024-2025

- **Trivalent Vaccine** this season

- Influenza B/Yamagata viruses not detected globally since March 2020. Experts recommended removal of this strain.
- Flu vaccines now contain 2 A and 1 B virus.



Global influenza virus sequences from the GISAID database with collection dates from September 2019 to 6 August 2021 illustrate a reduction of influenza virus detection and potential extinction of B/Yamagata during the COVID-19 pandemic (shaded).

Influenza Vaccine Recommendations, 2024-2025

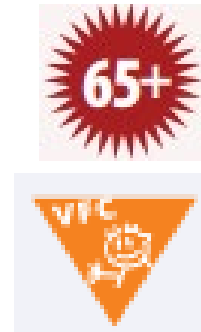
- Enhanced vaccine options include

Type	Description	Licensed for Ages	Brand Name
Adjuvanted	MF59 adjuvant	65+ years	FLUAD Adjuvanted
High-dose	4x hemagglutinin vs standard dose	65+ years	Fluzone High-Dose
Recombinant	3x hemagglutinin vs standard dose	18+ years	FluBlok

CDPH Job Aid Lists by

Age group

- Preferential for 65+ VFC inventory



Influenza Vaccine Product Guide 2024 - 2025

INFLUENZA VACCINE PRODUCT GUIDE 2024-2025

6 MONTHS & OLDER	 <p>Fluarix® Trivalent GlaxoSmithKline Biologicals 0.5 mL single-dose syringe</p>  <p>Flucelvax® Trivalent Seqirus 0.5 mL single-dose syringe</p>  <p>Afluria® Trivalent Seqirus 5.0 mL multi-dose vial*</p>	 <p>FluLaval® Trivalent GlaxoSmithKline Biologicals 0.5 mL single-dose syringe</p>  <p>Fluzone® Trivalent Sanofi Pasteur, Inc. 0.5 mL single-dose</p>  <p>Flucelvax® Trivalent Seqirus 5.0 mL multi-dose vial*</p>
3 YEARS & OLDER	 <p>Afluria® Trivalent Seqirus 0.5 mL single-dose syringe</p>	 <p>Fluzone® Trivalent Sanofi Pasteur, Inc. 5.0 mL multi-dose vial*</p>
2-49 YEARS OLD & HEALTHY	 <p>FluMist® Trivalent Astrazeneca 0.2 mL single-dose nasal sprayer</p>	65 YEARS & OLDER  <p>FLUAD® Adjuvanted Trivalent Seqirus 0.5 mL single-dose syringe</p>
18 YEARS & OLDER	 <p>FluBlok® Trivalent Sanofi Pasteur, Inc. 0.5 mL single-dose syringe</p>	 <p>Fluzone® High-Dose Trivalent Sanofi Pasteur, Inc. 0.5 mL single-dose syringe</p>

Avian Influenza A (H5) - Risk for Humans Remains Low

- **Current H5N1 strain in birds worldwide detected in the US since 2022**, with an extensive ongoing national and state public health response
 - Infecting wild and domestic birds in California and their predators
- **Detection in US dairy cattle in several states in 2024 is novel**
- **People with close or prolonged exposure to infected animals at increased risk**
- **Reported Human Cases in the US since 2022: 14**
 - **4 following exposure to dairy cows** (between 4/1 - 7/3/2024)
 - **10 following exposure to poultry** (between 4/28/2022 - 7/25/2024)
 - States with Reported Case(s): **Texas, Michigan, Colorado**
 - No evidence of onward spread among people
- **National stockpile of H5N1 influenza vaccines** can be mobilized promptly as needed

Avian Influenza A (H5) - CDC Recommendations

- Avoid if possible:
 - Exposures to sick or dead animals
 - Exposures to animal poop, bedding, unpasteurized ("raw") milk, or materials that have been touched by, or close to animals with suspected or confirmed avian influenza A(H5N1) virus
 - Drinking raw milk. Pasteurization kills influenza viruses, and pasteurized milk is safe to drink.
- Precautions for potential occupational exposures
 - PPE
 - Seasonal influenza immunization (potential risk of recombination)

Pneumococcal Vaccines

Pneumococcal Vaccine Recommendations – PCV21

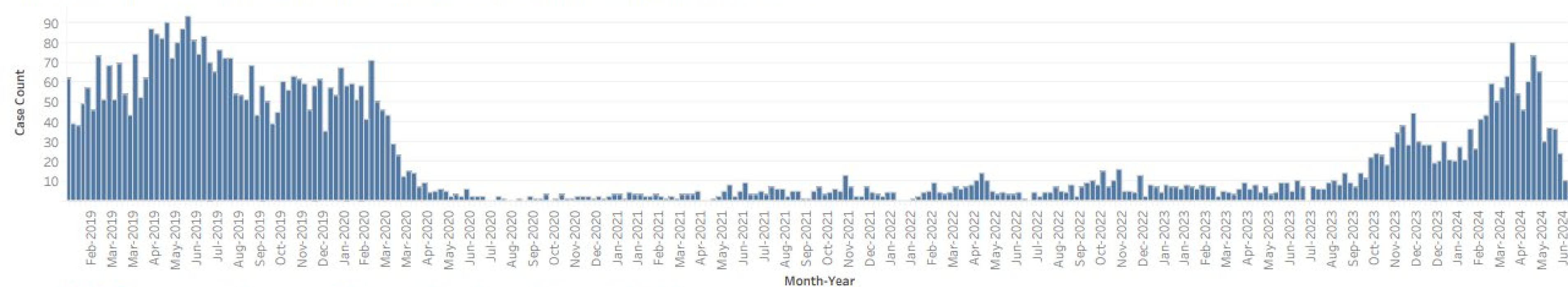
- ACIP recommends PCV 21 (Capvaxive) as an option for adults ≥ 19 years who currently have a recommendation to receive a dose of PCV
- No current preference for PCV21 over other adult pneumococcal vaccine options (PCV20 or PCV15+PPSV23)
- Full recommendations to follow in *MMWR*
- Additional vaccines undergoing trials

[Capvaxive \(FDA\)](#)

Pertussis

Pre-pandemic Levels of Pertussis Reported in US (but not quite yet in California)

Figure 1. Year to date* pertussis case counts by week of onset -- California, 2019-2024



Note: The case counts shown are preliminary and may change due to reporting delays.



Whooping Cough Is on the Rise, Returning to Pre-Pandemic Trends

July 22, 2024, 4:30 PM EDT

[Pertussis Snapshot \(ca.gov\)](#)

[Whooping Cough Is on the Rise, Returning to Pre-Pandemic Trends | NCIRD | CDC](#)

Respiratory Season Resources

Resources for Providers

- [Fall/Winter Immunizations \(IMM-1481\) | Spanish](#)
- [COVID-19 Vaccine Timing Guide \(Routine and Immunocompromised, IMM-1396\) | Spanish](#)
- [Nirsevimab \(Beyfortus\) Guide to Prevent Severe RSV in Infants and Toddlers \(eziz.org\) \(IMM-1480\)](#)
- [RSV webpage \(cdph.gov\)](#) and [RSV Immunization Resources \(eziz.org\)](#), including [FAQs](#)
- [Resources for Long-Term Care Facilities \(eziz.org\)](#)

FALL-WINTER 2023-24 IMMUNIZATIONS

Who is eligible?	What immunizations are recommended?	When should I get it?
Influenza	6 months and older Flu vaccines target 4 strains of flu and are available as a shot or nasal spray. Flu vaccine prevents millions of illnesses and flu-related doctor's visits each year.	September or October are ideal, but catching up later can still help.
COVID-19	6 months and older Updated COVID-19 vaccines target the Omicron XBB strain to protect against COVID-19 this fall and winter.	Get it now to help protect against severe disease (if at least two months since your last COVID-19 shot).
RSV (Pregnant Persons)	Pregnant persons during weeks 32-36 of pregnancy RSV vaccine to reduce the risk of severe RSV disease in infants (baby will receive protection that lasts for months after birth)	Recommended from September to January to help protect your baby during RSV season
RSV (Infants and Toddlers)	All infants from birth to 8 months and children 8-19 months at high risk of severe RSV disease Immunization contains preventive antibodies that help fight RSV infections and protect children from getting very sick.	Before or during RSV season, usually October-March
RSV (Older Adults)	60 years and older RSV vaccine to protect older adults against RSV disease	Available now - Talk with your doctor to determine if vaccination is right for you.

OR

Where to get vaccinated?

- Contact your doctor or local pharmacy or visit [MyTurn.ca.gov](#). Influenza and COVID-19 vaccines continue to be free for most people through their private, Medi-Cal or Medicare insurance plans.
- Check with your insurance on timing of RSV immunization coverage.
- You can receive influenza, COVID-19 and/or RSV immunizations during the same visit.
- Adults without health insurance can get no cost COVID-19 vaccine at many pharmacies and clinics participating in the [Bridge Access Program](#). Visit [Vaccines.gov](#) to find the nearest location.
- Children who are Medi-Cal eligible, American Indian/Alaskan Native, uninsured and underinsured may get no cost vaccines through the [Vaccines for Children Program](#).

Thanks to [Katelyn Jetelina, PhD, MPH](#) and [Caitlin Rivers, PhD, MPH](#) for allowing CDPH to adapt this resource.

California Department of Public Health | Immunization Branch IMM-1481 (10/23)

COVID-19 Vaccine Timing 2023-24 –Routine Schedule

Age*	Vaccine	If unvaccinated:	If had any prior doses, give 2023-24 doses:
6 months–4 years†	Pfizer–Infant/Toddler	1st Dose → 3-8 weeks → 2nd Dose → ≥8 weeks → 3rd Dose	If 1 prior dose, then: 3-8 weeks 1 ≥8 weeks 2 If ≥2 prior doses, then: ≥8 weeks 1
	Moderna–Pediatric‡	1st Dose → 4-8 weeks → 2nd Dose	If 1 prior dose, then: 4-8 weeks 1 If ≥2 prior doses then: ≥8 weeks 1
5–11 years	Moderna–Pediatric‡	1 Dose	If 1 or more prior doses (of any of the brands), then: ≥2 months 2023-24 Formulation: Moderna/Pfizer
	Pfizer–Pediatric	1 Dose	
12+ years	Pfizer–Adol/Adult (Comirnaty)	1 Dose	If 1 or more prior doses (of any of the brands), then: Ages 12-64: ≥2 months 2023-24 Formulation: Moderna/Pfizer/Novavax
	Moderna–Adol/Adult (Spikevax)	1 Dose	
	Novavax	1st Dose → 3-8 weeks → 2nd Dose	Ages 65+: ≥2 months 1 ≥4 months 2

* See [CDC recommendations](#) for children transitioning from a younger to older age group
† Children 6 months – 4 years should receive the same brand of the updated vaccine as the prior doses they received.
‡ An 8-week interval may be preferable for some people, especially for males 12-39 years.
§ All Moderna doses 6 months – 11 years are 0.25 mL (25 mcg).
^ Janssen (J & J) vaccine has been deauthorized. Follow schedule for 12+ years for any prior doses.

View [Interim Clinical Considerations for Use of COVID-19 Vaccines](#) for details. Schedule is subject to change.

California Department of Public Health, Immunization Branch IMM-1396 (3/5/24) Page 1 of 2

Nirsevimab (Beyfortus) Guide to Prevent Severe RSV in Infants and Toddlers

Nirsevimab should be given before the start of RSV season (usually October-March). The dosage depends on age, weight, and health condition. View [CDC's RSV page](#) for web version and additional guidance.

All Infants <8 Months Entering 1st RSV Season without prenatal vaccination during 32-36 weeks gestational age*

If born October-March 1 dose in <1 week of birth	Weight <5kg Nirsevimab 50mg	OR	Weight ≥5kg Nirsevimab 100mg
---	--------------------------------	----	---------------------------------

or as soon as possible during the RSV season

High-Risk Children 8-19 Months Entering 2nd RSV Season

200mg dose before RSV season	Nirsevimab** 100mg + Nirsevimab** 100mg
------------------------------	---

(Two 100mg syringes, same day, different sites, regardless of weight)

or as soon as possible during the RSV season

High-risk conditions include:

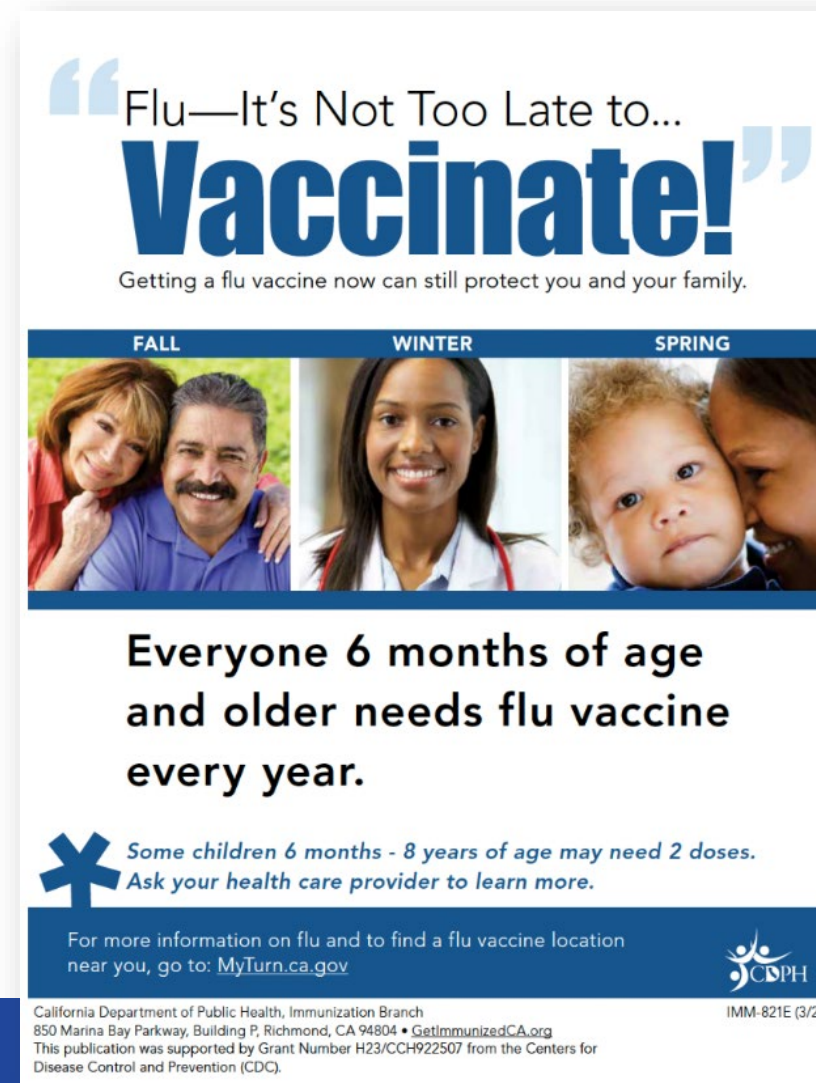
- **Chronic lung disease of prematurity that required medical support** (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) any time during the 6-month period before the start of the RSV season.
- **Cystic fibrosis with either:**
 1. Manifestations of severe lung disease (previous hospitalization for pulmonary exacerbation in the 1st year if life or abnormalities on chest imaging that persist when stable OR
 2. Weight-for-length <10th percentile
- **Severe immunocompromise**
- **American Indian or Alaskan Native children**

* In limited situations, an infant may be recommended to receive RSV immunization after prenatal vaccination.
** If nirsevimab is unavailable and the child is eligible to receive palivizumab, then palivizumab should be administered. If < 5 doses of palivizumab are administered and nirsevimab becomes available, the child should receive 1 dose of nirsevimab.

California Department of Public Health, Immunization Branch [EZIZ.org](#) IMM-1480 (10/23)

Resources for Patients

- [Flu and COVID-19 communication toolkit](#)
- [RSV communication toolkit](#)
- [It's Not Too Late to Vaccinate! flyer](#) (IMM-821ES)
- [Older Adults \(60+\) vaccines flyer](#) (IMM-1131) | [Spanish](#)



Vaccinating against COVID-19 and Influenza

Everyone 6 months and older should get updated COVID-19 and influenza vaccines this fall.

[Guess Who Needs Flu and COVID Vaccines \(IMM-782\) | CDPH](#)

Guess who needs flu and COVID vaccines?

YOU!

Everyone **6 months of age and older** needs COVID-19 and yearly flu vaccines. Staying up to date with both vaccines helps keep you and your family healthy. It is safe, effective, and convenient to get both vaccines at the same time.

Todas las personas **a partir de los 6 meses** de edad necesitan la vacuna contra el COVID-19 y la vacuna anual contra la influenza (gripe). Mantenerse al día con ambas vacunas ayuda a que usted y su familia se mantengan sanos. Es seguro, eficaz y conveniente recibir ambas vacunas al mismo tiempo.

This publication was supported by Grant Number H23/CCH922507 from the Centers for Disease Control and Prevention (CDC). IMM-782 (2/24)

Respiratory Virus Prevention

- Stay Up to Date on Vaccines
- Stay Home if You're Sick
- Test and Treat
- Consider Wearing a Mask
- Wash Your Hands
- Cover Your Cough or Sneeze

[Top Tips Poster \(available in multiple languages\)](#)
[Respiratory Virus Prevention \(CDPH\)](#)

6 Tips for Staying Healthy this Virus Season

Reduce your risk of catching and spreading respiratory viruses like flu, COVID-19 and RSV.

Stay Up to Date on Vaccines

Vaccines are the best protection against severe illness. Visit [MyTurn.ca.gov](https://myturn.ca.gov) to schedule your vaccines or contact your health care provider.

- **Flu and COVID-19 vaccines** are available for everyone 6 months and older.
- **RSV immunizations** are available for infants and some young children, pregnant people and adults 60 years and older.

Stay Home if You're Sick

Stay home and away from others if you have any symptoms of [flu](#), [COVID-19](#), or [RSV](#).

Test and Treat

[Test for COVID-19](#) and flu if you have symptoms. If you test positive, contact your health care provider and ask about prescription treatments. Act fast, most of these medications must be taken within the first 5 days of symptoms. Learn more about [COVID-19 treatments](#).

Consider Wearing a Mask

Consider [wearing a mask](#) in public indoor or crowded spaces especially if you or your family is at [higher-risk for severe illness](#).

Wash Your Hands

Wash your hands often, with soap and warm water, for at least 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.

Cover Your Cough or Sneeze

Cough or sneeze into your elbow, arm, or a disposable tissue. Make sure to wash your hands or sanitize and dispose of your tissue after.



Scan the QR code to see
interactive links on this flyer



November 2023 • © 2023, California Department of Public Health

Thank you!

presenter

Pia Pannaraj,
MD, MPH

Pediatric Infectious Disease Specialist
of California San Diego

President of California Immunization Coalition

University



What's new with the Flu +2?

Pia S. Pannaraj, MD, MPH
Professor of Pediatrics
Division of Infectious Diseases
UCSD and Rady Children's Hospital

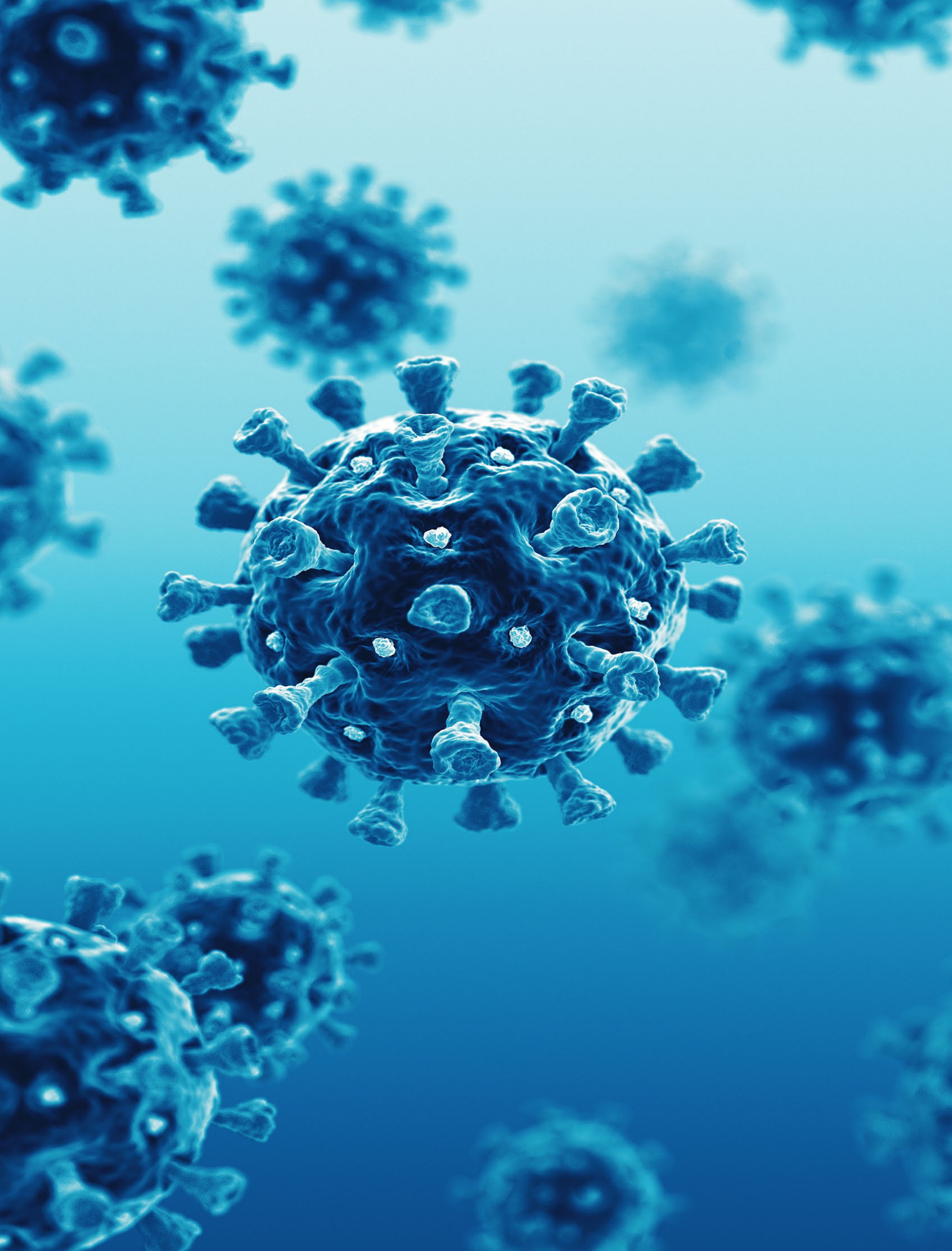
UC San Diego

Rady Children's Hospital-San Diego

 **pialab**
Pediatric Immunization
Advancement
www.pialab.org

Objectives

- Remind you about the continued COVID-19 disease burden, including long COVID
- Discuss maternal RSV vaccine vs. nirsevimab
- Review recommendations: Flu vaccine and egg allergy

