

## **A3VTF Quarterly Meeting Minutes**

January 23, 2024

Hosted by ADPH

WebEx Conference

Moderator:

Joshlynn Edwards, MPH, Public Health Educator Sr., ADPH

- Welcome:
  - Joshlynn Edwards, MPH, ADPH, Immunization Division
- Respiratory Syncytial Virus (RSV) Immunization Recommendations to Protect Infants, Children and Older:
  - Janelle King, MPH, BSN, RN, Nurse Educator, Immunization Services Division
- Partnering to Eliminating Cervical Cancer in Alabama:
  - Heather White, DrPH, Executive Director, TogetHER for Health
- AHEC's Response to the Pandemic:
  - Joe Crozier, Executive Director, North Alabama AHEC Program
- Next Steps/Adjourn:
  - Joshlynn Edwards, MPH, ADPH, Immunization Division

### **Alabama Adolescent and Adult Vaccination Task Force (A3VTF)**

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### **Meeting Participants\***

#### **Present:**

Daniel Bankson, Alabama Medicaid

Richard Beverly, BCBS

Voncile Crosby

Tanita Crowell, ADPH, Immunization Division

Joe Crozier, AHEC

Angela Davis, AMC

Lamont Dupree, North AL AHEC

Joshlynn Edwards, ADPH, Immunization Division

Tonya Gandy, ADPH

Kimberly Graham, Alabama Medicaid Agency  
Janelle King, CDC  
Jaida Lane, ADPH, Immunization Division  
Linda Lee, Alabama Chapter-American Academy of Pediatrics  
Karen Leeling, North AL AHEC  
Kelli Littlejohn, AMA  
Meg Mc  
Amy Morris, ADPH, FHS  
Patrick Neither, Merck  
Kitty Norris  
Jerome Pinson, CSL Seqirus  
Savannah Robinson, ADPH, Immunization Division  
Allison Souders, Alabama Pharmacy Cooperative Inc. (APCI)  
Dr. Wes Stubblefield, ADPH, District Medical Officer  
Burnestine Taylor  
Heather Vega, Alabama Medicaid  
Kassi Webster, BCBS  
Heather White, TogetHER for Health

*\*Note: If you attended the meeting and your name/organization isn't listed above, please submit an email to [Joshlynn.Edwards@adph.state.al.us](mailto:Joshlynn.Edwards@adph.state.al.us) confirming your attendance.*

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## Meeting Minutes

### Introductions:

- The meeting was called to order at 10:00 am by Joshlynn Edwards, ADPH, Immunization Division. Ms. Edwards welcomed everyone in attendance and introduced the following speakers:
  - Janelle King, MPH, BSN, RN, Nurse Educator, Immunization Services Division
    - Respiratory Syncytial Virus (RSV) Immunization Recommendations to Protect Infants, Children and Older Adults
  - Heather White, DrPH, Executive Director, TogetHER for Health
    - Partnering to Eliminate Cervical Cancer in Alabama
  - Joe Crozier, Executive Director, North Alabama AHEC Program
    - AHEC's Response to the Pandemic

### Respiratory Syncytial Virus (RSV) Immunization Recommendations to Protect Infants, Children and Older Adults:

- Janelle King, MPH, BSN, RN, Nurse Educator, Immunization Services Division discussed the following:

- RSV Overview
  - Common respiratory virus
  - Causes mild, cold-like symptoms
  - Seasonal epidemics
  - Spread through respiratory droplets, direct contact, fomites
- Annual RSV Burden Among Infants and Children in U.S.
  - 58,000-80,000 hospitalizations among children age < 5 years; 79% of those hospitalized < 2 years had no underlying medical condition
  - 100-300 deaths among children age < 5 years
  - Preterm infants experience higher hospitalization and ICU admission rates
- Clinical Presentation in Infants and Young Children
  - Infants more likely to have symptoms than older children and adults
  - Usually presents as cold-like illness
  - Can also cause respiratory infections like bronchiolitis and pneumonia
- Annual RSV Burden Among Adults Ages 65 Years and Older
  - 900,000-1,400,000 medical encounters
  - 60,000-160,000 hospitalizations
  - 6,000-10,000 deaths
- Clinical Presentation in Adults
  - Usually mild or no symptoms
  - Older adults are at increased risk for becoming seriously ill
- Chronic Underlying Medical Conditions Associated with Increased Risk of Severe RSV Disease
  - Lung disease
  - Cardiovascular disease
  - Moderate or severe immune compromise
  - Diabetes Mellitus
  - Neurologic or neuromuscular conditions
  - Kidney disorders
  - Liver disorders
  - Hematologic disorders
  - Other conditions that might increase the risk for severe disease
    - Residence in a nursing home or other long-term care facility
    - Frailty
    - Advanced age
- RSV Prevention
  - Wash hands
  - Keep hands off your face
  - Avoid close contact when sick
  - Cover coughs and sneezes
  - Clean and disinfect surfaces
  - Stay home when sick
  - Immunize eligible infants and children

