

Provider Education Committee Agenda

October 19, 2026 | 12:00pm-1:30pm

Committee Updates 12:00-12:30:

- Welcome and Introductions Wendy O'Donnell, MPH, MCHES
- ADHS/BIZS Update Marcellina Lopez
- MCPIP Update Rita Wermers, DNP, RN

Professional Development 12:30-1:30:

- Adult Immunization and Viral Disease Management Update: Rebecca Sunenshine, MD, FIDSA, Medical Director, Health Observatory at ASU
- Overview of Moderna's mRNA Platform and Respiratory Vaccines: Luke S. Uebelhoer, PhD, Associate Director, Field Medical Advisor, Moderna
- Discussion Group

NEXT MEETING DATE:

Provider Education Committee Meeting

Monday, December 14, 2026
12:00pm - 1:30pm

Provider Education Committee

October 19, 2026
12pm-1:30pm



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Welcome and Introductions

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Marcellina Lopez

Immunization Programs Office Chief



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Overview

- Standing Orders
 - 2026-2027 COVID-19 Vaccine
 - 2026-2027 Seasonal Influenza Vaccine
- 2026-2027 respiratory season vaccine updates
 - COVID-19
 - Pediatric RSV
 - Influenza Vaccines
- IDR Is Open
- Shipping Updates

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2026-2027 Vaccine Standing Orders (COVID-19 and Influenza)

Purpose

These orders are intended to reduce the burden of disease and associated morbidity and mortality from infection by facilitating access to vaccines in the State of Arizona for Influenza and COVID-19.

Authorized Scope

Grants authority to authorized health care professionals to vaccinate all persons aged 6 months and older (pending their scope of practice), including pregnant individuals, as supported by evidence-based guidance for

- 2026-2027 seasonal influenza vaccine
- 2026-2027 COVID-19 vaccine

Where is it available?

The 2026-2027 Vaccine Standing Orders can be accessed on ADHS' website at:

[ADHS - Arizona Immunization Program - Get Vaccinated - Home](#)



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VFC Provider Ordering Guidance & Updates

Communications sent on 10/16/2026

Order Sets & Allocations

Updated ordering CAPS and allocation thresholds for:

- 2026-2027 Influenza
- 2026-2027 COVID-19
- 2026-2027 RSV

Refer to official threshold tables for INCREASED CAPS and clinical support resources.

Ordering Best Practices

- **Smaller, Frequent Orders:** Strongly encouraged over bulk ordering.
- **Storage Planning:** Single-dose syringes require more space than vials. Plan facility storage capacity accordingly.
- **Administration Impact:** Unrecorded ASIIS administrations may lead to reduced or denied subsequent orders.

Clinical & ASIIS Reminders

- **Maximize Opportunities:** Administer immunizations to eligible patients at every visit (including well-child visits).
- **Receive Doses First:** Doses must be officially received in ASIIS before administration.
- **Prompt Recording:** Record all administrations immediately in ASIIS to prevent holds on future orders.



For vaccines given within City of Phoenix, call 602-364-3899 or email MCPIP@maricopa.gov



For vaccines given outside City of Phoenix, call 602-364-3642 or email ArizonaVFC@azdhs.gov



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2026-2027 Influenza Presentation Ordering Caps

Presentation Ordering Caps

Brand Name	NDC	NDC Description	Ordering Minimum	Ordering Cap
Flucelvax®	70461-0656-03	0.5 mL, single-dose syringe	10 doses	150 doses
Fluzone®	49281-0426-50	0.5 mL, single-dose syringe	10 doses	150 doses
Fluarix®	58160-0725-52	0.5 mL, single-dose syringe	10 doses	100 doses
FluLaval®	19515-0822-52	0.5 mL, single-dose syringe	10 doses	100 doses
Flublok®	49281-0726-10	0.5 mL, single-dose syringe	10 doses	50 doses
Flumist®	66019-0013-10	0.2 mL, single-dose sprayer	10 doses	100 doses

If a presentation is not currently available, it will show as "unavailable" on the ASIS order screen, and you will need to select an alternative presentation or wait until it becomes available. There are no guarantees of when presentations will become available.

If you are planning a clinic or need additional doses that exceed the ordering cap please contact your the appropriate immunization program based on your facility's location.



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2026-2027 COVID-19 Presentation Ordering Caps

Presentation Ordering Caps

Brand Name	NDC	Description	Age	Ordering Cap
Spikevax®	80777-0115-80	Single Dose PFS; 10-pack	6M-11Y	20 doses per order
Spikevax®	80777-0114-96	Single Dose PFS; 10-pack	12Y+	20 doses per order
mNEXSPIKE®	80777-0401-60	Single Dose PFS; 10-pack	12Y+	10 doses per order
Comirnaty®	00069-2609-10	Single dose SDV; 10-pack	5Y-11Y	20 doses per order
Comirnaty®	00069-2631-10	Single Dose PFS; 10-pack	12Y+	20 doses per order
Nuvaxovid™	49281-0026-88	Single Dose PFS; 10-pack	12Y+	10 doses per order

If a presentation is not currently available, it will show as "unavailable" on the ASIS order screen, and you will need to select an alternative presentation or wait until it becomes available. There are no guarantees of when presentations will become available.