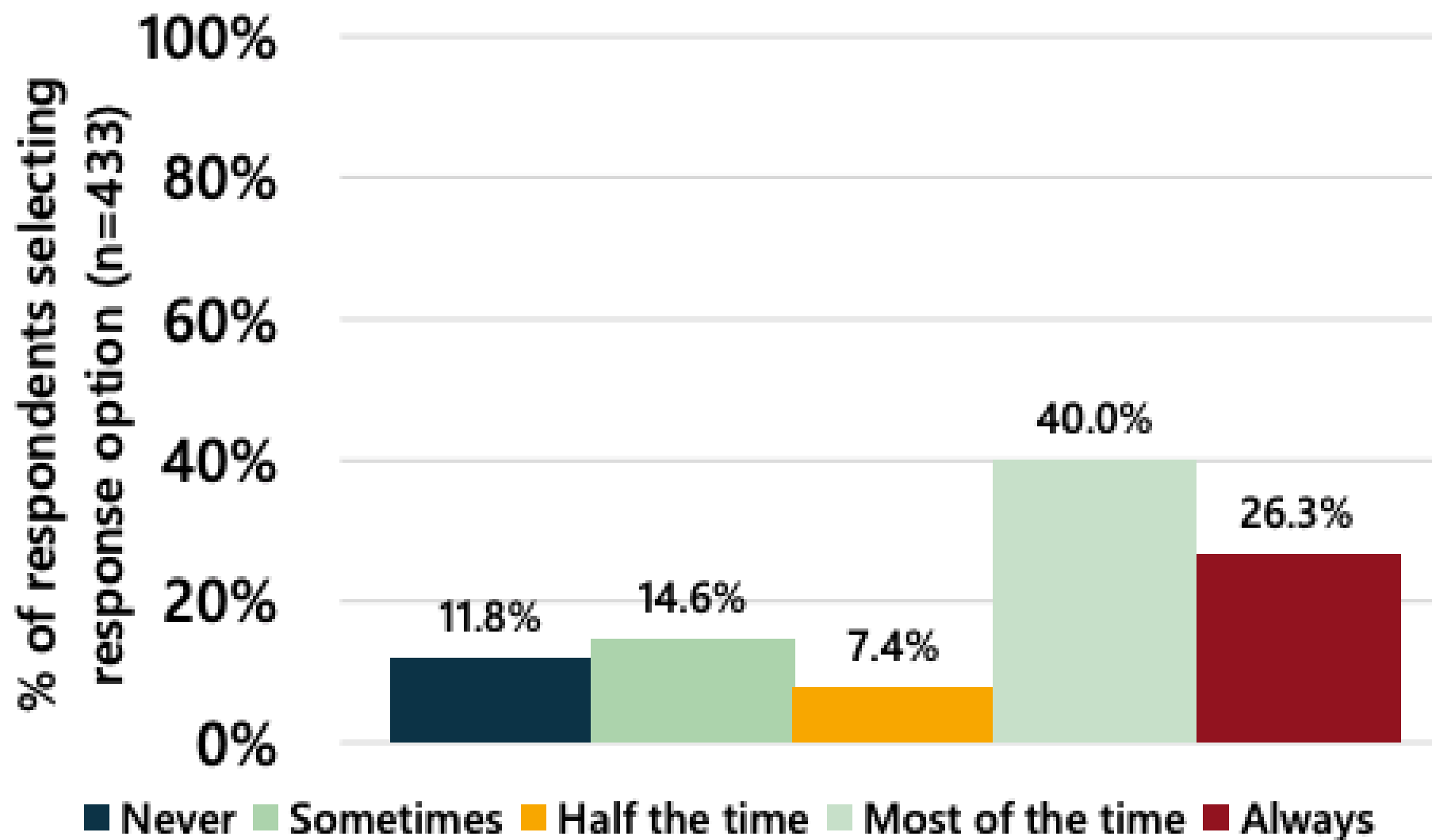


COVID-19

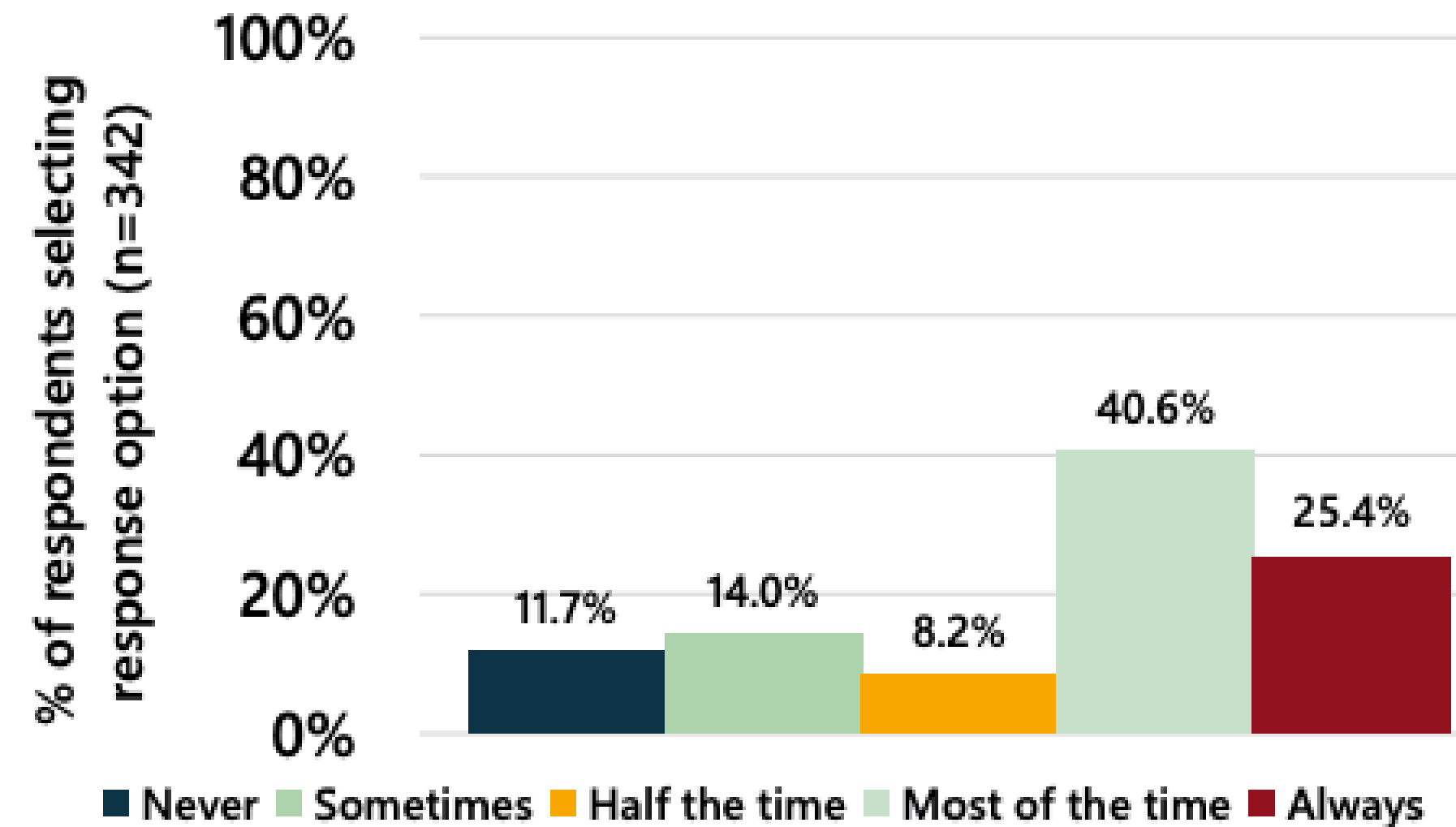
Frequency of recommending COVID-19 vaccination to eligible adult patients

Most providers reported recommending the COVID-19 vaccine to adults most of the time or always.

Adults ages 18–64 years



Adults ages 65 years and older

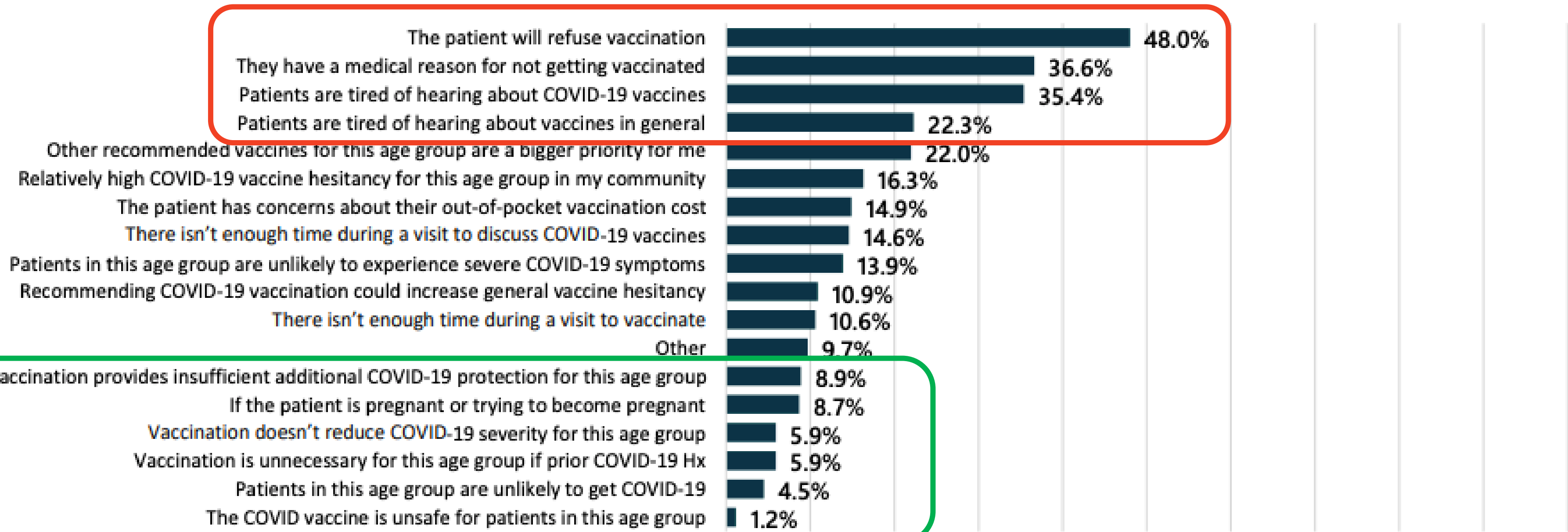


ACIP Meeting, June 2024

Reasons reported for NOT recommending COVID-19 vaccine to eligible adult patients (18–64 years)

% of respondents selecting response option (n=404)

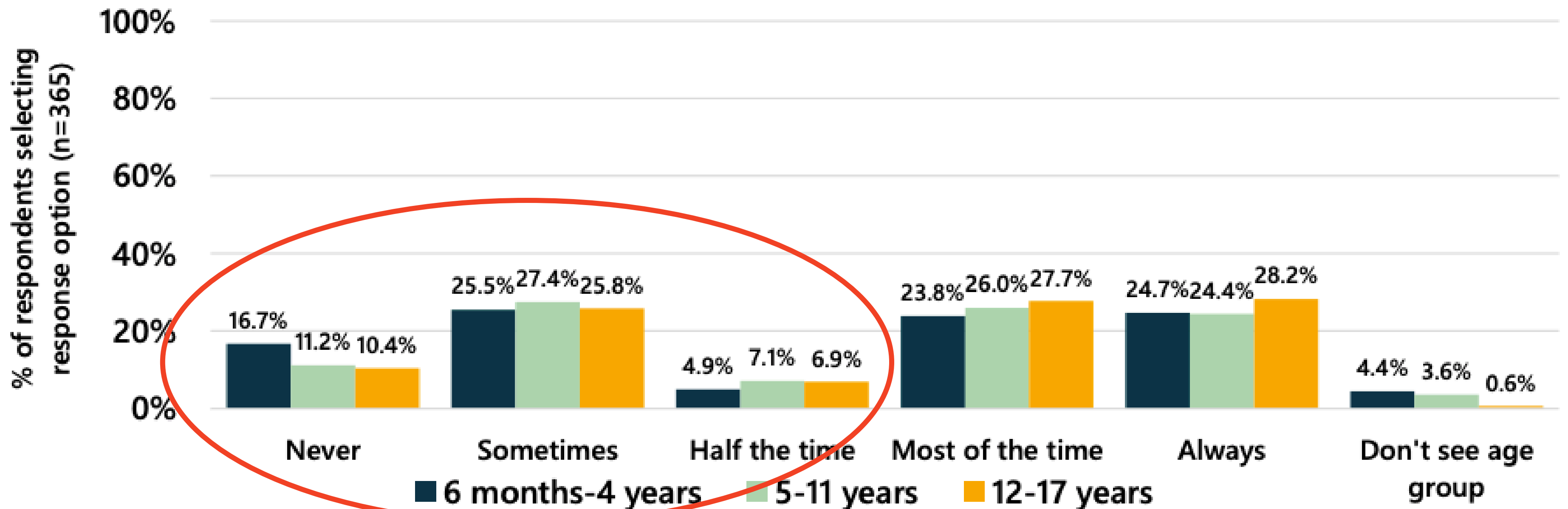
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%



ACIP Meeting, June 2024

Frequency of recommending on-site COVID-19 vaccination to eligible pediatric patients

Approximately the same proportion of providers reported recommending the vaccine sometimes, most of the time, and always.

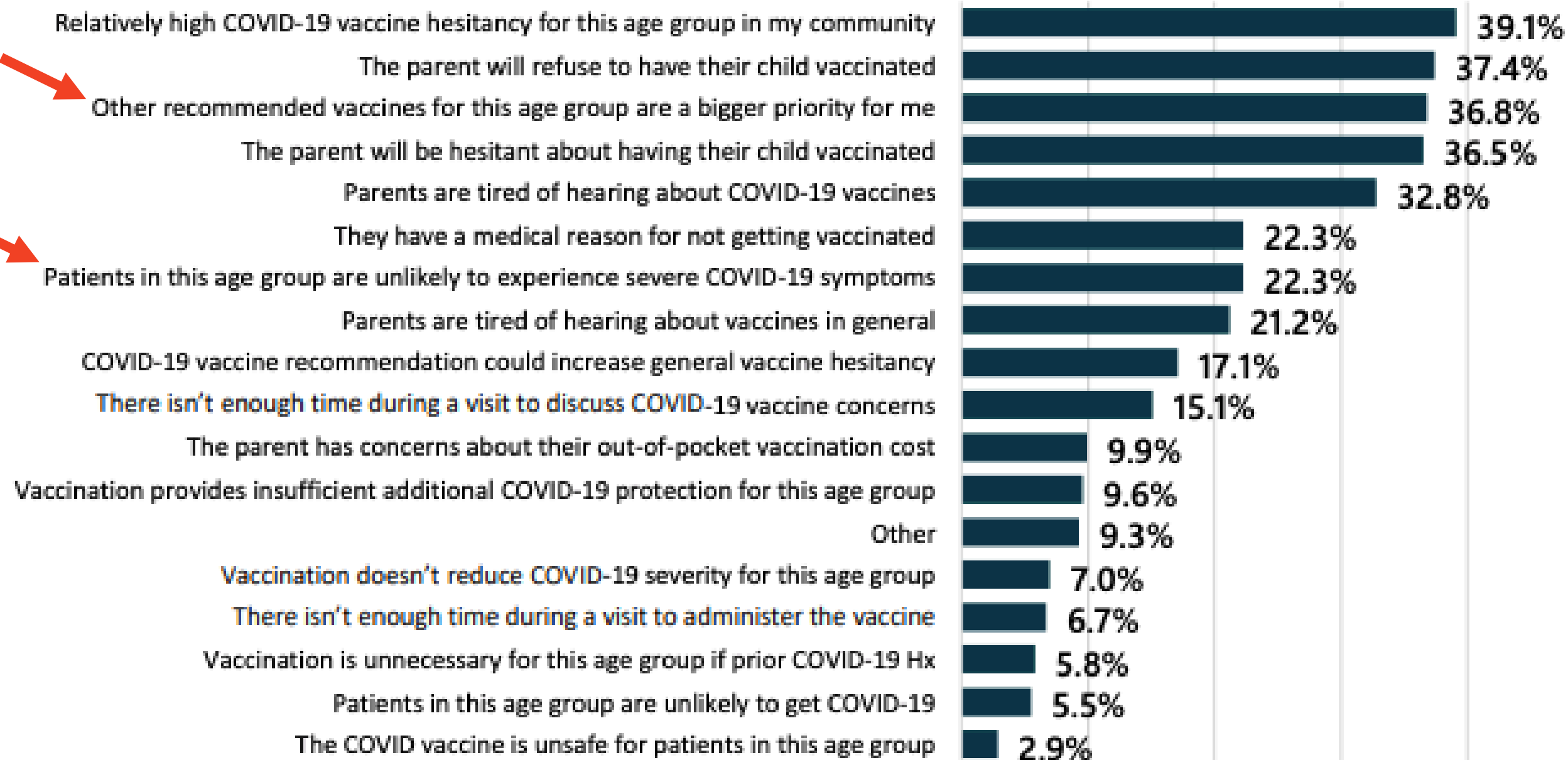


ACIP Meeting, June 2024

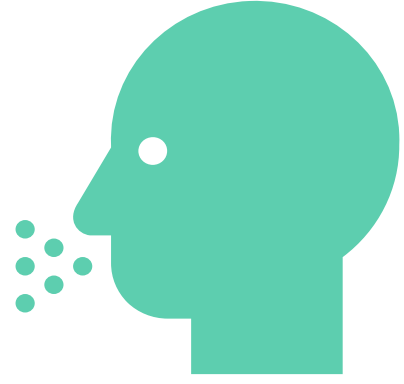
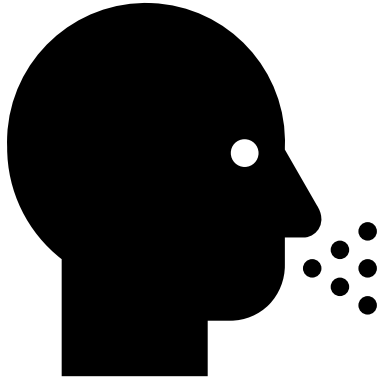
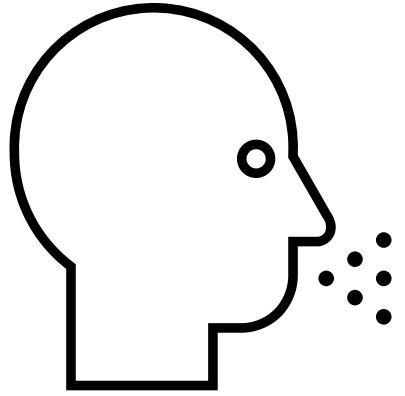
Reasons reported for NOT recommending COVID-19 vaccine to eligible pediatric patients

% of respondents selecting response option (n=345)

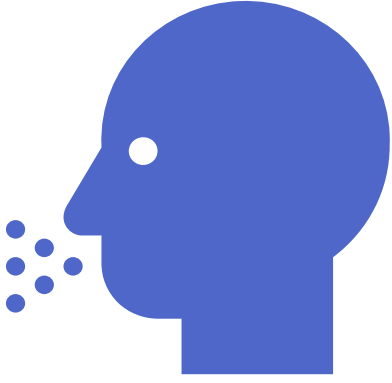
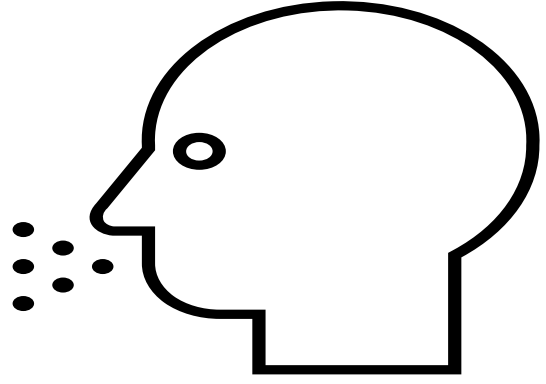
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%



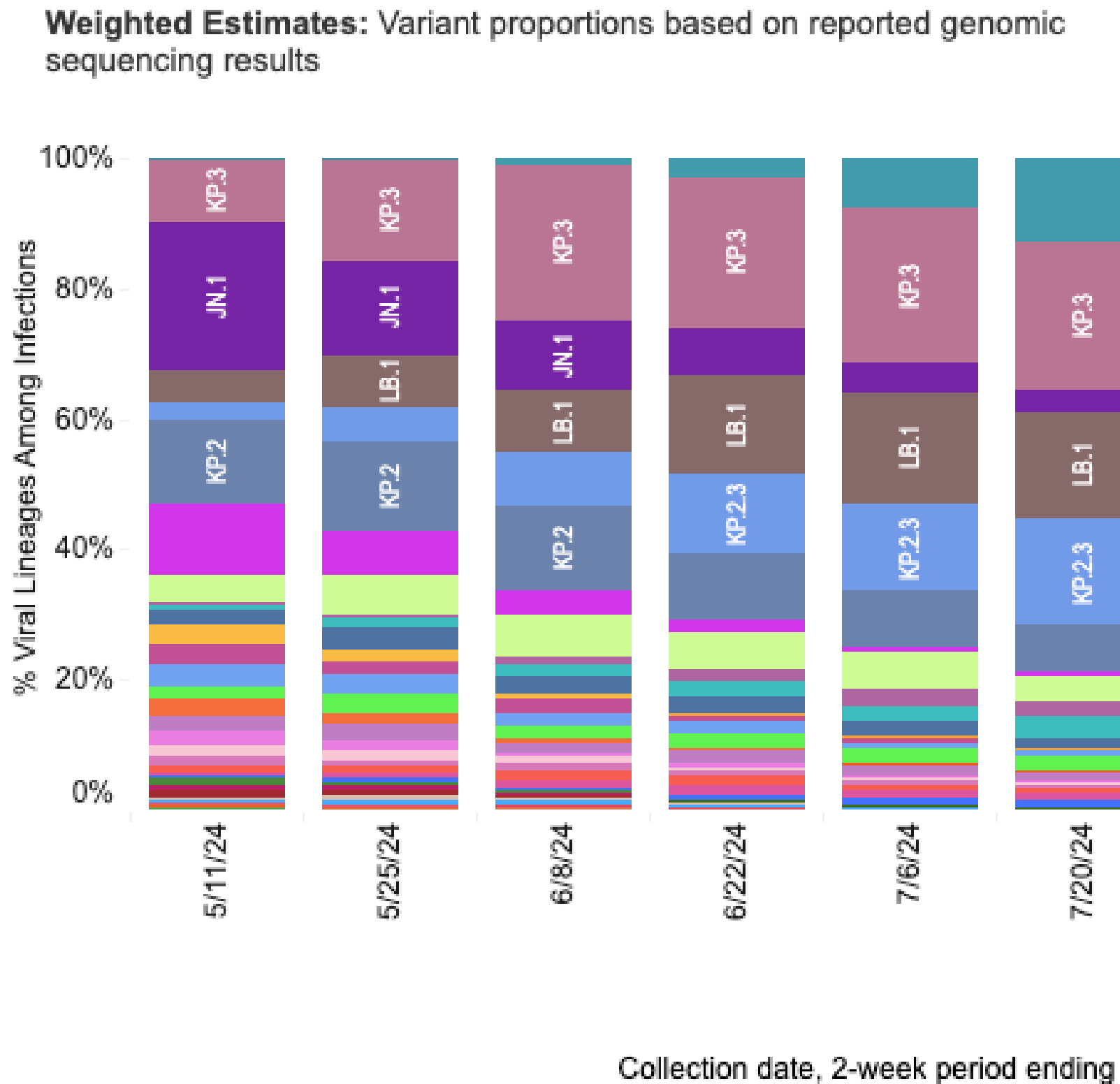
ACIP Meeting, June 2024



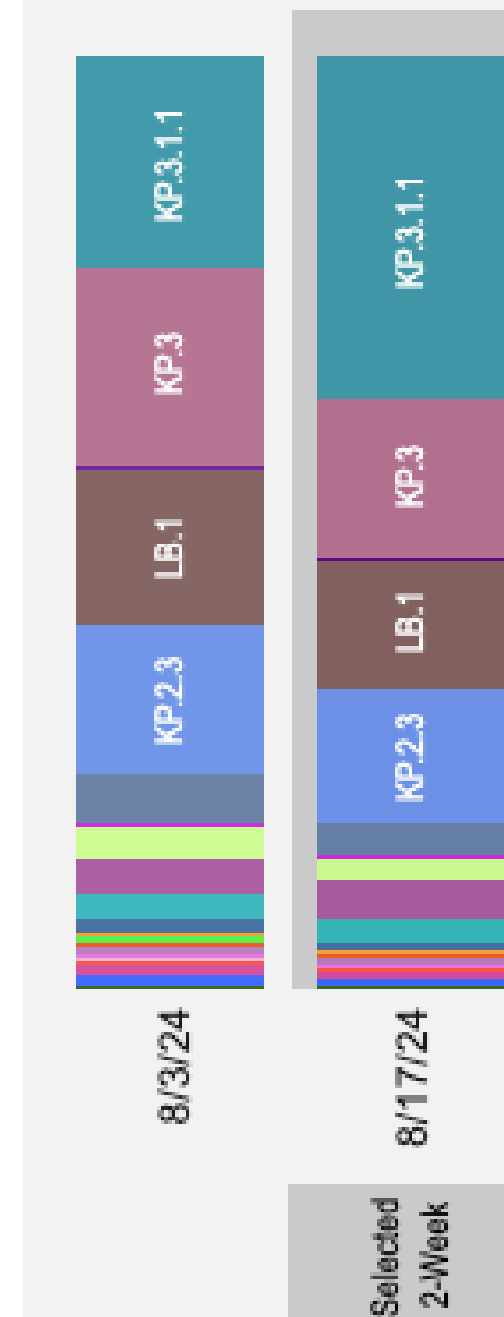
COVID is not gone!