- Have a conversation with patients ages 60 years and older about vaccination
- RSV Immunizations to Protect Infants and Children
  - Two products are available to protect infants from severe RSV disease:
    - Maternal vaccine- Abrysvo (Pfizer)
    - Nirsevimab
- RSV Vaccines to Protect Older Adults
  - RSVPreF3 (Arexvy, GSK)
  - RSVpreF (Abrysvo, Pfizer, Inc.)
- Maternal RSV Vaccine Recommendations
  - Recommended for pregnant people during 32 through 36 weeks gestation with seasonal administration (September through January)
  - Maternal Pfizer can be simultaneously administered with other indicated vaccinations
  - Pfizer maternal RSV vaccine is recommended as a one-time dose at this time
  - Currently no data available on either the efficacy of the first lifetime dose to protect infants born after subsequent pregnancies or the safety of additional doses given in subsequent pregnancies
  - Additional data are needed to determine whether additional seasonal doses in subsequent pregnancies would be indicated
  - Contraindications and Precautions
    - Moderate or severe illness, history of severe allergic reaction after a previous dose or to a product component
- Nirsevimab Recommendations
  - Infants younger than age 8 months born during or entering their first RSV season are recommended to receive 1 dose, if:
    - Parent did not receive RSV vaccine during pregnancy.
    - Parent RSV vaccination status is unknown.
    - The infant was born within 14 days of maternal RSV vaccination.
  - Children ages 8 through 19 months who are at increased risk of severe RSV disease and entering their second RSV season are recommended to receive 1 dose.
- ACIP Recommendations and Clinical Considerations for Older Adults
  - Shared Clinical Decision Making
  - Chronic Underlying Medical Conditions Associated with Increased Risk of Severe RSV Disease
  - Other Factors Associated with Increased risk of Severe RSV Disease
  - Vaccine Timing
  - Coadministration

**Partnering to Eliminate Cervical Cancer in Alabama:**

- Heather White, DrPH, Executive Director, Together for Health discussed the following:

- Eliminating Cervical Cancer is Possible
  - HPV Vaccination
  - Cervical Cancer Screening
  - Appropriate Follow-up
  - Timely treatment
  - World Health Organization's Global Call to Action to Eliminate Cervical Cancer
    - Vaccinate 90% of girls by age 15
    - Screen 70% of women with a high-performance test by age 35
    - To treat 90% of women identified with cervical disease
- Cervical Cancer Burden in Alabama
  - 5<sup>th</sup> incidence and 4<sup>th</sup> highest mortality in the nation
  - African Americans have higher incidence and mortality than the nation
  - HPV vaccination lower than the nation
  - Barriers to screening
    - Limited knowledge on connection between HPV and cervical cancer
    - Lack of awareness that cervical cancer can be prevented
    - Lack of perceived risk
    - Fear of results
    - Competing priorities
    - Not knowing where to go
    - Lack of awareness of no-cost screening at local department
    - Concerns about lack of confidentiality
- Operation WIPE OUT Begins: Chambers County
  - Efforts initiated in Chambers County due to high rates
  - Engaged Rotary Club to assess community barriers to screening /HPV vaccination uptake which resulted in:
    - Creation of community based educational material
    - Large push on social media
    - Participation in community events in the area
    - Creation of Nurses' Speaker Bureau- local school nurse training
    - Creating an HPV vaccination campaign in the school system
- Cervical Cancer Summit
  - Local practitioners from across the state discussed challenges and solutions
    - Structured 10-year elimination plan
  - Launching of the Elimination Plan
    - Held press conference with State Health Officer
    - Shared on ADPH's website
    - Actively recruiting partners to help reach all 67 counties across the state

**AHEC's Response to the Pandemic:**

- Joe Crozier, Executive Director, North Alabama AHEC Program discussed the following:
  - AHEC Overview
    - National
      - Located in Washington, D.C.
      - Developed in 1970 at the recommendation of the Carnige Commission on Higher Education
      - Designed to address the mal distribution of health care providers in rural health areas
      - Currently 57 AHEC programs in 48 states
      - Currently 212 community based AHEC Centers
    - Alabama
      - Partners
        - Alabama AHEC
        - Alabama Civil Air Patrol
        - UAB Lab
  - Timeline
    - June 2020- started COVID testing
    - September 2020- funding from ADPH/CDC to expand COVID efforts using CHWs
    - March 2021- Began administering COVID vaccines
    - Today- Close to 10,000 test and over 13,000 tests administered
  - Accomplishments
    - Ramped up testing in rural/underserved areas
    - Provided results quicker than others (Aptima/PCR)
    - Developed Vaccine playbook
    - Developed partnerships statewide/local
    - Developed CHW training to address COVID issues
    - Hired over 70 CHWs statewide
    - Initiated vaccine drive through efforts
    - Developed vaccine playbook
    - Participated in UAB research w/testing (RAD-X)
    - Initiated survey collecting information to further address COVID issues (over 3,700 participants)
    - Published in Population Health Management Journal

**Next Steps/Adjourn:**

- The meeting was adjourned by Ms. Edwards at 11:30 am. The next meeting was scheduled for April 23, 2024.