If you are planning a clinic or need additional doses that exceed the ordering cap please contact your the appropriate immunization program based on your facility's location.



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2026-2027 RSV Presentation Ordering Caps

Presentation Ordering Caps

Immunization Name	NDC	NDC Description	Ordering Min	Ordering Cap
Nirsevimab/Beyfortus®	49281-0575-15	RSV, 50mg, SYR, 5-pack	5 doses	100 doses
Nirsevimab/Beyfortus®	49281-0574-15	RSV, 100mg, SYR, 5-pack	5 doses	100 doses
Clesrovimab/Enfionsia™	00006-5073-01	RSV, 1 ack – 1 dose syringe	1 dose	10 doses
Clesrovimab/Enfionsia™	00006-5073-02	RSV, 10 pack – 1 dose syringe	10 doses	100 doses
Abrysvo™ (Maternal)	00069-2465-01	RSV, 1 pack – 1 dose syringe	1 dose	5 doses

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If you are planning a clinic or need additional doses that exceed the ordering cap please contact your the appropriate immunization program based on your facility's location.



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2026-2027 Influenza Overview as of 10/15/2026

Flu Presentation Available Doses

Seasonal Doses	Total Allocated	Total Ordered	Total Available	Pending Warehouse
209,860	121,210 (57.7%)	55,340	65,870	88,650

Brand	NDC	NDC Description	Seasonal Doses	Total Allocated Doses	Total Ordered Doses	Total Available Doses	still to receive in the warehouse
FLULAVAL	19515-0822-52	FLU; SYR; 10-pack (TIV)	46,040	27,350	7,620	19,730	18,690
FLUZONE	49281-0426-50	FLU; SYR; 10-pack (TIV)	99,360	40,890	23,610	17,280	58,470
FLUBLOK	49281-0726-10	FLU; SYR; 10-pack (TIV)	2,000	2,000	200	1,800	0
FLUARIX	58160-0725-52	FLU; SYR; 10-pack (TIV)	33,110	21,910	11,640	10,270	11,200
FLUMIST	66019-0113-10	FLU; SPRAYER; 10-pack (TIV)	5,270	4,980	1,360	3,620	290
FLUCELVAX	70461-0656-03	FLU; SYR; 10-pack (TIV)	24,080	24,080	10,910	13,170	0
			209,860	121,210 (57.7%)	55,340	65,870	88,650 (42.24%)



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2026-2027 COVID-19 Overview as of 10/15/2026

COVID-19 Presentation Available Doses

Total Allocated	Total Ordered	Total Available
10,690	1,400 (13.1%)	9,290

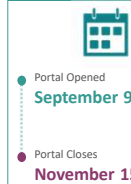
Brand	NDC	NDC Description	Current VTrcks Allocated Doses	Total Ordered Doses	Total Available Doses
NUVAXOVID	49281-0026-50	Nuvaxovid-(2026-2027):(12y+):SYR;10-pk	110	0	110
SPIKEVAX	80777-0114-96	Spikevax(2026-2027):(12y+):SYR;10-pk	4,140	430	3,710
SPIKEVAX	80777-0115-80	Spikevax(2026-2027):(5y-11y):SYR;10-pk	4,870	670	4,200
mNEXSPIKE	80777-0401-60	Moderna-mNEXSPIKE(2026-2027):(12y+):SYR;10-pk	180	10	170
COMIRNATY	00069-2631-10	Comirnaty(2026-2027):(12y+):SDV;10-pk	1,500	290	1,210
COMIRNATY	00069-2609-10	Comirnaty(2026-2027):(5y-11y):SDV;10-pk	1,330	150	1,180
			10,690	1,400	9,290
				13.10%	



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2026-2027 IDR Now Open

Reporting Timeline



Updates

Updated Documents

School resources were updated over the summer and available on the website now.

No Major Changes

There are no changes to existing requirements or IDR reporting procedures.

IEC

- School district information associated with the school is now reportable.
- Will help track which districts are utilizing it.
 - Worked with web developers to pre-load a majority of the districts with the schools.



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Shipping Updates

VFC/VFA No Vaccine Delivery

- Veteran's Day: Wednesday, 11/11/2026
- Thanksgiving Day: Thursday, 11/26/2026 & Friday, 11/27/2026
- Christmas Eve: Thursday, 12/24/2026
- Christmas Day: Friday, 12/25/2026
- New Year's Day: Friday, 01/01/2027



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Thank you!