Strains keep changing

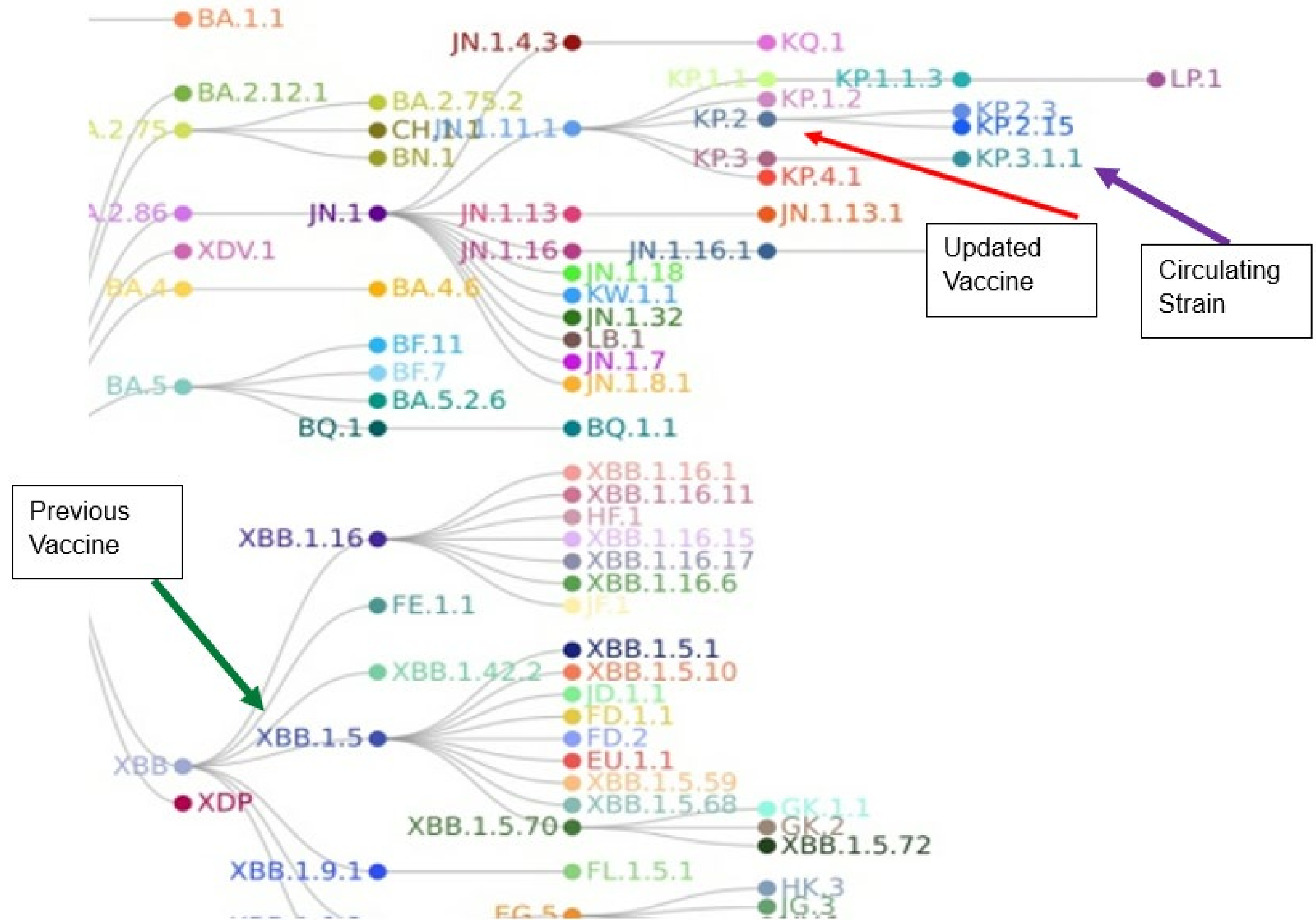


Nowcast:**
Model-based projected estimates of variant proportions

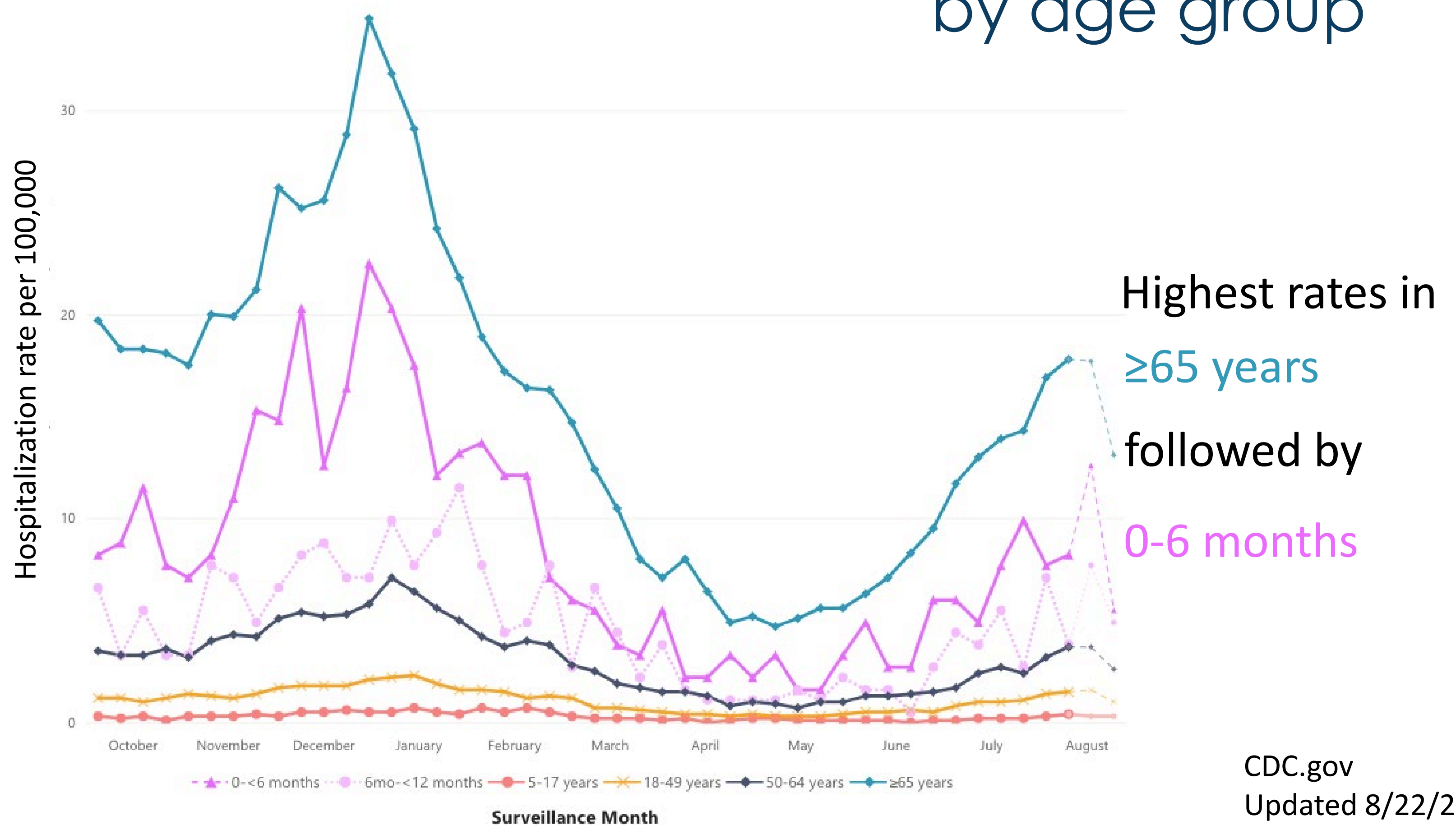


<https://covid.cdc.gov/covid-data-tracker/#variant-summary>

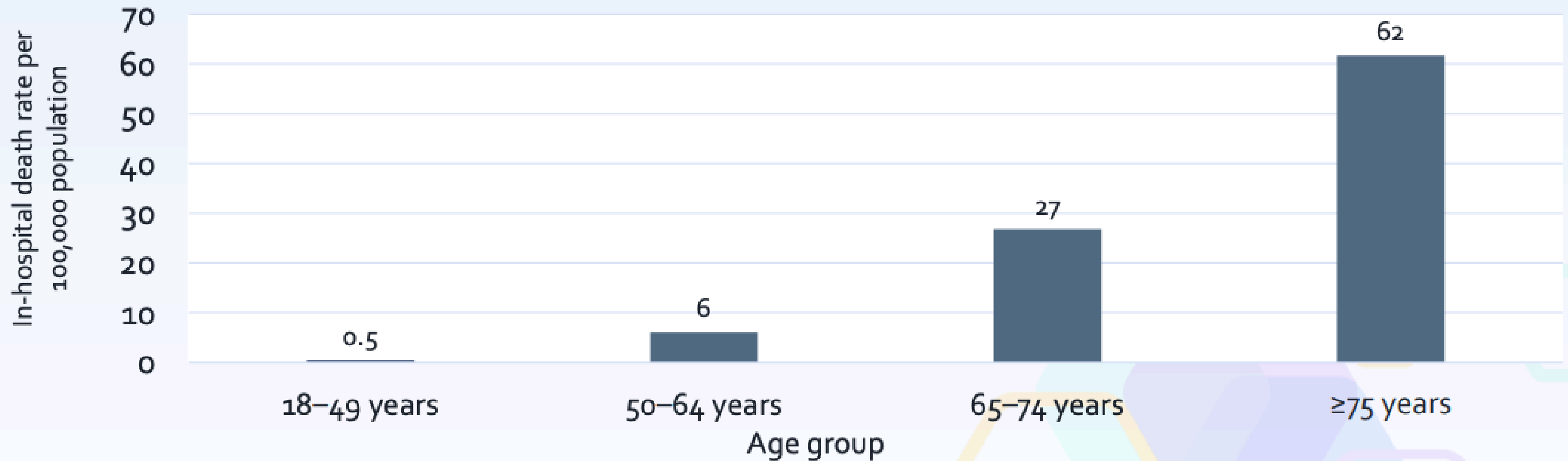
PANGO Lineages



Weekly rates of COVID-19 Hospitalizations by age group

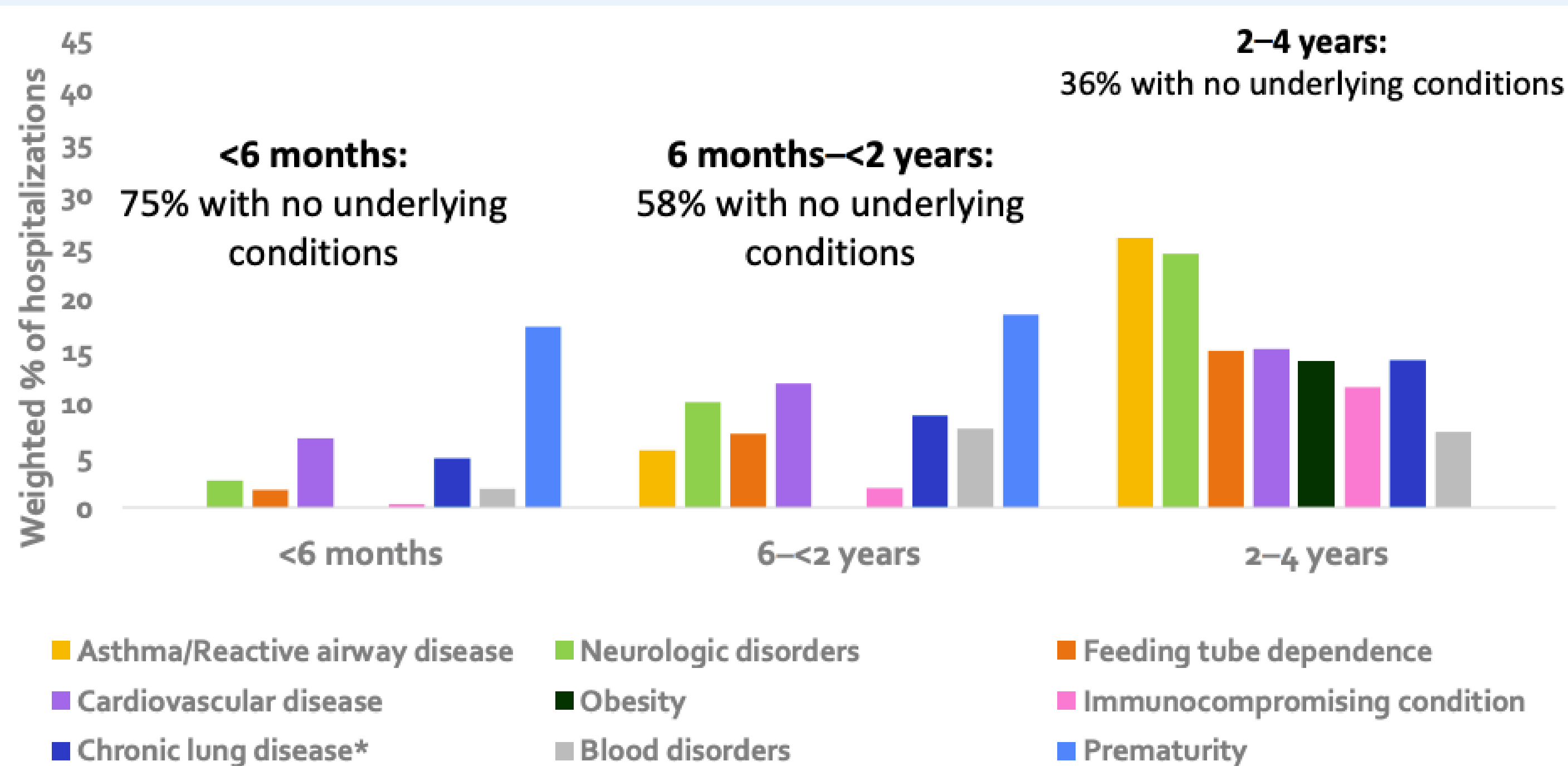


Cumulative In-Hospital Death Rate during COVID-19-Associated Hospitalization per 100,000 Population by Age Group — COVID-NET, October 2023–March 2024



Weighted percent of in-hospital deaths by age group	18–49 years	50–64 years	65–74 years	≥75 years
	3%	15%	32%	50%

Underlying Medical Conditions among Infants and Children Ages ≤4 Years with COVID-19-associated Hospitalization, by Age Group — COVID-NET, July 2023–March 2024



- **50%** of infants, children, and adolescents ages ≤17 years with COVID-19-associated hospitalization have **no underlying medical conditions.**

ACIP Meeting, June 2024

Data are limited to hospitalizations where COVID-19 is a likely primary reason for admission.

* Not including not asthma or reactive airway disease. Among children <2 years old, chronic lung disease includes bronchopulmonary dysplasia and chronic lung disease of prematurity.

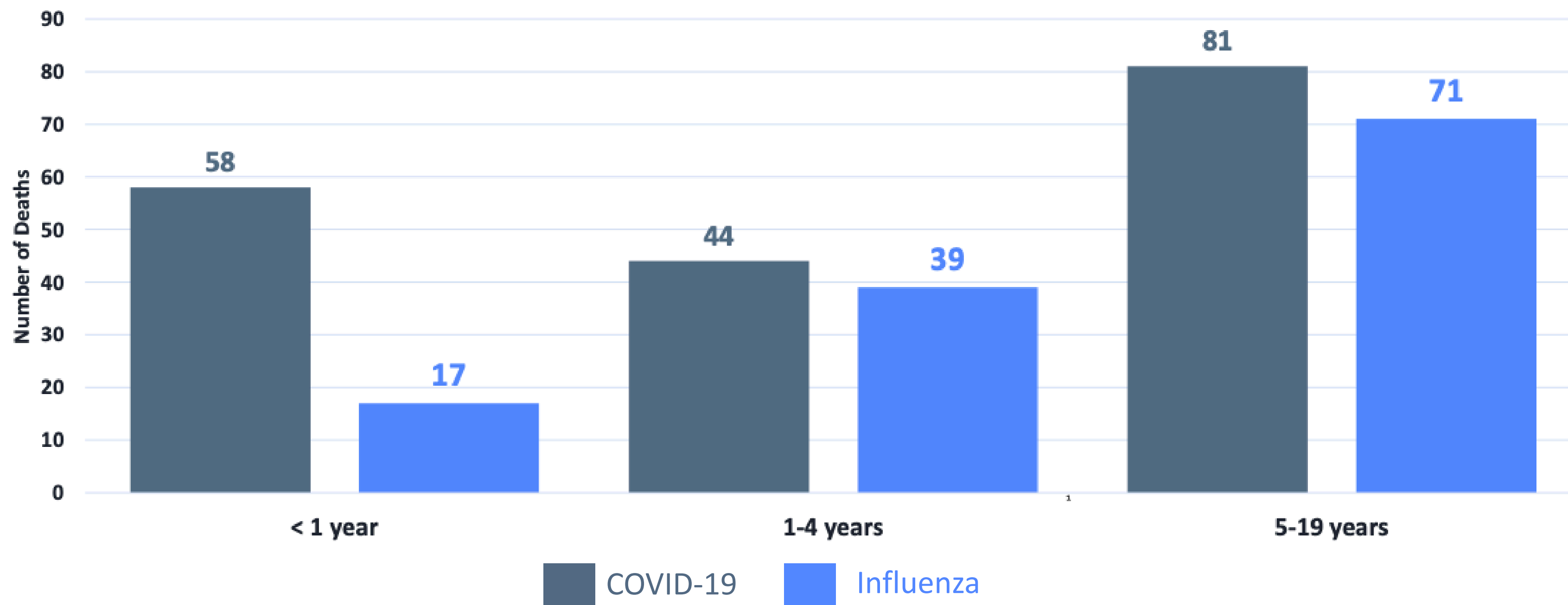
Underlying Medical Conditions among Patients Admitted to ICU among Children and Adolescents Ages ≤ 17 Years with COVID-19-associated Hospitalization, July 2023–March 2024

Age category	Among all hospitalized children, % with no underlying conditions	Among those admitted to ICU, % with no underlying conditions (n=363)	Among those with no underlying conditions, what % were admitted to ICU? (n=791)
<6 months	75%	56%	18%
6–23 months	58%	52%	17%
2–4 years	32%	28%	20%
5–11 years	16%	4%	5%
12–17 years	18%	19%	28%
Overall ≤ 17 Years	50%	40%	18%

Hospitalizations are limited to those with COVID-19 as a likely primary reason for admission.

ACIP Meeting, June 2024

Total number of COVID-19 and Influenza-associated deaths^{1,2} in 2023, by age group, United States



¹ Provisional data

² Underlying cause of death

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Multiple Cause of Death Files, 2018-2022, and from provisional data for years 2023-2024, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Number of deaths includes influenza codes (J09-J11) or COVID-19 code (U07.1) as the underlying cause of death. Accessed at <http://wonder.cdc.gov/mcd-icd10-provisional.html> on June 5, 2024

Note: Estimates of pediatric influenza deaths reported to CDC can be found here: <https://www.cdc.gov/flu/weekly/index.htm>. Estimates will vary due to differences in reporting methods and timeframes used.

ACIP Meeting, June 2024

Other pediatric vaccine preventable diseases: Annual hospitalizations per 100,000 population prior to vaccine recommendation compared to COVID-19

	Hepatitis A ¹	Varicella ² (Chickenpox)	Vaccine-type Invasive Pneumococcal Disease ³	COVID-19 ⁴	
Age	5–14 years	0–4 years	0–4 years	6 months–<18 years	
Time period	2005	1993–1995	1998–1999	2022–2023	2023–2024
Hospitalization Burden (Annual rate per 100,000 population)	<1	29-42	40 ⁵	6 months– 4 years: 74 5–11 years: 17 12–17 years: 24	6 months– 4 years: 50 5–11 years: 10 12–17 years: 13

¹ <https://www.cdc.gov/mmwr/preview/mmwrhtml/ss5603a1.htm>

² Davis MM, Patel MS, Gebremariam A. Decline in varicella-related hospitalizations and expenditures for children and adults after introduction of varicella vaccine in the United States. *Pediatrics*. 2004;114(3):786-792. doi:10.1542/peds.2004-0012

³ Centers for Disease Control and Prevention (CDC). Direct and indirect effects of routine vaccination of children with 7-valent pneumococcal conjugate vaccine on incidence of invasive pneumococcal disease--United States, 1998-2003. *MMWR Morb Mortal Wkly Rep*. 2005 Sep 16;54(36):893-7. PMID: 16163262.

⁴ COVID-NET data October 2022 – September 2023 and October 2023 – May 2024. COVID-19 rates have not been adjusted for reason for admission. COVID vaccine first introduced in 12-17 years in May 2021; in 5-11 years in November 2021 and in 6 months – 4 years in June 2022

⁵ Vaccine-type invasive pneumococcal disease annual rate for children <5 years in 1998-1999 was 80 per 100,000, of which about 50% were hospitalized.

Pediatric vaccine preventable diseases: Deaths per year in the United States prior to vaccine recommendation compared to COVID-19

	Hepatitis A ¹	Meningococcal (ACWY) ²	Varicella ³	Rubella ⁴	Rotavirus ⁵	COVID-19 ⁶
Age	<20 years	11–18 years	5–9 years	All ages	<5 years	6 months–19 years
Time period	1990–1995	2000–2004	1990–1994	1966–1968	1985–1991	2023
Average deaths per year	3	8	16	17	20	1–4 years: 44 5–19 years: 81

¹Vogt TM , Wise ME, Bell BP, Finelli L. Declining hepatitis A mortality in the United States during the era of hepatitis A vaccination. J Infect Dis 2008; 197:1282–8.

²National Notifiable Diseases Surveillance System with additional serogroup and outcome data from Enhanced Meningococcal Disease Surveillance for 2015-2019.

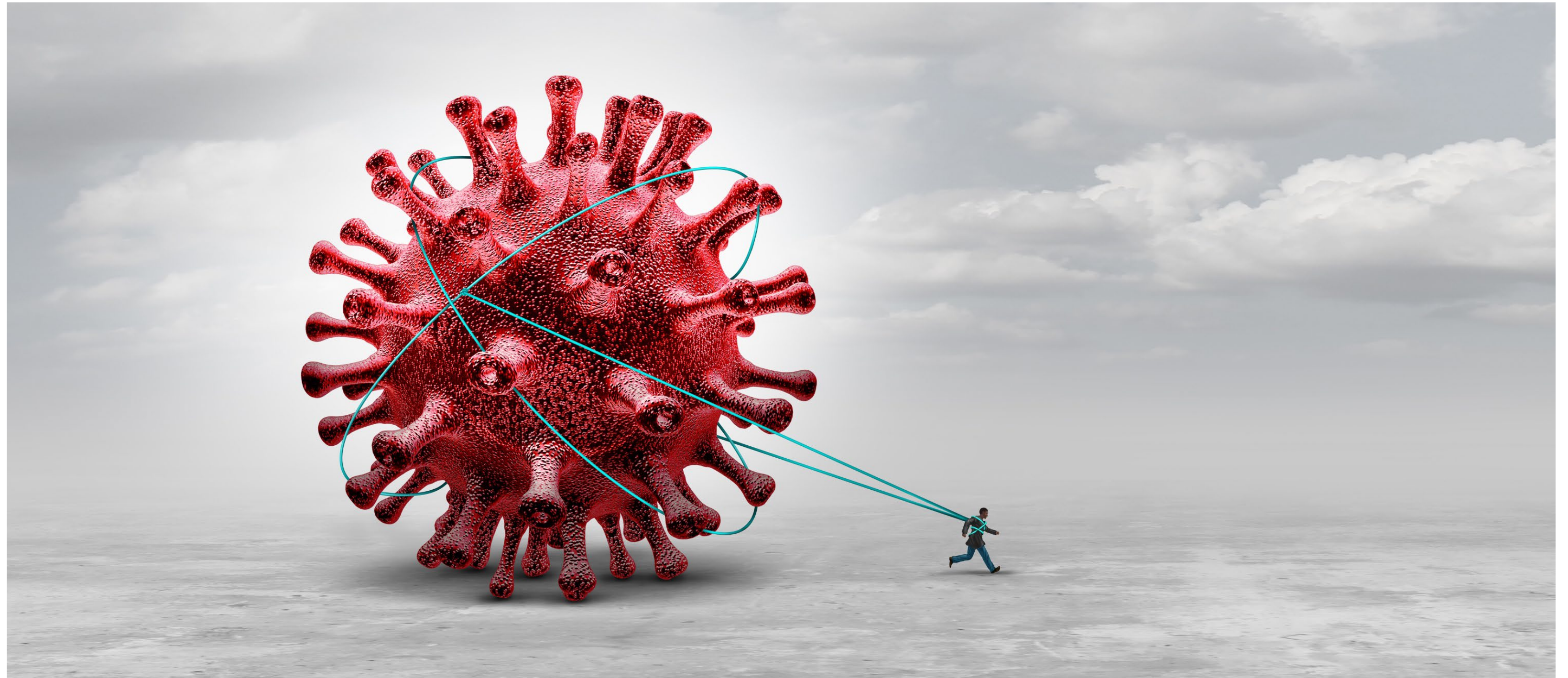
³Meyer PA, Seward JF, Jumaan AO, Wharton M. Varicella mortality: trends before vaccine licensure in the United States, 1970-1994. J Infect Dis. 2000;182(2):383-390. doi:10.1086/315714

⁴Roush SW , Murphy TV; Historical comparisons of morbidity and mortality for vaccine-preventable diseases in the United States. JAMA 2007; 298:2155–63.

⁵Glass RI, Kilgore PE, Holman RC, et al. The epidemiology of rotavirus diarrhea in the United States: surveillance and estimates of disease burden. J Infect Dis. 1996 Sep;174 Suppl 1:S5-11

⁶<http://wonder.cdc.gov/mcd-icd10-provisional.html> on May 14 2024 . COVID vaccine first introduced in 12-17 years in May 2021; in 5-11 years in November 2021 and in 6 months – 4 years in June 2022

Long COVID



Credit: Getty Images (stock image)

Approximately
1 in 5 adults
ages 18+ have a
health condition
that might be related to
their previous COVID-19
illness, such as:

Neurologic and
mental health conditions*

Kidney failure

Musculoskeletal
conditions

Cardiovascular
conditions

Respiratory
conditions

Blood clots
and vascular issues



**Talk to your health care provider
if you have symptoms after COVID-19**



bit.ly/MMWR7121

MAY 24, 2022

* Adults aged 65 and older at increased risk

MMWR

Long COVID in adults

- Affects 10-35% of unvaccinated people
 - 71% had symptoms ≥ 1 year
 - 51% for ≥ 2 years
 - 31% for ≥ 3 years
- 2-4 million people in US still unable to work secondary to Long COVID
- 3 doses of vaccine reduces the risk of long COVID by 69%

Long COVID in Children

- Affects 10-20% of children
- mis/underdiagnosed



Most common symptoms in **Children**

Symptoms	%
Headache	57
Trouble with memory / focus / sleeping	44
Abdominal pain	43

Most common symptoms in **Adolescents**


Symptoms	%
Daytime tiredness / sleepiness / low energy	80
Body / muscle / joint pain	60
Headaches	55
Trouble with memory / focus	47

COVID-19 remains a problem

- COVID-19-associated hospitalizations and deaths occur all year around, but peaked in winter and summer
- COVID-19-associated hospitalizations and deaths are highest in adults aged 75 and older
- More pediatric hospitalizations and deaths occur each year associated with COVID-19 than other select vaccine preventable diseases at the time those recommendations were made for children in the United States
 - Among children hospitalized for COVID-19, 50% had no underlying medical conditions
 - Of those, 18% were admitted to the ICU
- Racial and ethnic differences in COVID-19 hospitalization rates persist

Influenza

People with
egg allergy
can get the
flu vaccine

A decorative graphic on the right side of the slide features several white eggs scattered across a bright yellow background. The eggs are positioned in the upper right and lower right corners, with some partially cut off by the edge of the frame.

Influenza

- ACIP recommends that all persons aged ≥ 6 months with egg allergy should receive influenza vaccine
- Any influenza vaccine (egg based or non-egg based) that is otherwise appropriate for the recipient's age and health status can be used
- Egg allergy alone necessitates no additional safety measures for influenza vaccination beyond those recommended for any recipient of any vaccine, regardless of severity of previous reaction to egg

RSV



RSV

- Either maternal RSVpreF vaccination during pregnancy or nirsevimab administration to the infant is recommended to prevent RSV-associated LRTI in infants, but both are not needed for most infants.



OR



Maternal vaccination vs. nirsevimab

Maternal RSVpreF vaccination

Advantages

- Provides protection immediately after birth
- Might be more resistant to potential mutations in F protein*

Disadvantages

- Protection potentially reduced if fewer antibodies are produced or are transferred from pregnant person to baby (e.g., pregnant person is immunocompromised or infant born soon after vaccination)
- Potential risk for preterm birth and hypertensive disorders of pregnancy

Infant Nirsevimab

Advantages

- Studies of antibody levels suggest that protection might wane more slowly than protection from the maternal RSV vaccine
- Assures direct receipt of antibodies rather than relying on transplacental transfer
- No risk for adverse pregnancy outcomes

Disadvantages

- Limited availability during 2023–24 RSV season
- Requires infant injection



EMERGING CONVERSATION

Delivering Protection:
Maternal Vaccinations for RSV in
Pharmacy and Obstetric Practice

Tuesday
10th
September
@ **12 Noon**

FEATURING



Richard Dang, Pharm.D., APh, FCPHA
Assistant Professor of Clinical Pharmacy,
Alfred E. Mann School of Pharmacy and
Pharmaceutical Sciences, USC



Neil Silverman, MD
Professor of Clinical Obstetrics and
Gynecology, David Geffen School of
Medicine, UCLA

Register today!



<https://www.immunizeca.org/emerging-conversations/>

Thank you

UC San Diego

Rady Children's Hospital-San Diego



Pediatric Immunization
Advancement
www.pialab.org



2023-2024
state-purchased
influenza vaccines
program recognitions

AWARDEES FOR OUTSTANDING PERFORMANCE
IN THE 2023-2024
STATE-PURCHASED INFLUENZA VACCINE PROGRAM

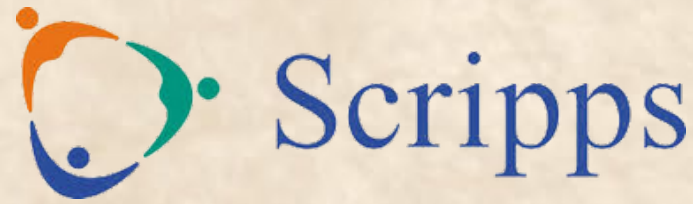
**National City
Fire Department
Station 34**

AWARDEES FOR OUTSTANDING PERFORMANCE
IN THE 2023-2024
STATE-PURCHASED INFLUENZA VACCINE PROGRAM

San Diego Family Care

AWARDEES FOR OUTSTANDING PERFORMANCE
IN THE 2023-2024
STATE-PURCHASED INFLUENZA VACCINE PROGRAM

**Vista Community
Clinic**



Thank you!

2023-2024

State-Purchased Influenza Vaccine Program Partners



STUDENT HEALTH & COUNSELING SERVICES (SHCS)



LA MAESTRA COMMUNITY HEALTH CENTERS
City Heights • Hillcrest • National City • Lemon Grove



BREAK

Ret u r n a t 2:30

presenter

Danelle Wallace, MPH

Senior Epidemiologist
Epidemiology and Immunization Services Branch,
Public Health Services



2023-2024 San Diego County Respiratory Virus Surveillance



Danelle Wallace, MPH

Senior Epidemiologist

Epidemiology and Immunization Services Branch

County of San Diego Health and Human Services Branch

[SANDIEGOCOUNTY.GOV/HHSA](https://www.sandiegocounty.gov/hhsa)



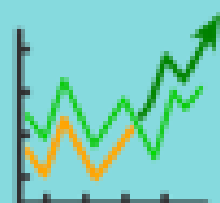


Respiratory Virus Surveillance

5 Reasons Surveillance Matters

- 1. To measure population impact**
- 2. To identify outbreaks and severe illness trends**
- 3. To identify novel influenza/COVID-19 strains**
- 4. To assess match of circulating strains to vaccines**
- 5. To provide surveillance data to stakeholders**

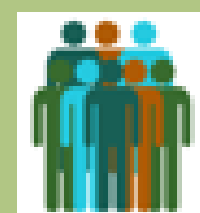
Surveillance Activities



**Syndromic
Surveillance**



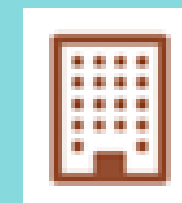
**Laboratory
Testing**



**Outbreak
Detection**



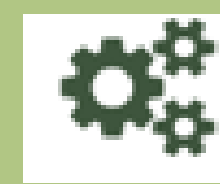
**Media
Requests**



**Sentinel
Sites**



**Case Reporting
and
Data Collection**



**Data
Analysis**



**Preparing
Reports**

Respiratory Viruses in the News – 2023/2024




HEALTH Respiratory illness [Add Topic +](#)

What are Americans catching this winter? It's not just flu and COVID-19 anymore.

 **Adrianna Rodriguez**
USA TODAY

Published 6:03 a.m. ET Dec. 28, 2023 | Updated 11:55 a.m. ET Dec. 28, 2023

 Bird flu cases are going undetected, new study suggests. It's a problem for all of us.

Los Angeles Times
CALIFORNIA

California COVID surge is surprisingly stronger, longer-lasting than experts had expected

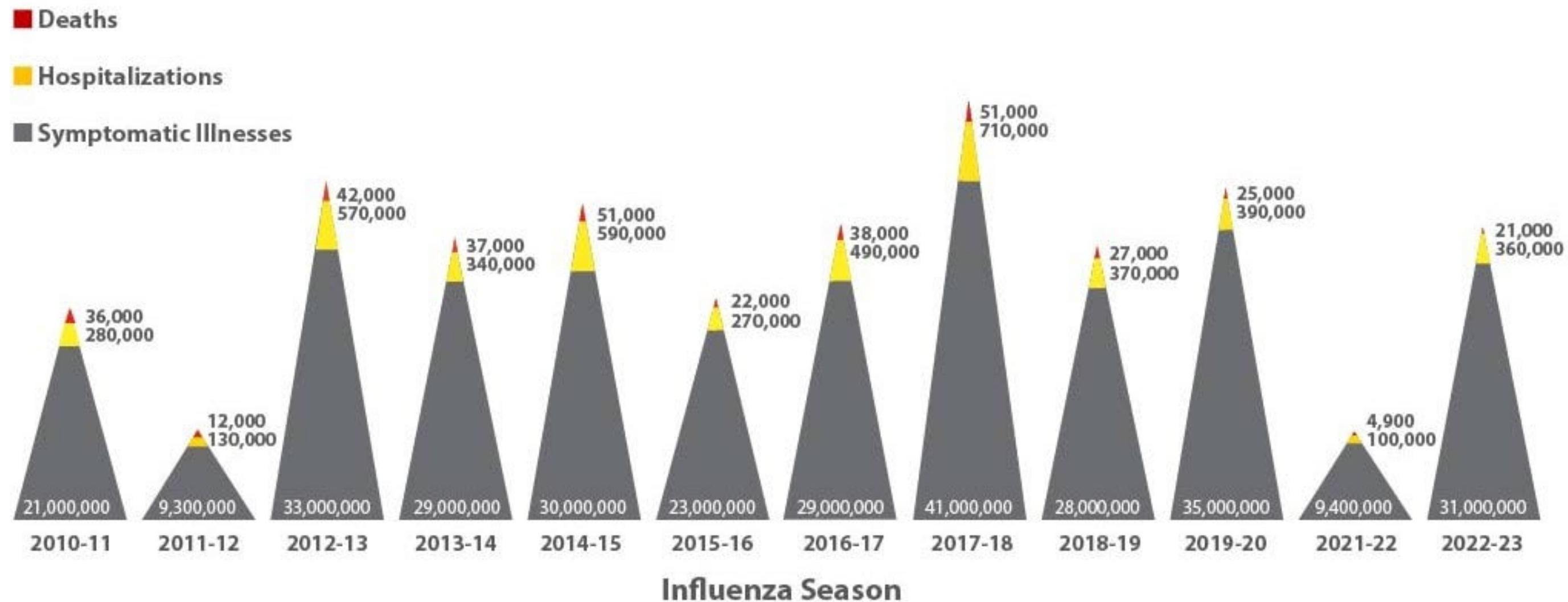


LIVE WELL
SAN DIEGO

Influenza

Influenza Burden Over Time

Estimated Influenza Disease Burden, by Season
United States, 2010-11 through 2022-23 Influenza Seasons



Preliminary Results

Data Source: Centers for Disease Control and Prevention (CDC)

Prepared by County of San Diego, Health & Human Services Agency, Public Health Services, Epidemiology and Immunization Services Branch



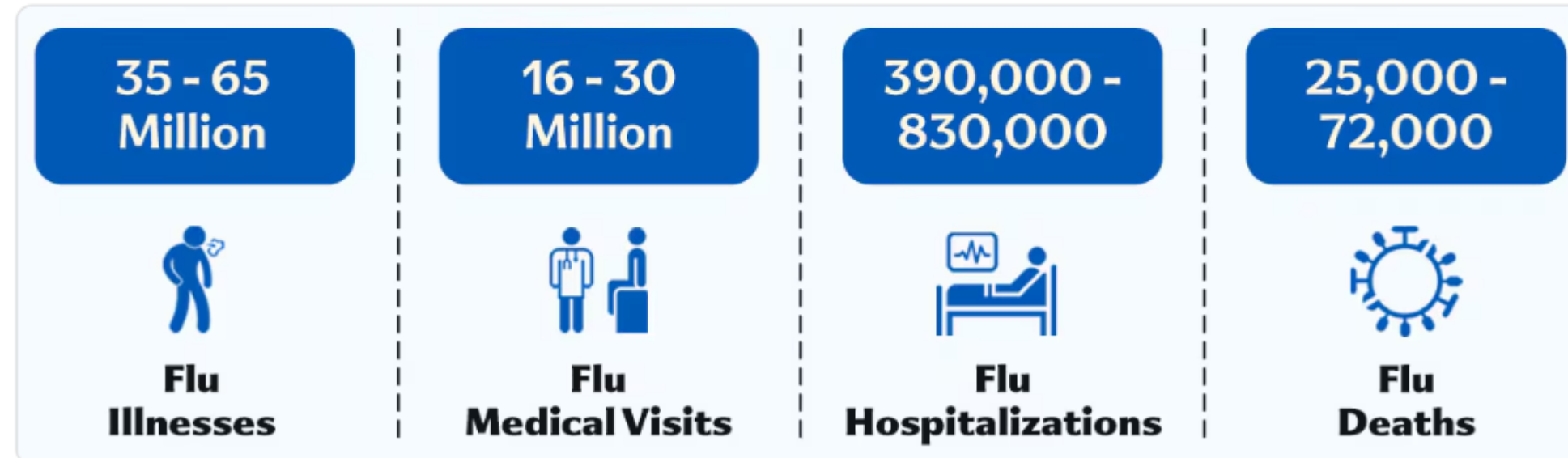
Influenza Burden

2023-2024 U.S. Flu Season: Preliminary In-Season Burden Estimates



Preliminary 2023–2024 U.S. Flu In-Season Disease Burden Estimates

CDC estimates* that, from October 1, 2023, through June 15, 2024, there have been:



*Based on data from October 1, 2023, through June 15, 2024.

Preliminary Results

Data Source: Centers for Disease Control and Prevention (CDC)

Prepared by County of San Diego, Health & Human Services Agency, Public Health Services, Epidemiology and Immunization Services Branch

2023-2024 Influenza Season Summary



TOTAL REPORTED INFLUENZA CASES

N=19,035

60

Deaths

32

Outbreaks

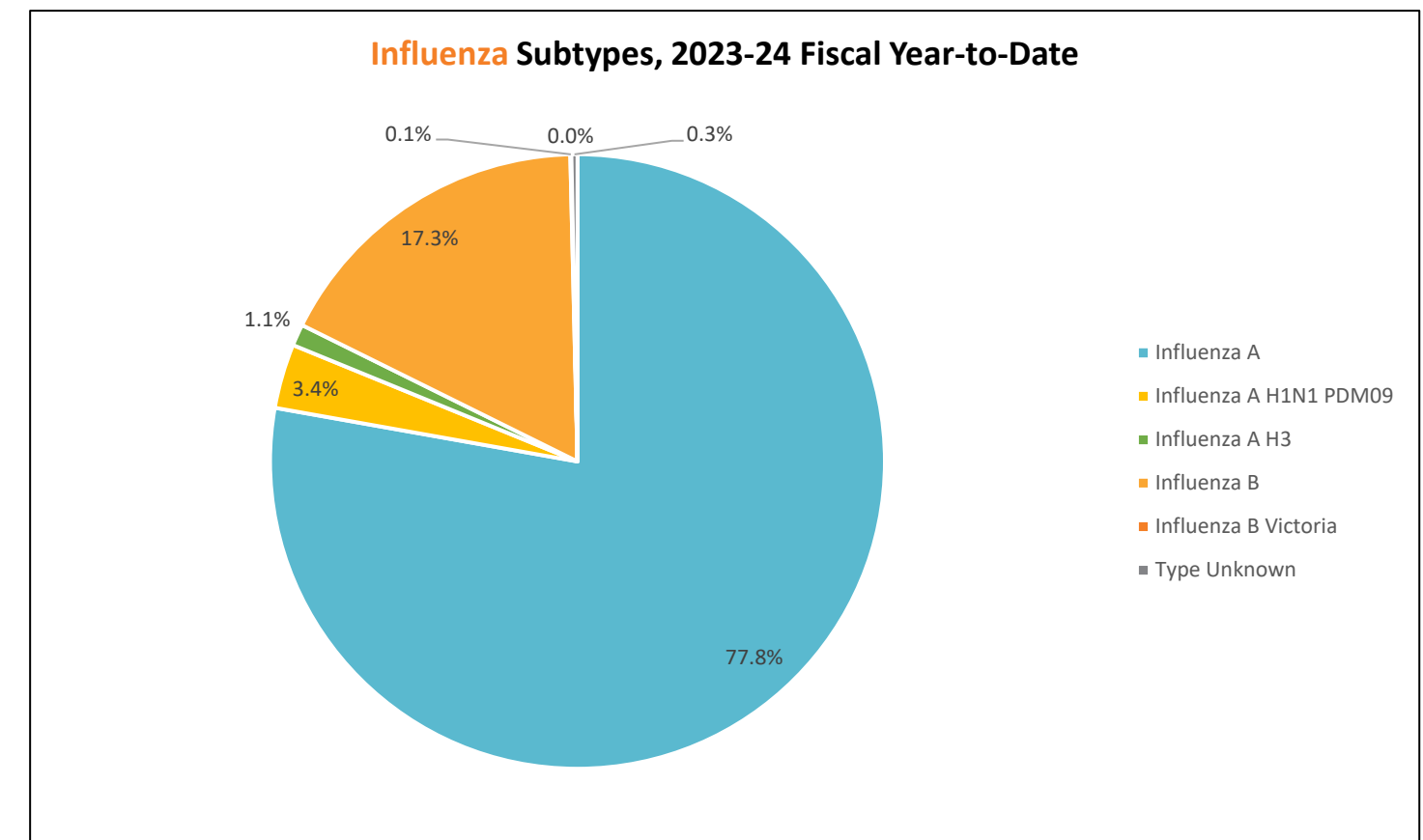
Surveillance Indicator	2023-24 Season	2022-23 Season	Prior 5-Season Average*
All influenza detections reported (rapid or PCR)	19,035	21,711	11,426
Number of influenza-related outbreaks reported [∞]	32	25	22
Number of influenza-related deaths reported [^]	60	44	48

*Includes FYs 2018-19, 2019-20, 2020-21, 2021-22, and 2022-23. Influenza season is July 1 – June 30, Weeks 27-26.

[∞]At least one case of laboratory-confirmed influenza in a setting experiencing two or more cases of influenza like illness (ILI) within a 72-hour period.

Total confirmed influenza outbreaks in prior seasons: 25 in 2018-19, 61 in 2019-20, 0 in 2020-21, 1 in 2021-22, and 25 in 2022-23.

[^]Current FY deaths are shown by week of report; by week of death for prior FYs. Total deaths reported in prior seasons: 77 in 2018-19, 108 in 2019-20, 2 in 2020-21, 8 in 2021-22, and 44 in 2022-23..

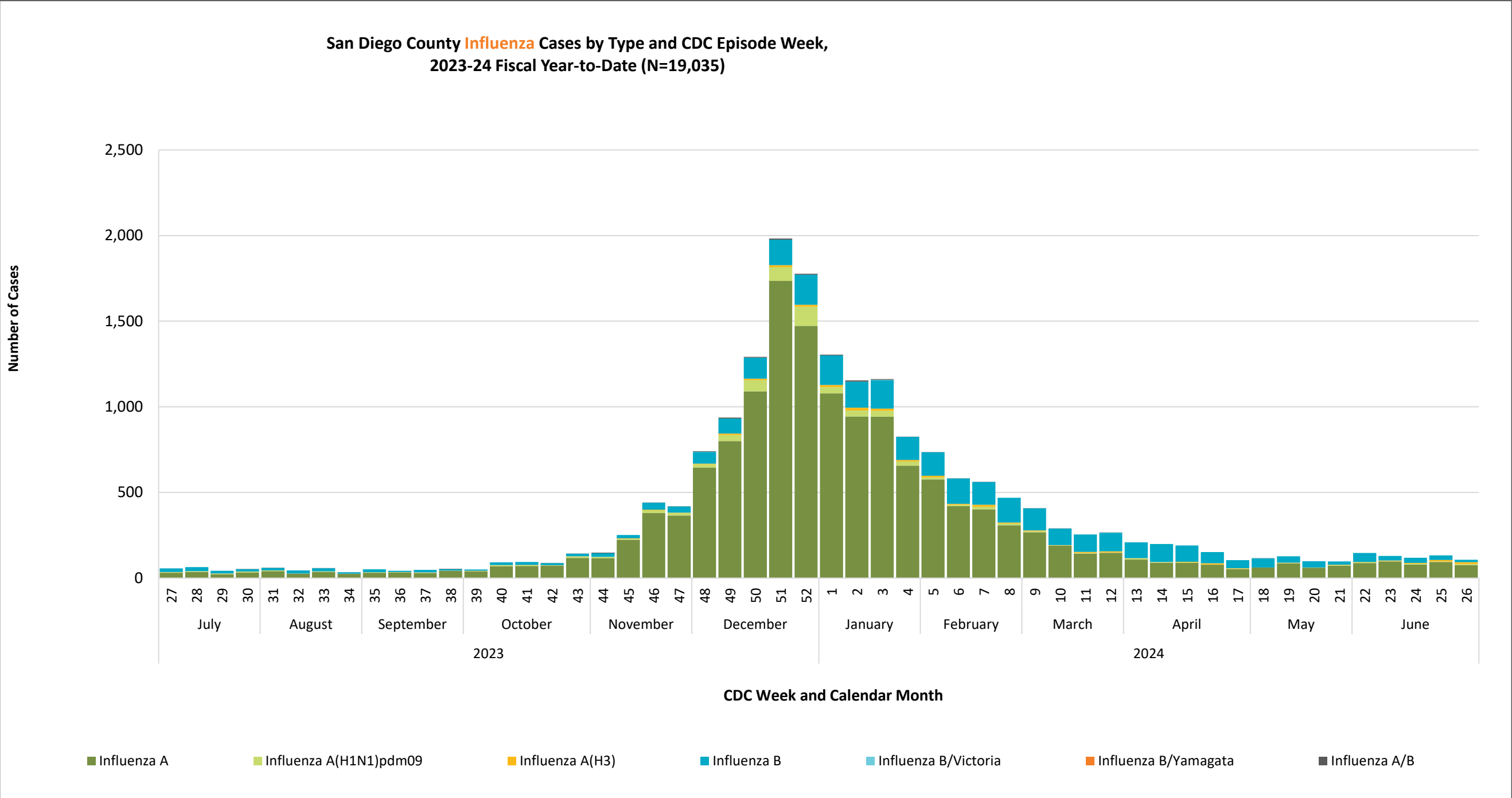


Preliminary Results

Data Source: San Diego County Communicable Disease Registry; Data through 6/29/2024

Prepared by County of San Diego, Health & Human Services Agency, Public Health Services, Epidemiology and Immunization Services Branch

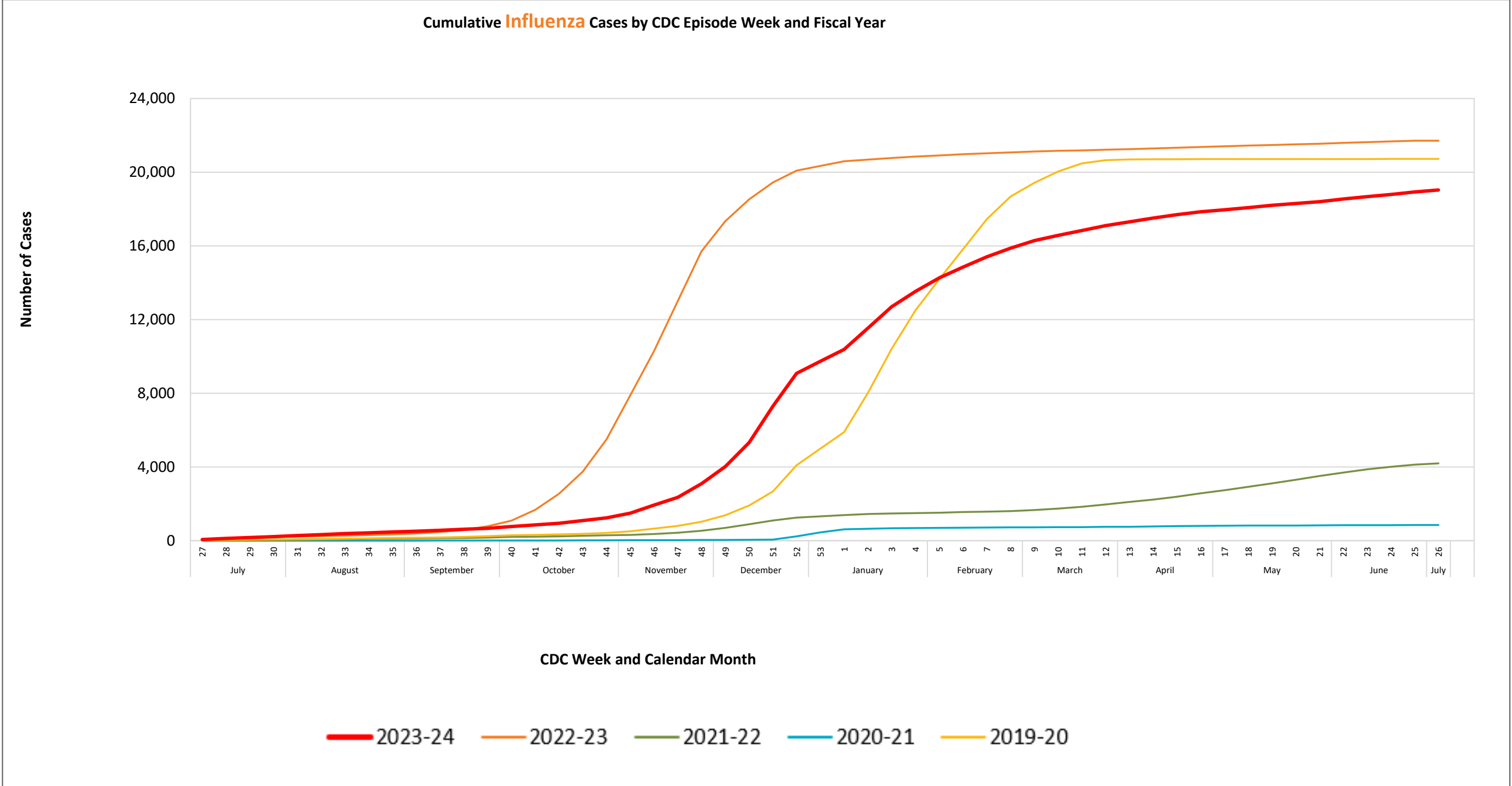
2023-2024 Influenza Season Summary



*Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported.

*If case did not have symptoms or illness onset date is unavailable, the earliest of specimen collection date, date of death, or date reported is used instead.

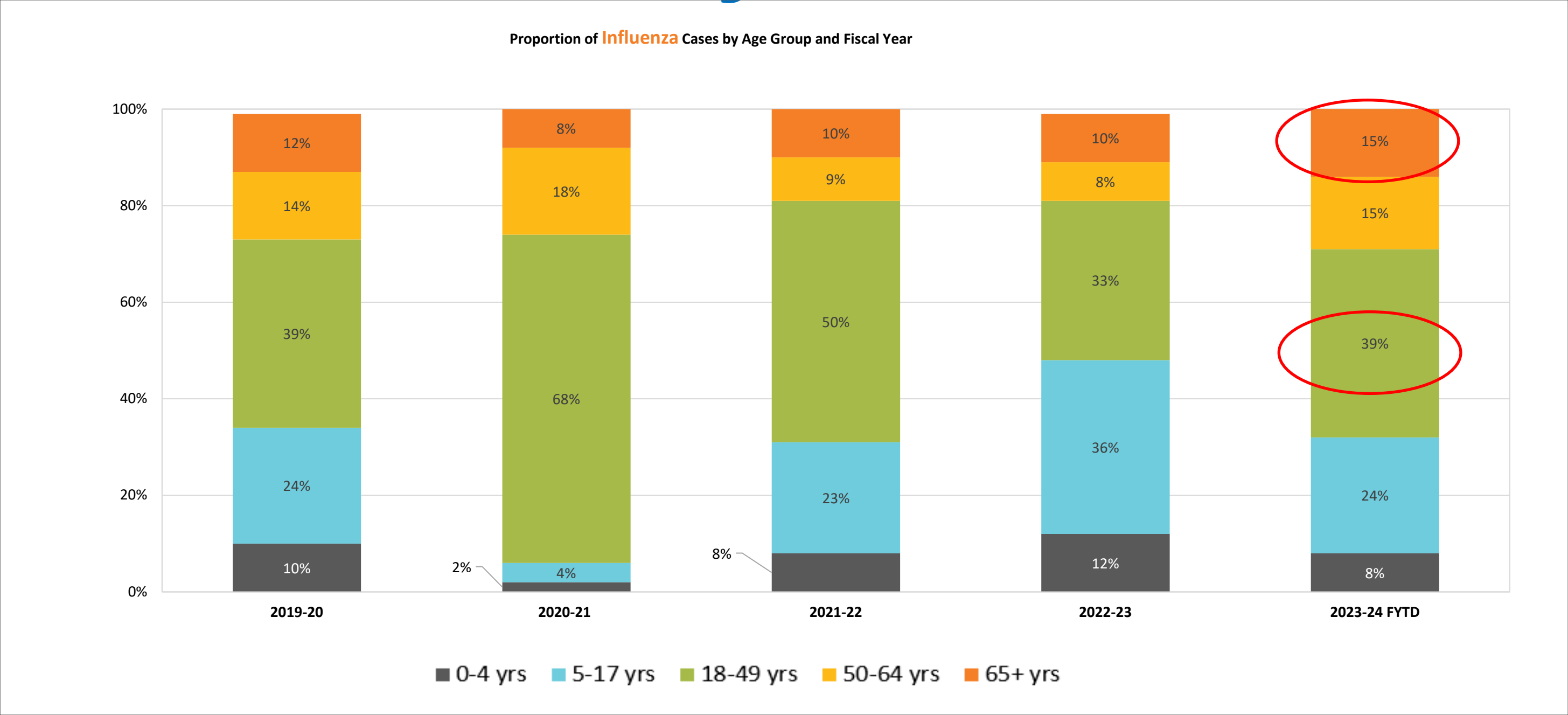
2023-2024 Influenza Season Summary



*Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported.

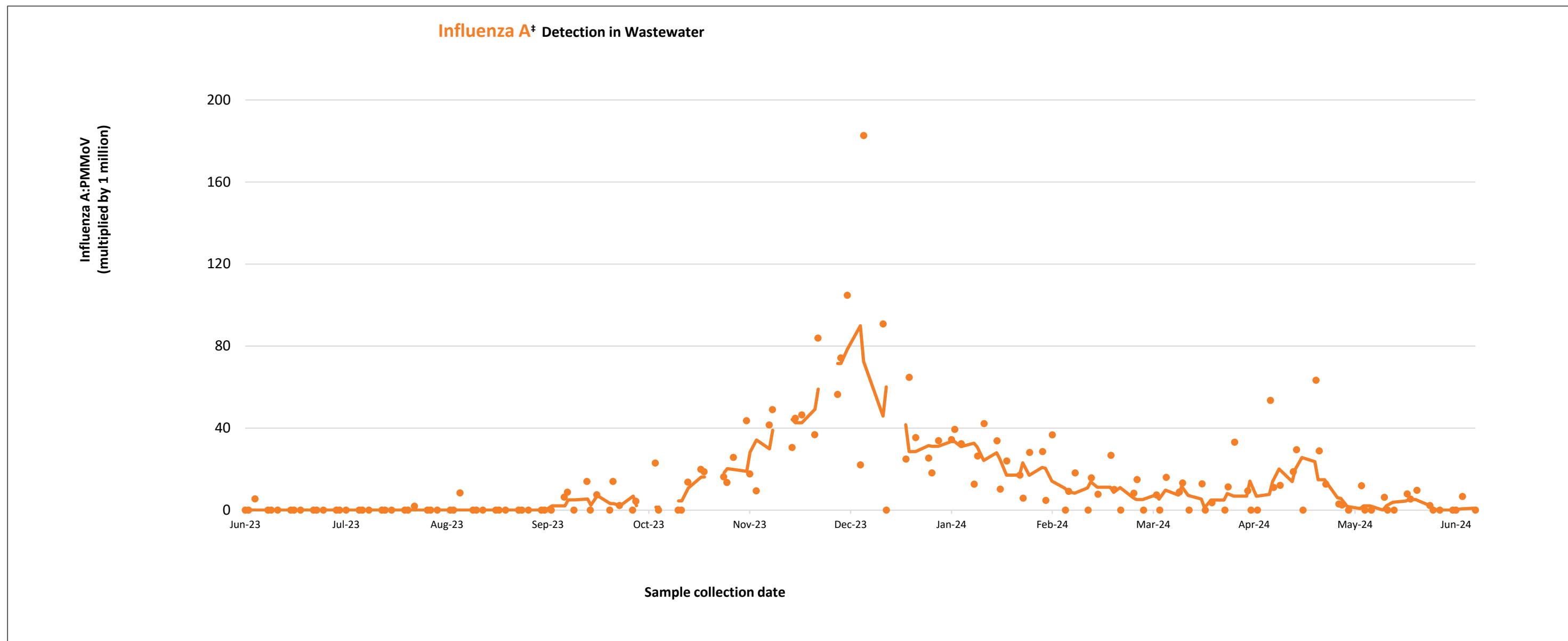
*If case did not have symptoms or illness onset date is unavailable, the earliest of specimen collection date, date of death, or date reported is used instead.

2023-2024 Influenza Season Summary



Preliminary Results
 Data Source: San Diego County Communicable Disease Registry; Data through 6/29/2024
 Prepared by County of San Diego, Health & Human Services Agency, Public Health Services, Epidemiology and Immunization Services Branch

2023-2024 Influenza Season Summary



*Calculated by taking the average of the 5 samples centered around a date after excluding the highest and lowest values.

† Data are normalized to a common, harmless plant virus that is consumed when people eat called pepper mild mottle virus (PMMoV).

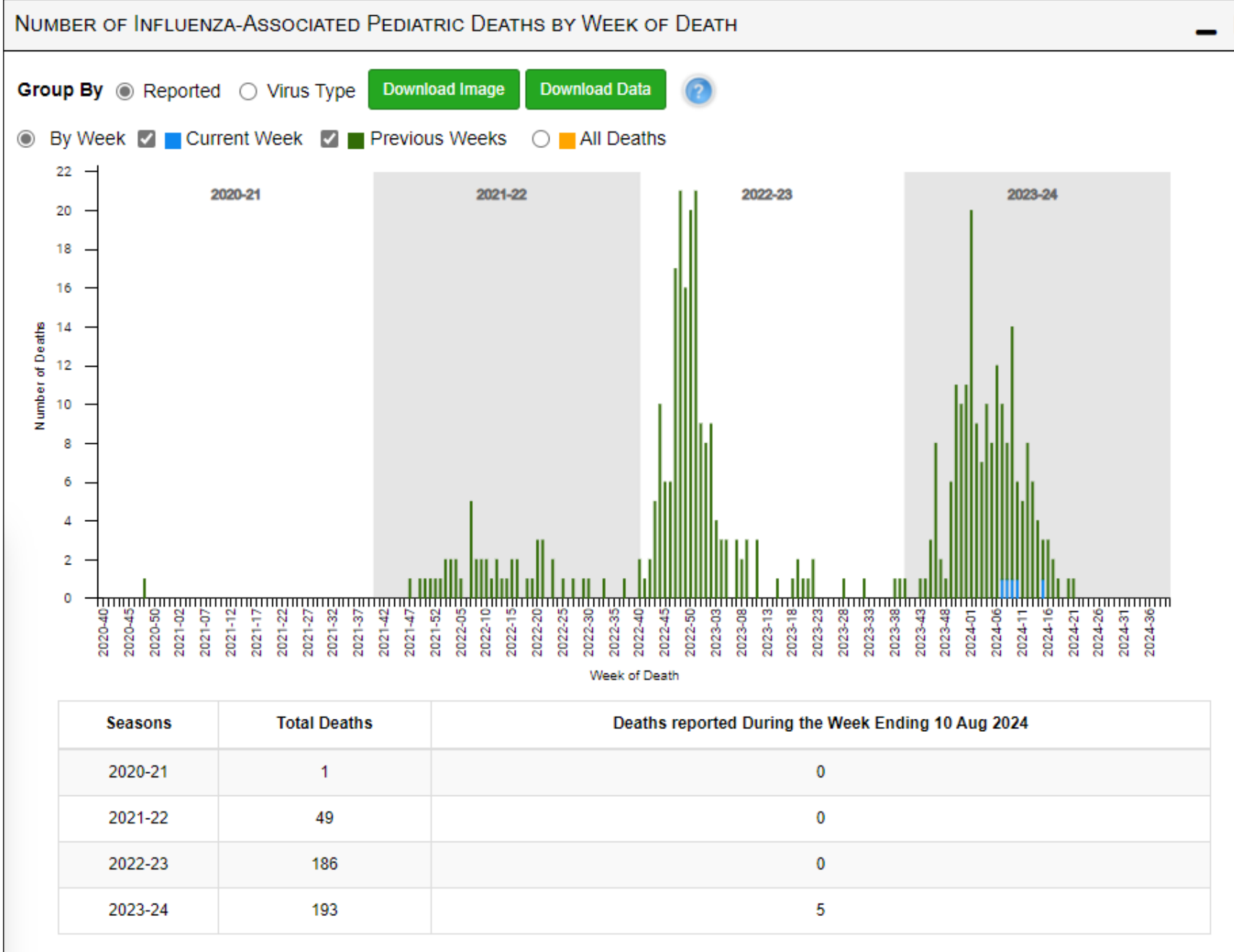
‡ Detection of influenza in wastewater is specific to influenza A.

Preliminary Results

Data Source: Wastewater SCAN: <https://wastewaterscan.org/>; Data through 6/29/2024

Prepared by County of San Diego, Health & Human Services Agency, Public Health Services, Epidemiology and Immunization Services Branch

2023-2024 Influenza Season Summary

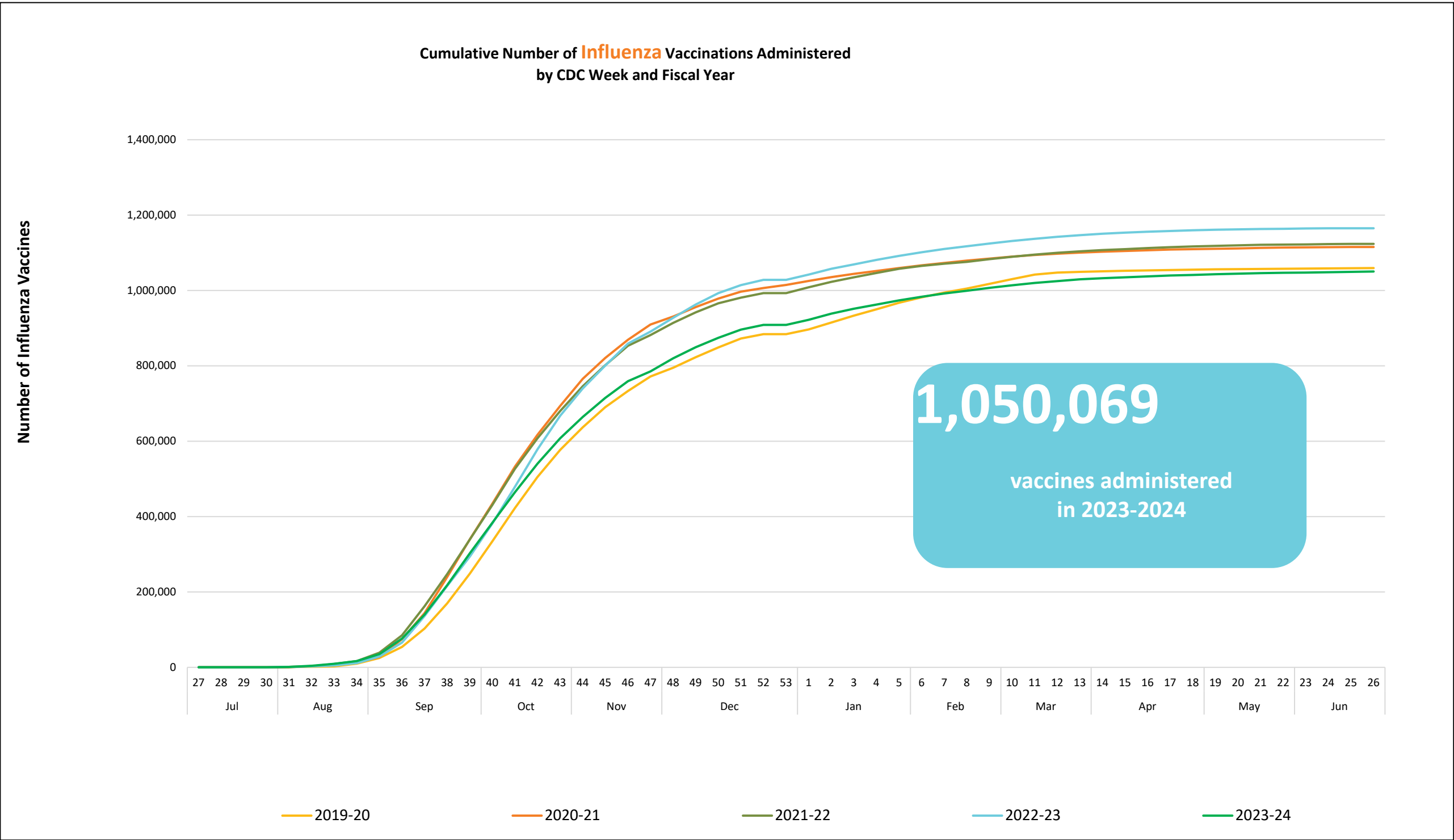


Preliminary Results

Data Source: CDC FluVaxView Interactive ([Influenza-associated Pediatric Mortality \(cdc.gov\)](https://www.cdc.gov/flu/fluvaxview/interactives/influenza-associated-pediatric-mortality/)); Accessed 8/23/2024

Prepared by County of San Diego, Health & Human Services Agency, Public Health Services, Epidemiology and Immunization Services Branch

2023-2024 Influenza Season Summary



2023-2024 Influenza Season Summary - Trends



- **Race/Ethnicity**

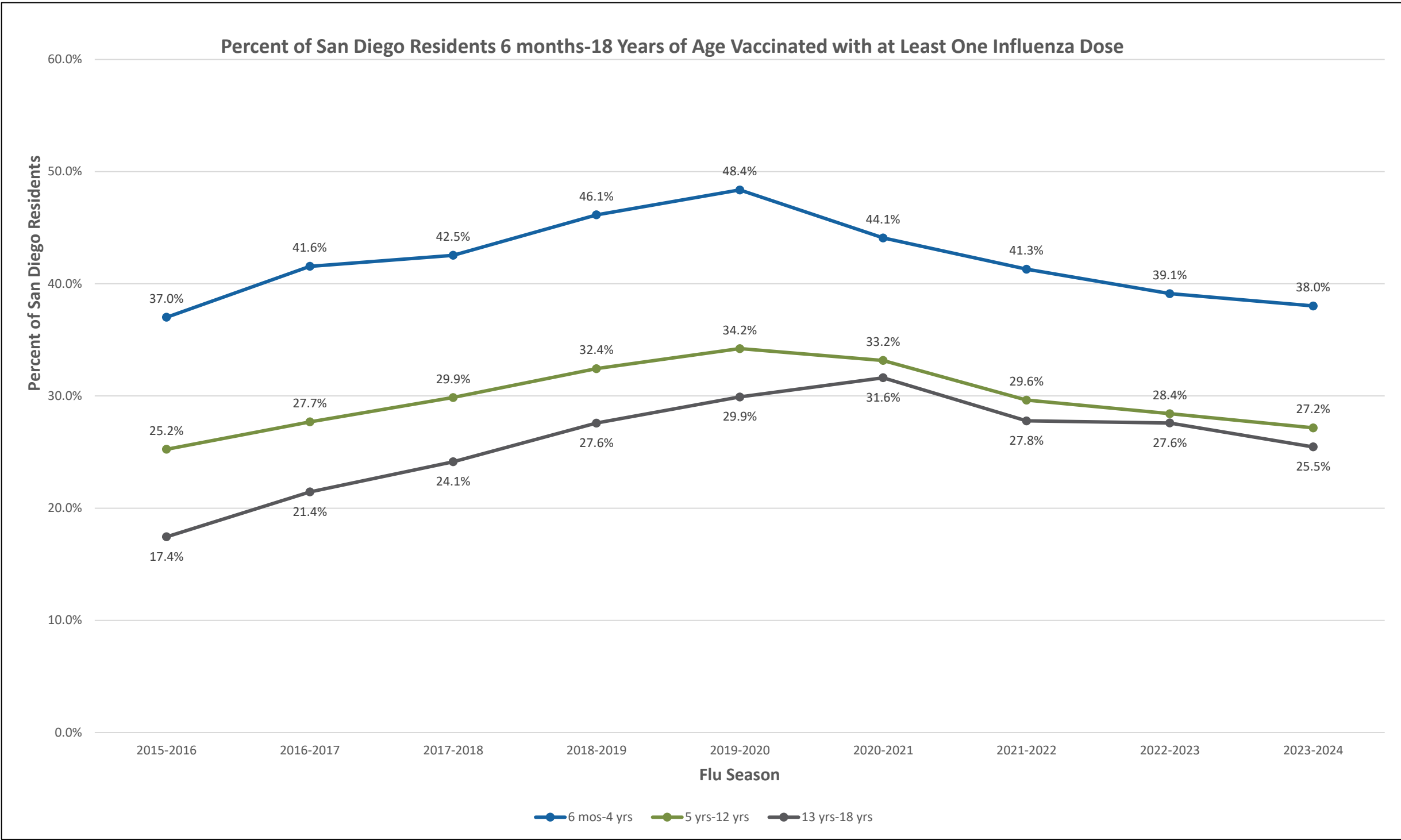
- The percentage of the population vaccinated in the **Asian** racial category **increased by 4.4%** compared to 22/23.
 - The percentage of the population vaccinated **increased by 5.6% for the American Indian or Alaska Native** racial categories.
 - The percentage vaccinated among the **Black or African American** population **remained consistent** between the two fiscal years.
 - **All other racial categories** experienced a **decrease** in vaccinations in 23/24 compared to 22/23.
- During the 23-24 influenza season, **all HHSA regions saw a decrease** in the percentage of their populations vaccinated, but **North Central and South saw the largest decreases at 4.2% and 5.6%**, respectively.

Preliminary Results

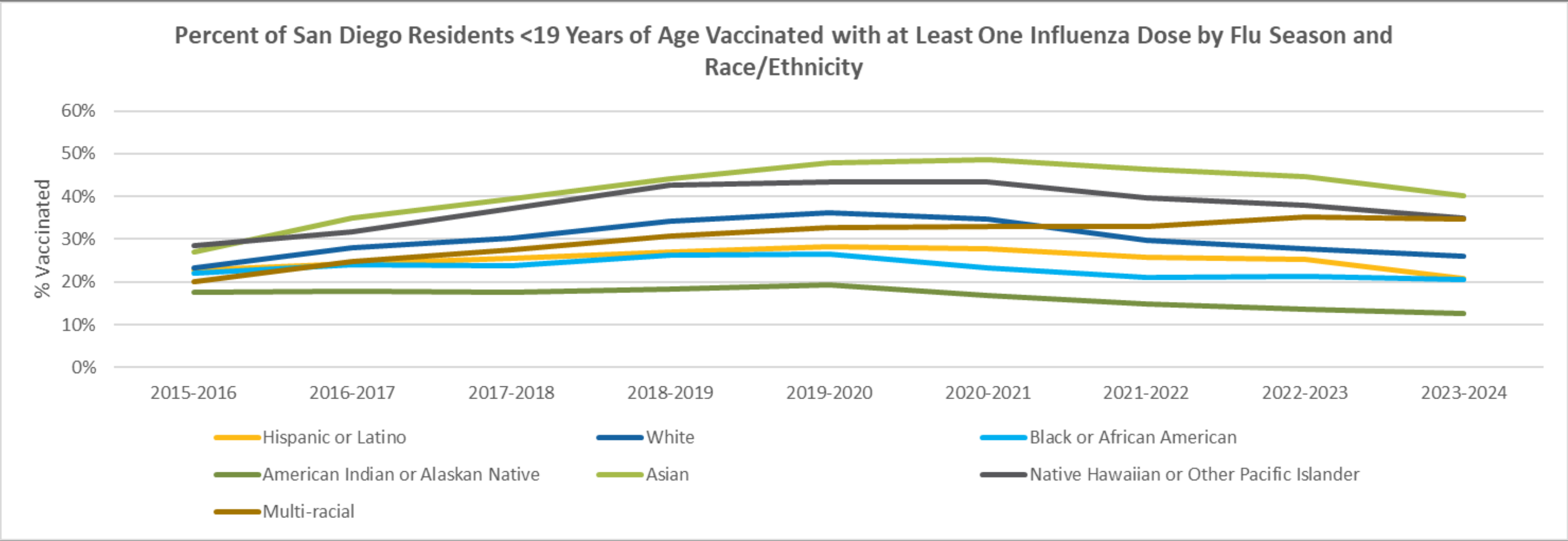
Data Source: California Immunization Registry (CAIR2); Data through 6/29/2024

Prepared by County of San Diego, Health & Human Services Agency, Public Health Services, Epidemiology and Immunization Services Branch

2023-2024 Influenza Season Summary - Trends



2023-2024 Influenza Season Summary - Trends



2023-2024 Influenza Season Summary

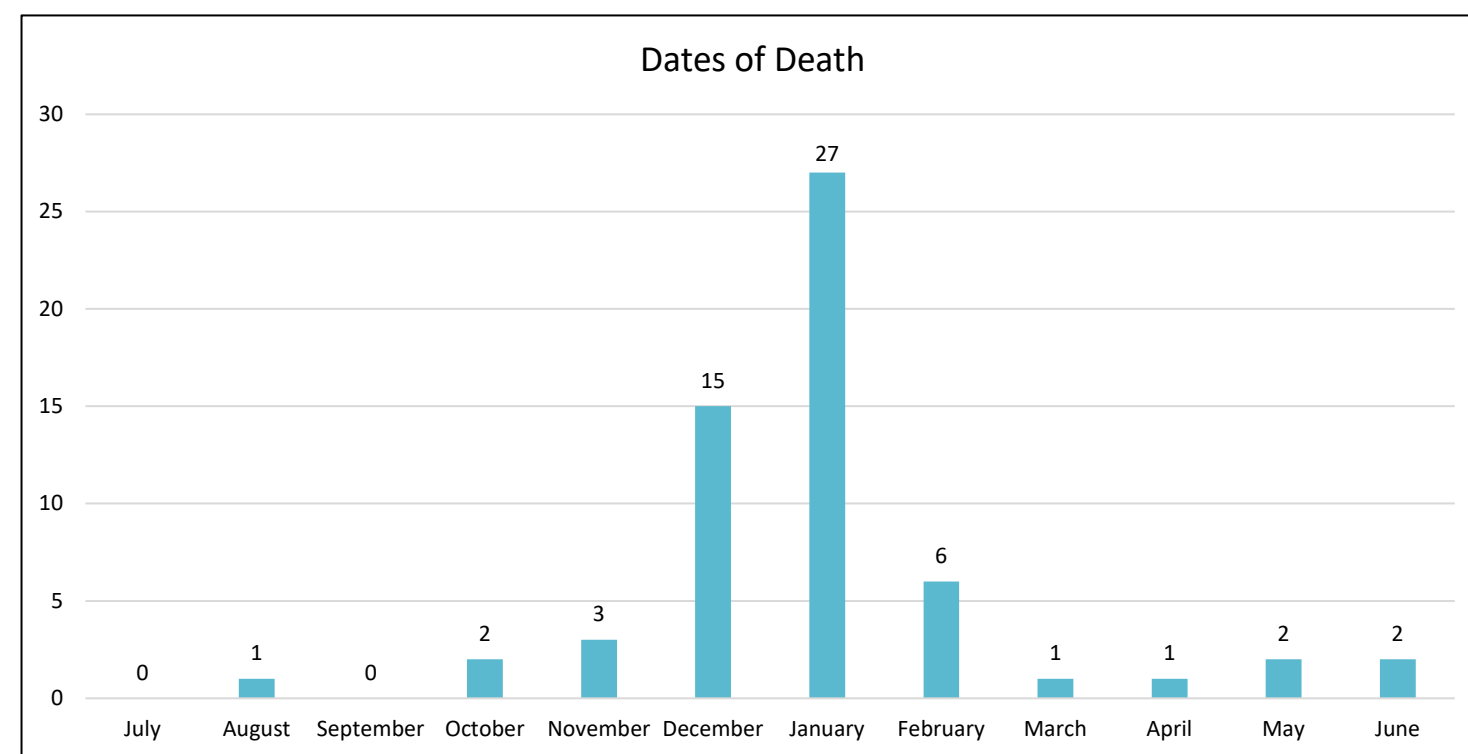


60 deaths

2 Influenza A subtype unknown,
2 Influenza A(H3), and 5 Influenza A (H1N1)pdm09

83.3%

had underlying conditions



16

known to be vaccinated

Age Range 0-96



2 were co-infected with COVID-19



COVID-19

2023-2024 COVID-19 Season Summary

TOTAL REPORTED COVID-19 CASES

N=48,821



350

Deaths

480

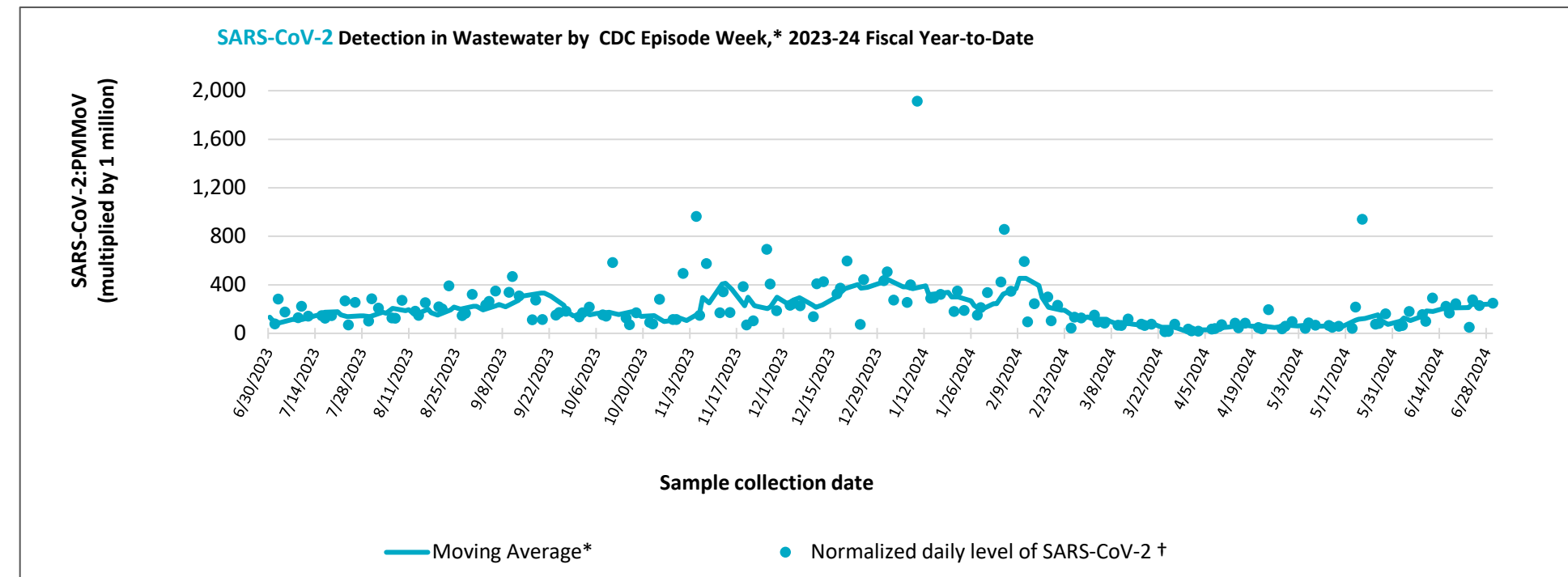
Outbreaks

Surveillance Indicator	2023-24 Season	2022-23 Season	Prior 3-Year Average*
All COVID-19 detections reported (rapid or PCR)	48,521	177,417	352,298
Number of COVID-19-related outbreaks reported [∞]	480	501	515
Number of COVID-19-related deaths reported [^]	350	630	1,889

[∞]Includes those in Skilled Nursing Facilities: at least one facility-acquired case of laboratory-confirmed COVID-19 in a resident. ^o Non-SNF Residential Congregate Settings: At least three suspected, probable, or confirmed COVID-19 cases within a 14-day period in epidemiologically-linked residents and/or staff.

[^]Current FY deaths are shown by week of report; by week of death for prior FYs. Total deaths reported in prior seasons: 386 in 2019-20, 3,402 in 2020-21, 1,635 in 2021-22, and 630 in 2022-23.

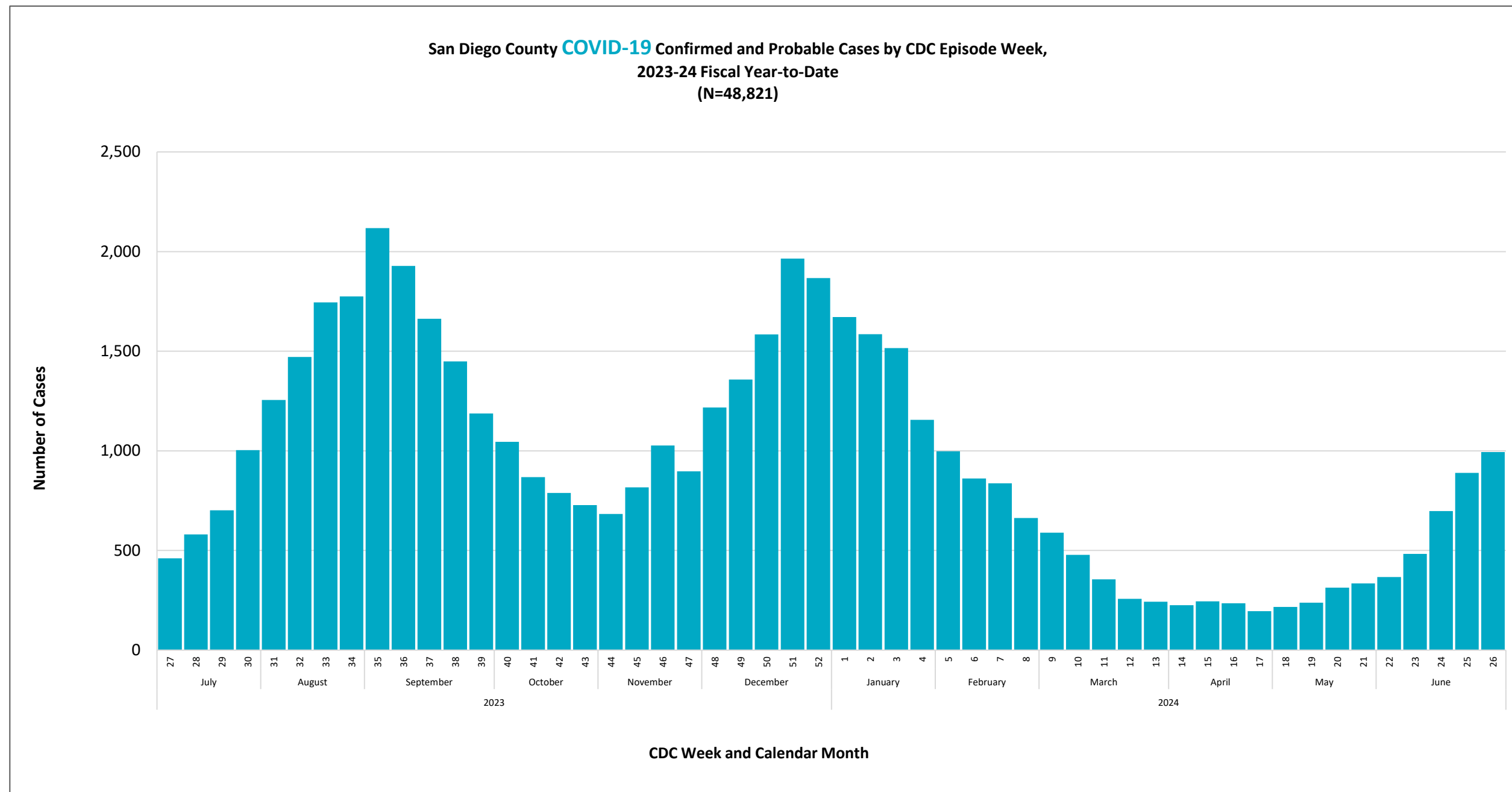
*Includes 2020-21, 2021-22, and 2022-23.



Preliminary Results

Data Source: San Diego County Communicable Disease Registry & Wastewater SCAN: <https://wastewaterscan.org/>. Data through 6/29/2024.
Prepared by County of San Diego, Health & Human Services Agency, Public Health Services, Epidemiology and Immunization Services Branch

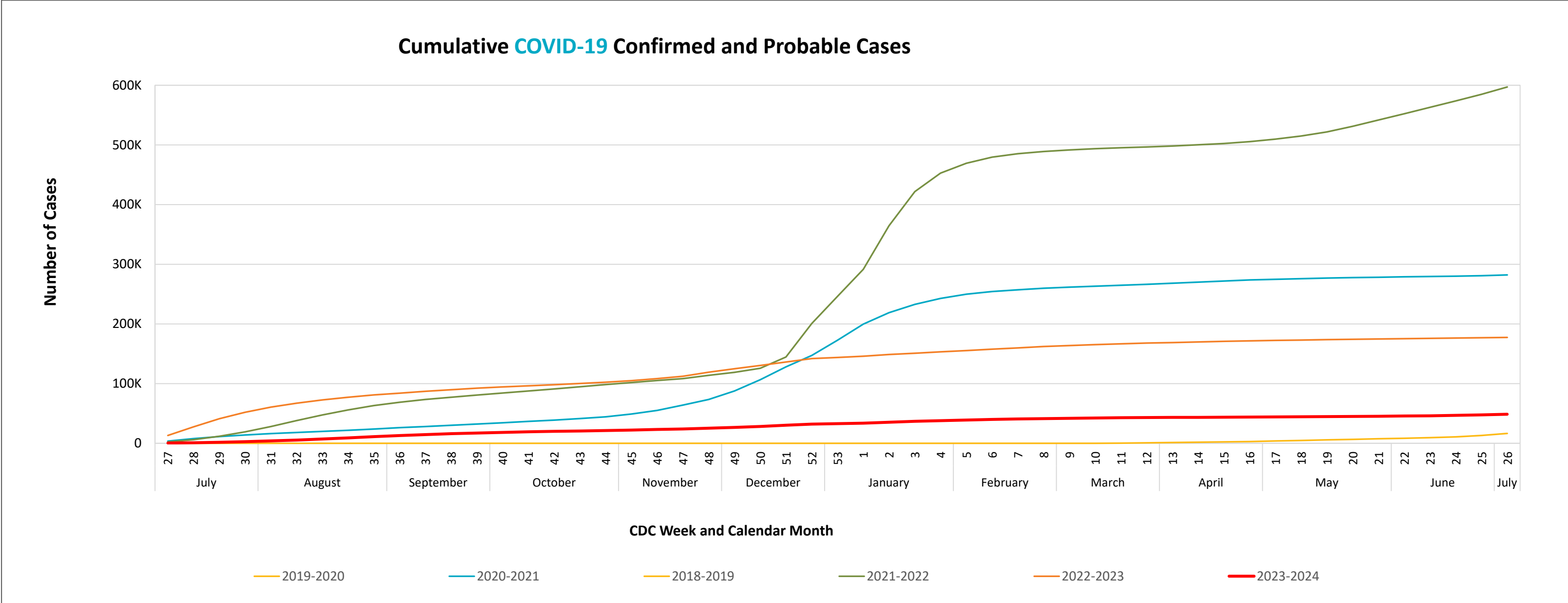
2023-2024 COVID-19 Season Summary



*Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported.

*If case did not have symptoms or illness onset date is unavailable, the earliest of specimen collection date, date of death, or date reported is used instead.

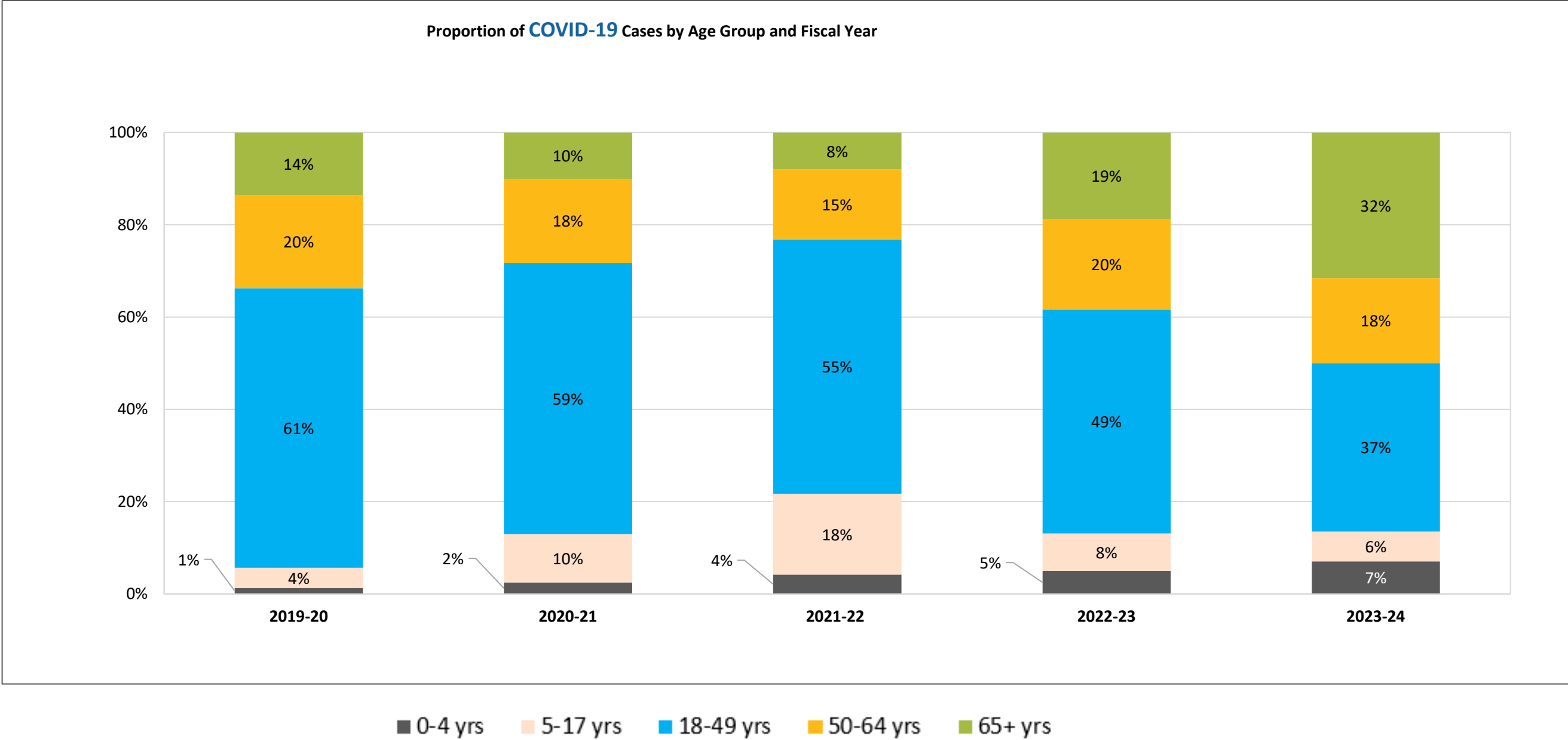
2023-2024 COVID-19 Season Summary



*Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported.

*If case did not have symptoms or illness onset date is unavailable, the earliest of specimen collection date, date of death, or date reported is used instead.

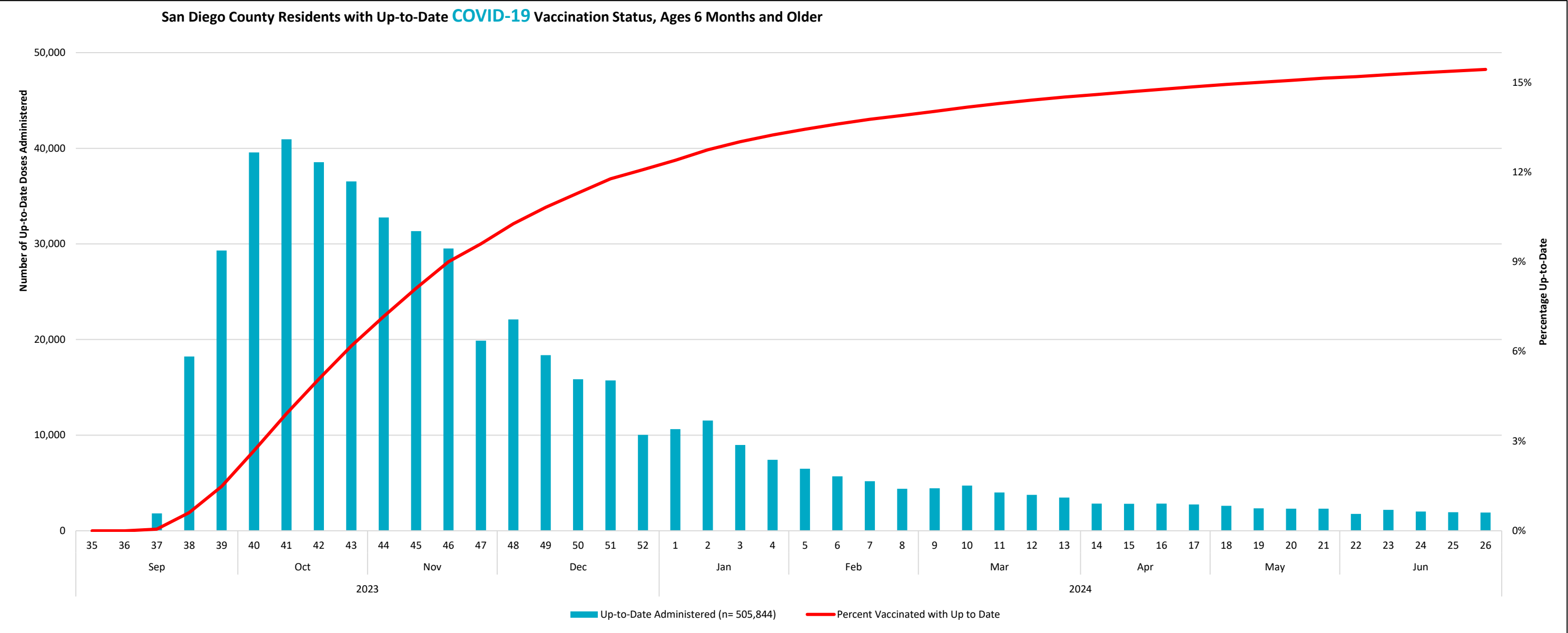
2023-2024 COVID-19 Season Summary



*Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported.

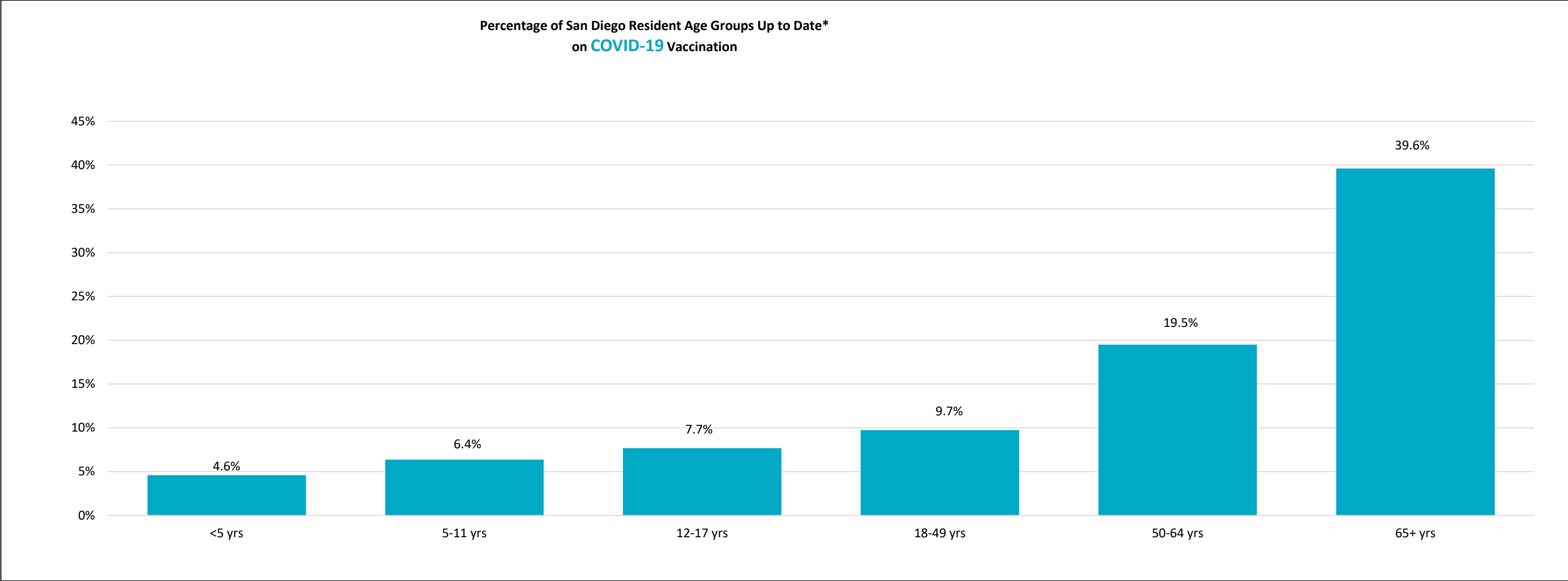
*If case did not have symptoms or illness onset date is unavailable, the earliest of specimen collection date, date of death, or date reported is used instead.

2023-2024 COVID-19 Season Summary



The line shows the percent of persons vaccinated as Up-to-Date (UTD) per the 2023/2024 guidelines. The bars show the number of UTD doses administered to San Diego County Residents. The 2023/2024 UTD guidelines per the CDC are that individuals who are at least 5 years of age and older should receive one dose of an updated COVID-19 vaccine and individuals 6 months to 4 years of age should receive multiple COVID-19 vaccines in addition to at least one dose of the updated COVID-19 vaccine. [Stay Up to Date with COVID-19 Vaccines | CDC](https://www.cdc.gov/vaccines/imz/downloads/#/2023-2024-covid-19)

2023-2024 COVID-19 Season Summary



*Using the Up to Date (UTD) criteria per the 2023/2024 guidelines. [Stay Up to Date with COVID-19 Vaccines | CDC](https://www.cdc.gov/vaccines/imz/downloads/#/2023-2024)

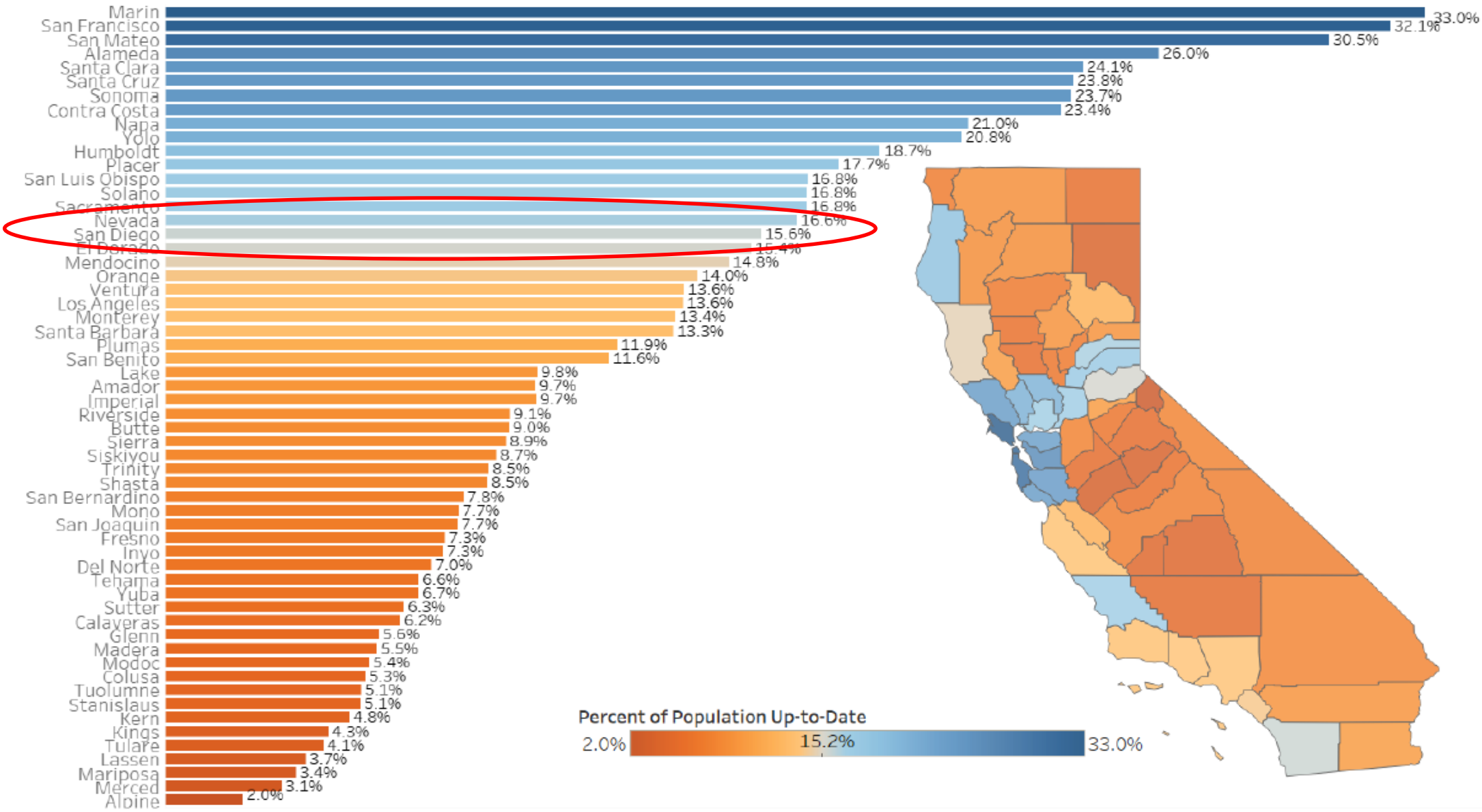
2023-2024 COVID-19 Season Summary



Final COVID-19 Vaccination Summary

as of August 14, 2024

Percent of Population Up-to-Date* by County



*Up-to-Date = has received at least one dose of the Updated 2023-2024 vaccine
 Data provided by California Department of Public Health – Immunization Branch (8/21/2024)



Respiratory Syncytial Virus (RSV)

2023-2024 RSV Season Summary



TOTAL REPORTED RSV CASES

N=5,918

23

Deaths

10

Outbreaks

Surveillance Indicator	2023-24 Season	2022-23 Season	Prior 3-Year Average*
All RSV detections reported (rapid or PCR)	5,918	5,885	2,749
Number of RSV-related outbreaks reported [∞]	10	2	1
Number of RSV-related deaths reported [^]	23	21	8

*Includes FYs 2020-21, 2021-22, and 2022-23.

[∞] Outbreaks in residential congregate settings, such as skilled nursing facilities, assisted living facilities, group homes, correctional facilities, and homeless shelters, are included in this report. Epidemiology identifies outbreaks when facilities call to report. Other potential outbreaks are identified when multiple cases share an address or have a residential address that matches a skilled nursing or long-term care facility.

[^]Current FY deaths are shown by week of report; by week of death for prior FYs.

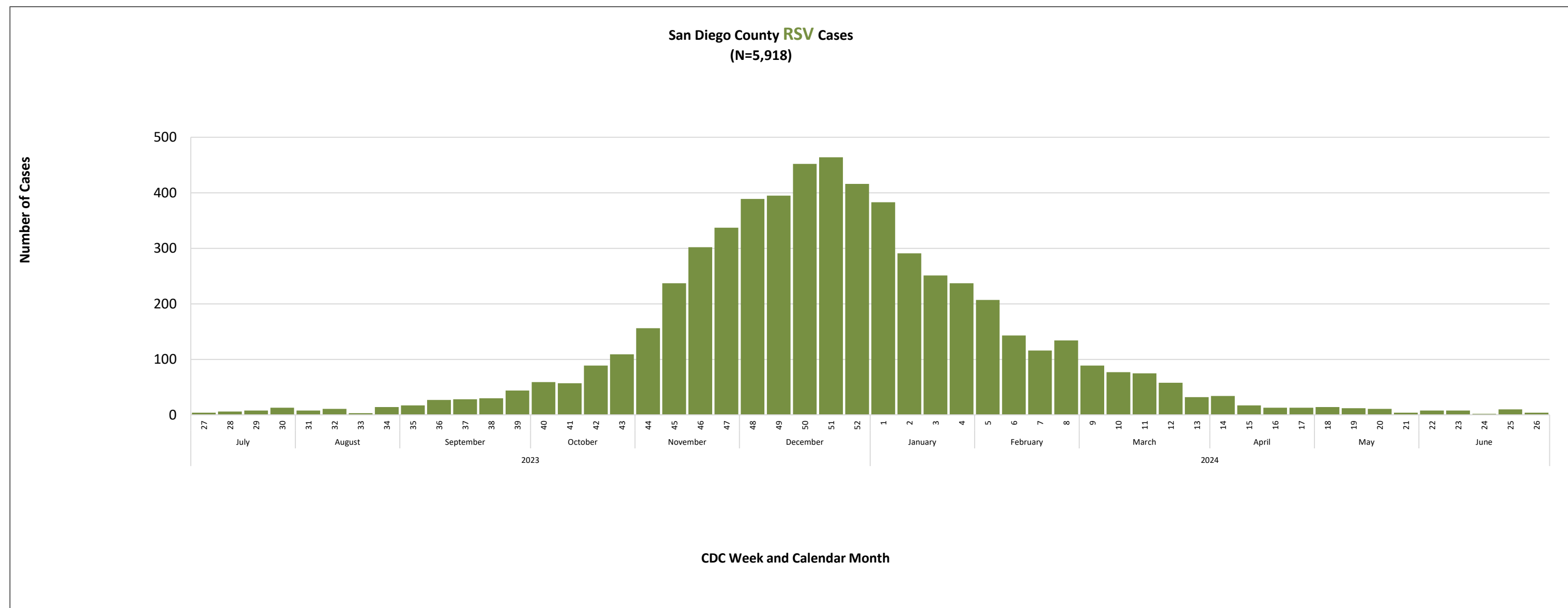
Preliminary Results

Data Source: San Diego County Communicable Disease Registry; Data through 6/29/2024

Prepared by County of San Diego, Health & Human Services Agency, Public Health Services, Epidemiology and Immunization Services Branch



2023-2024 RSV Season Summary



*Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported.

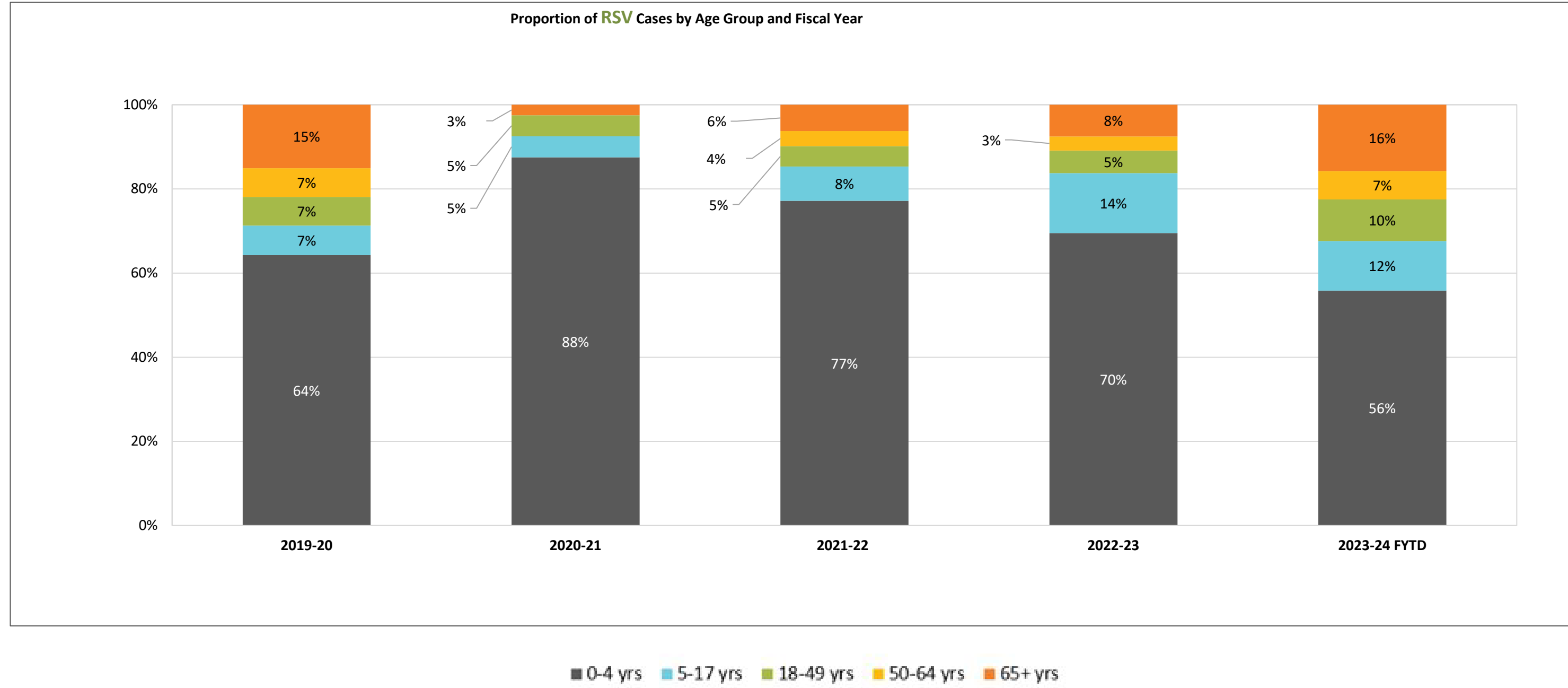
*If case did not have symptoms or illness onset date is unavailable, the earliest of specimen collection date, date of death, or date reported is used instead.

Preliminary Results

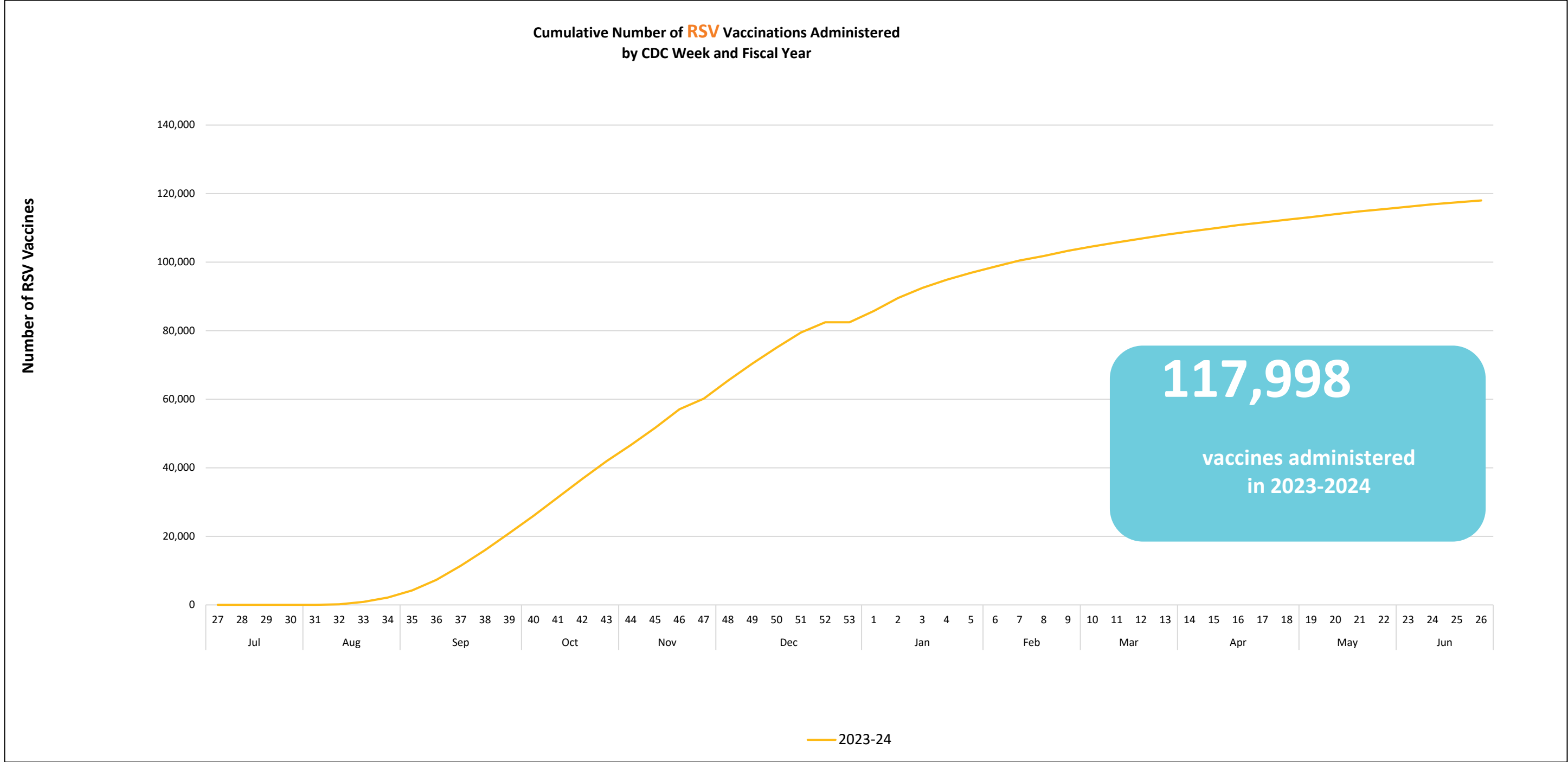
Data Source: San Diego County Communicable Disease Registry; Data through 6/29/2024

Prepared by County of San Diego, Health & Human Services Agency, Public Health Services, Epidemiology and Immunization Services Branch

2023-2024 RSV Season Summary



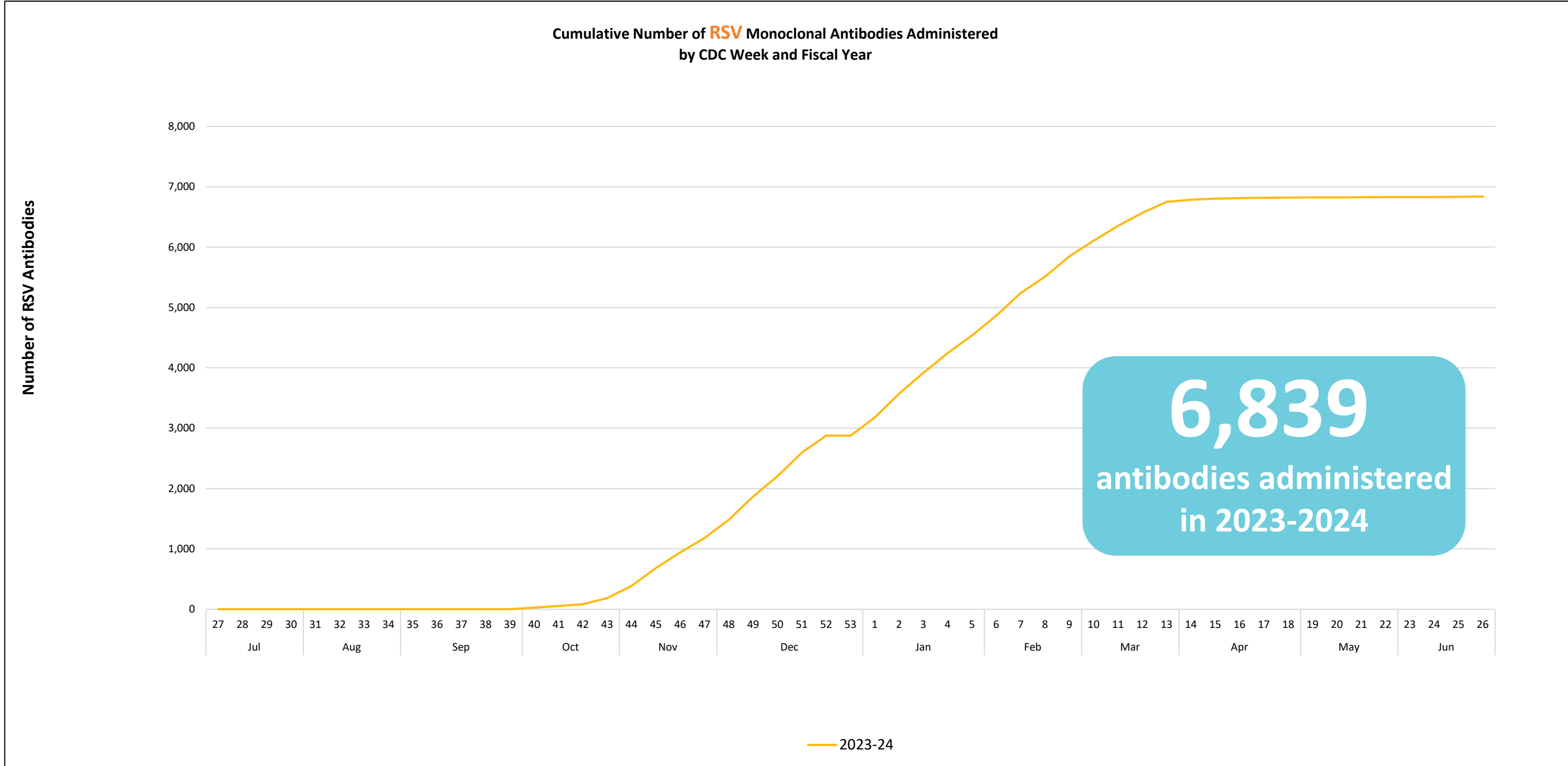
2023-2024 RSV Season Summary



Preliminary Results
Data Source: California Immunization Registry (CAIR2); Data through 6/29/2024

Prepared by County of San Diego, Health & Human Services Agency, Public Health Services, Epidemiology and Immunization Services Branch

2023-2024 RSV Season Summary



6,839
antibodies administered
in 2023-2024

Preliminary Results
Data Source: California Immunization Registry (CAIR2); Data through 6/29/2024

Prepared by County of San Diego, Health & Human Services Agency, Public Health Services, Epidemiology and Immunization Services Branch

Respiratory Watch



San Diego County Respiratory Virus Surveillance Report

Prepared by Epidemiology and Immunization Services Branch

www.sdepi.org

August 8, 2024

COVID-19

Cases
7,742

Deaths
21

Outbreaks*
44

6/30/2024 – 8/3/2024

Influenza

Cases
395

Deaths
3

Outbreaks*
1

6/30/2024 – 8/3/2024

RSV

Cases
25

Deaths
0

Outbreaks*
0

6/30/2024 – 8/3/2024



Subscribe to the Influenza
Watch



Reporting Flu Cases

- Please report positive influenza results to public health:
- Lab results and demographics
- Fax to 858-715-6458

- Please report influenza deaths
- Please report influenza outbreaks

- Questions about reporting?
- Call 619-692-8499



Respiratory Virus Forecast



HEALTH

Flu, COVID-19, & RSV

How Bad Will ~~Flu~~ Season Be This Year?

Older adults urged to get influenza vaccines in early autumn



abc NEWS ABC News + Follow 828.6K Followers

FDA approves updated COVID-19 vaccines for upcoming fall and winter season

8/22/2024

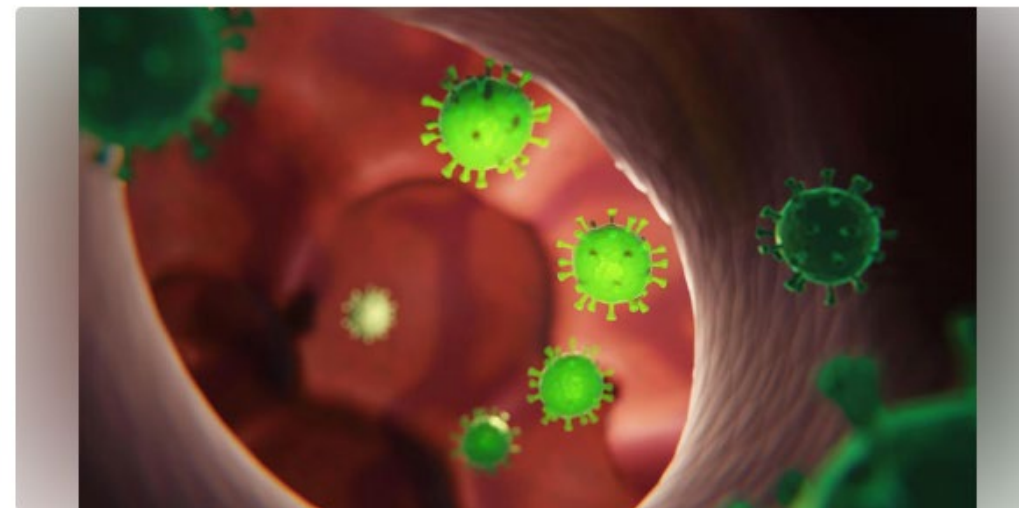
Medpage Today + Follow 1K Followers

Docs Should Start Getting Ready For Upcoming Respiratory Virus Season

Story by Katherine Kahn • 2w • 3 min read

Health Topics mentioned in this article

+110 Q&A: Flu



Docs Should Start Getting Ready For Upcoming Respiratory Virus Season

Physicians should start preparing now for the upcoming respiratory virus season, according to the CDC in a webinar hosted by Bruce Scott, MD, president of the American Medical Association (AMA) on Tuesday.

Respiratory Report – Current



Respiratory Virus Surveillance Report

Data through 8/3/2024

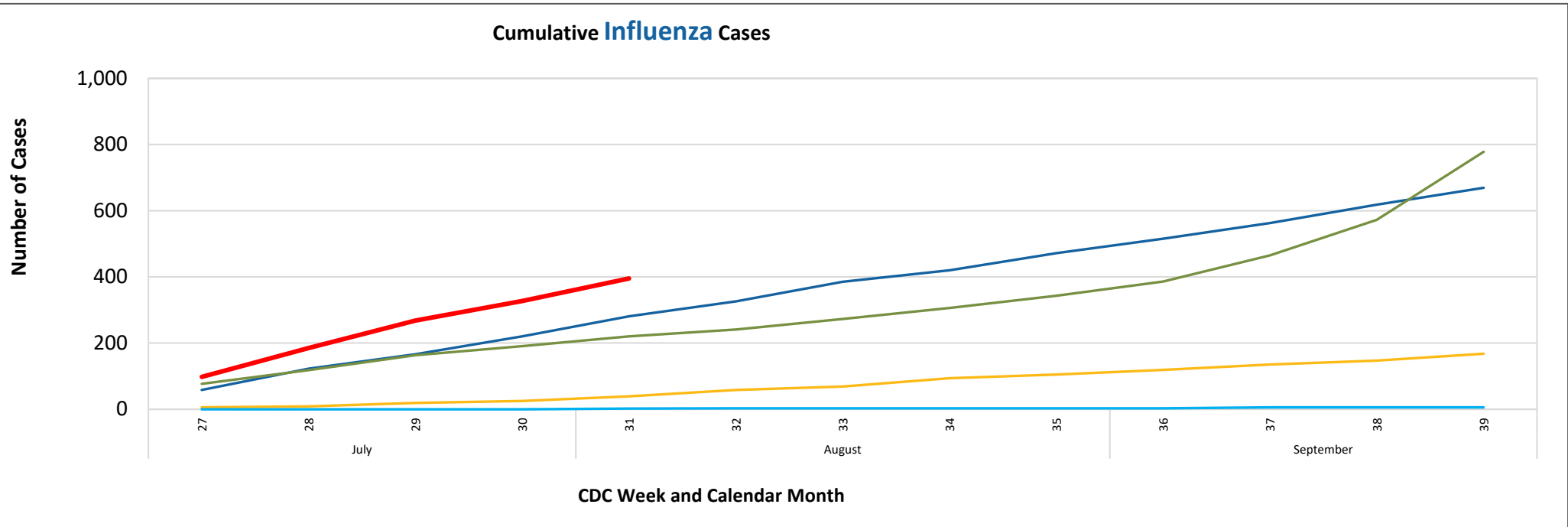
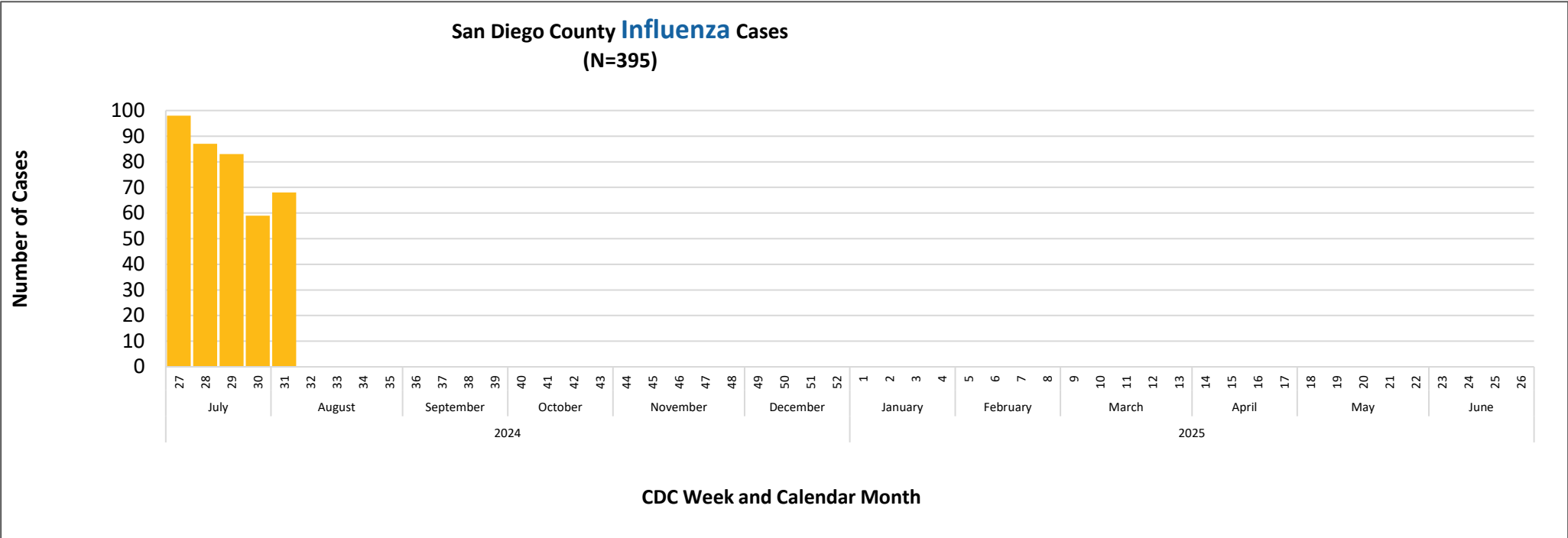


COVID-19, Influenza, and RSV Fiscal Year-to-Date Overview

Table 1. Respiratory Surveillance Indicators

Indicator	2024-25 Fiscal Year			2023-24 Fiscal Year			Prior Years Average*		
	Week 31	Total To Date	Week 30	Week 31	Total To Date	FY Total	Week 31	Total To Date	FY Total
% P&I deaths [†]	6%		3%	7%			6%		
CASES									
COVID-19 [‡]	1,783	7,742	1,775	1,255	3,999	48,875	5,271	27,315	276,442
Influenza	68	395	59	29	220	19,035	23	124	13,301
RSV	6	25	3	8	39	5,918	11	46	3,541
DEATHS[§]									
COVID-19	10	21	3	2	22	354	16	88	1,505
Influenza	1	3	0	0	0	60	0	0	44
RSV	0	0	0	0	0	23	0	0	12

2024-2025 Influenza Season

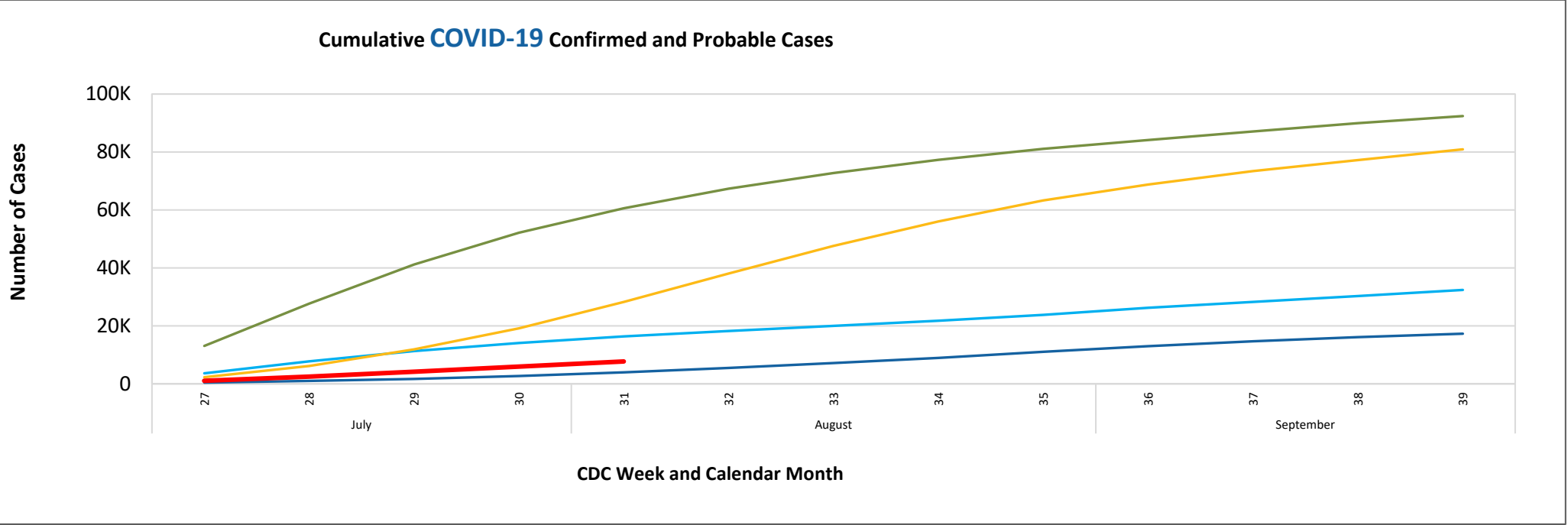
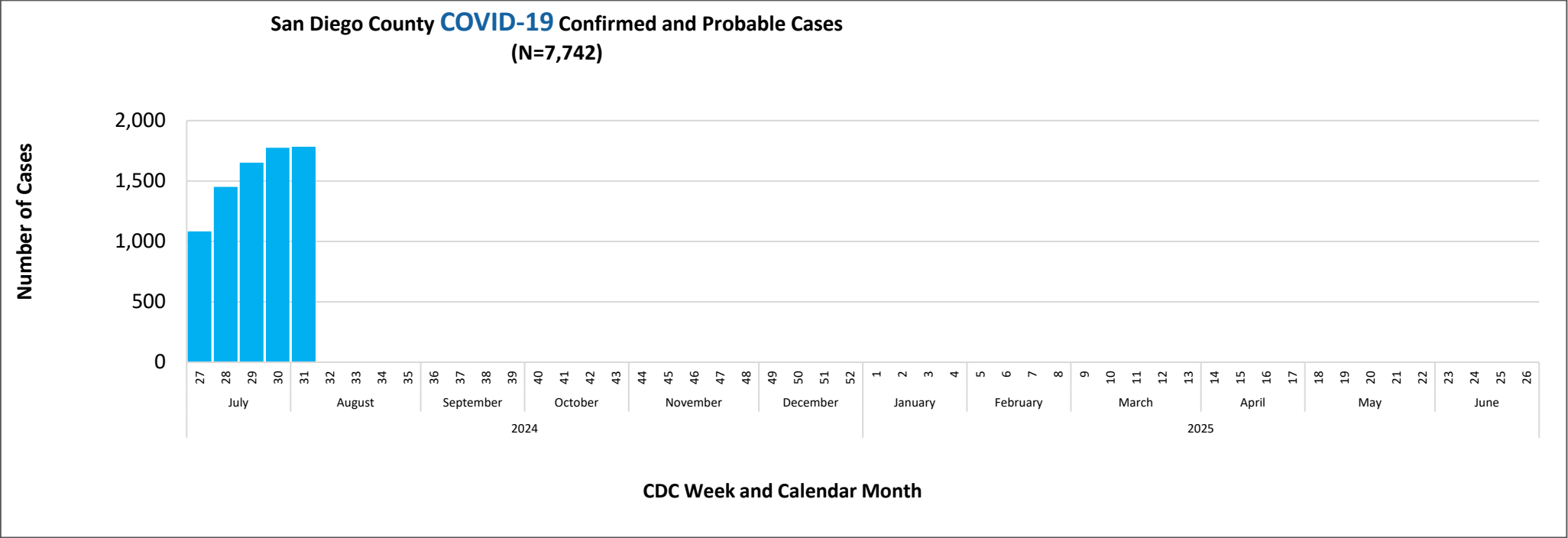


— 2023-24 — 2022-23 — 2021-22 — 2020-21 — 2019-20

*Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported.

*If case did not have symptoms or illness onset date is unavailable, the earliest of specimen collection date, date of death, or date reported is used instead.

2024-2025 COVID-19 Season

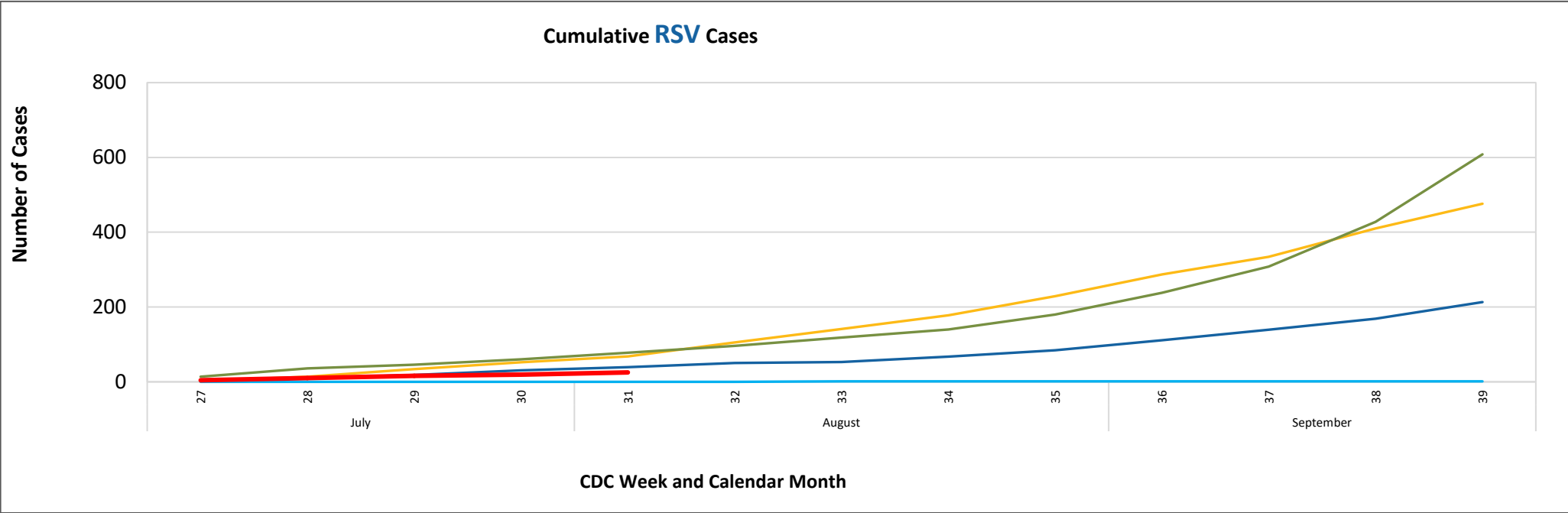
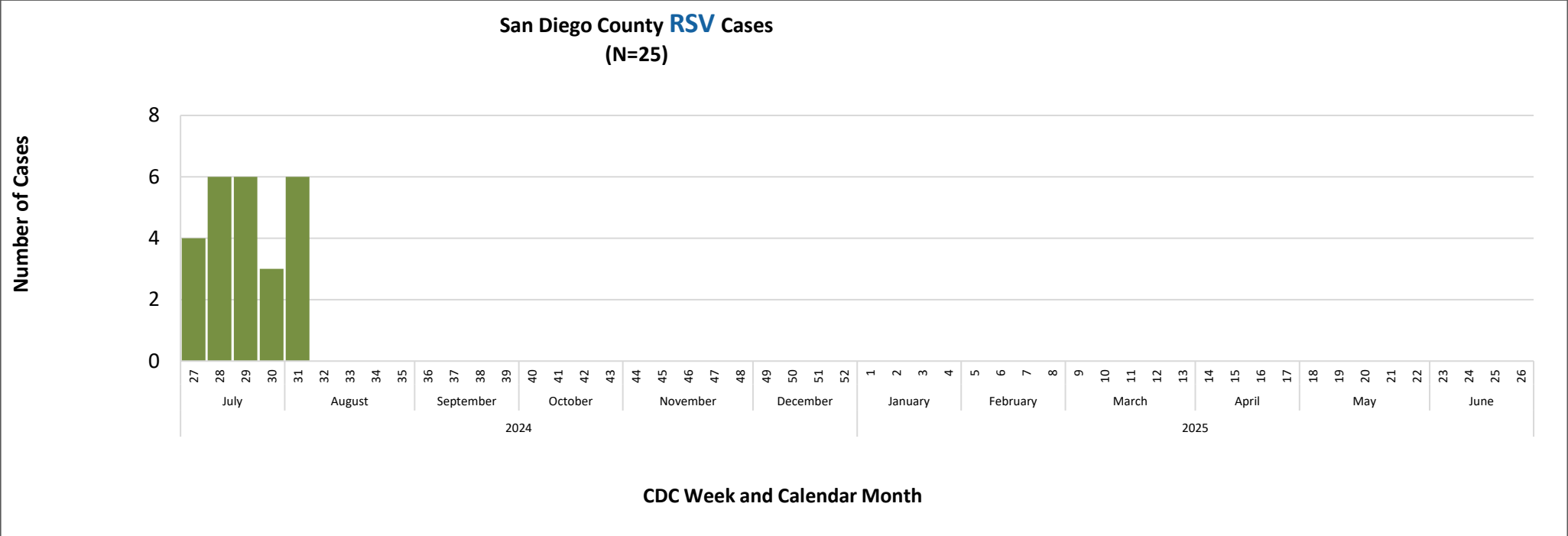


— 2023-24 — 2022-23 — 2021-22 — 2020-21 — 2019-20

*Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported.

*If case did not have symptoms or illness onset date is unavailable, the earliest of specimen collection date, date of death, or date reported is used instead.

2024-2025 RSV Season



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

*Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported.

*If case did not have symptoms or illness onset date is unavailable, the earliest of specimen collection date, date of death, or date reported is used instead.



Thank you!

Danelle Wallace

Senior Epidemiologist

DanelleRuth.Wallace@sdcounty.ca.gov

(619) 629-1698



ACKNOWLEDGEMENTS:

Collaborating Hospitals, Infection Control Practitioners, Labs, and Healthcare Partners

San Diego Health Connect

County of San Diego

SANDIEGOCOUNTY.GOV/HHSA

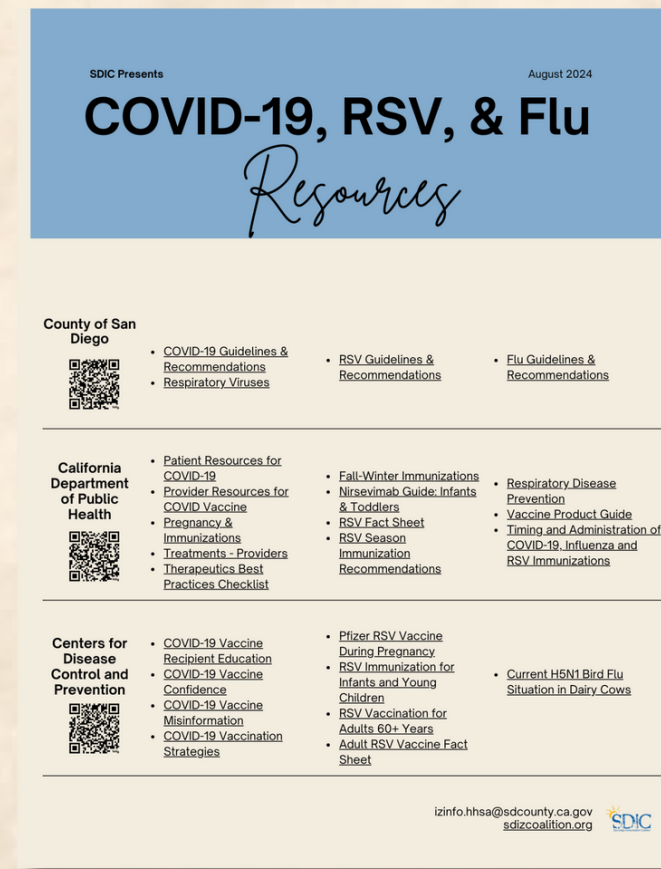


The Public Health Services department, County of San Diego Health and Human Services Agency, has maintained national public health accreditation, since May 17, 2016, and was re-accredited by the Public Health Accreditation Board on August 21, 2023.

covid-19, rsv, & flu
resources

+

Evaluation



THANK YOU!