ARIZONA

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TAPI Provider Education

October 2026 Update

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IMMUNIZATIONS

Immunizations have proven to be the most effective way to stop the spread of disease. We offer immunizations to children and adults in Maricopa County at our standing clinics and at scheduled community events. Anyone with or without insurance is welcome.

Appointments are required at our standing immunization clinics by [booking online](#) or calling 602-506-6767.



IMMUNIZATION CLINICS

Our immunization clinics offer free vaccinations Monday-Friday by appointment.



COMMUNITY EVENTS

Free vaccination clinics are hosted at various locations on specific dates and times.



MCPIP PROVIDERS

Information for Vaccines for Children (VFC) providers located within the City of Phoenix.



maricopa.gov/immunizations

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Maricopa County Phoenix Immunization Program (MCPIP) Updates

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What's New?

VFC Recruitment

Provider Recruitment

- MCDPH is continuing efforts to **recruit new VFC providers**, focusing on primary care and FQHCs.
 - Interested in joining? Email MCPIP@Maricopa.gov
- Community partners can help identify clinics that may be good candidates for joining the VFC program.



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What's New?

Community Outreach & Vaccine Confidence

- A new **trusted messenger expansion** is underway, including partnering with Community Health Workers and developing culturally appropriate materials.
 - Interested in partnering? Email MCPIP@Maricopa.gov
- MCDPH will begin **key informant interviews and surveys** in late 2026 to inform a Phoenix-specific messaging campaign addressing hesitancy.
- A 2027 messaging campaign will be co-developed with trusted messengers identified during this fall's outreach.



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What's New?

School & Childcare Engagement

With the School Stock Medication Program (SSMP) ending, MCDPH will maintain updated contact lists for school health staff.

- MCDPH will send biannual public health newsletters to school partners including immunization messaging



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Clinics

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Adult Vaccines Available

- COVID
- Hep A
- Hep B
- Influenza
- Influenza (High Dose)
- MMR
- MPOX
- Tdap

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Outreach SVDP in October

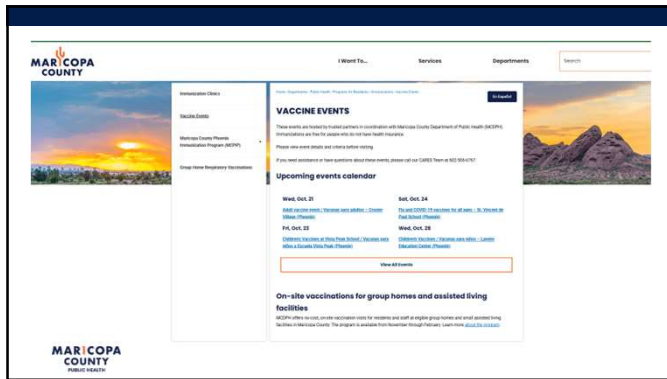


Other Vaccines include:

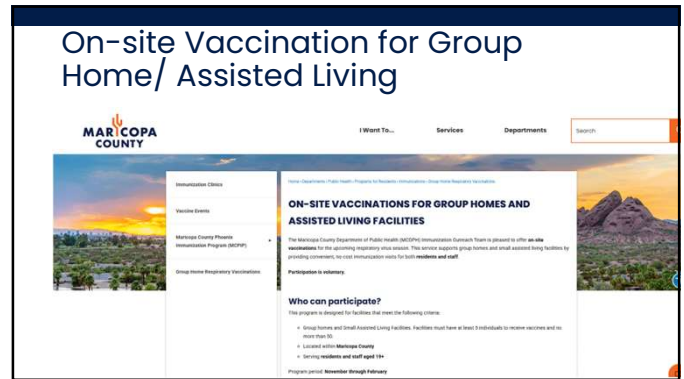
- Hepatitis A
- Hepatitis B
- HPV
- Pneumococcal (PCV20 / PCV21)
- Shingrix
- Tdap
- MMR



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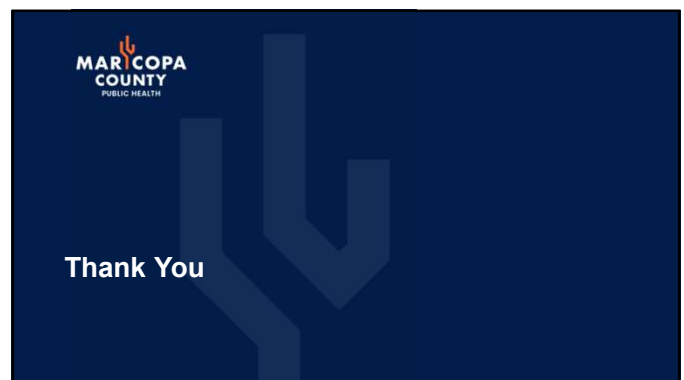
Adult Vaccine Community Providers

Increasing Adult Vaccine Access

- Summer 2026:
 - Notification to community providers/request for applications
- Fall 2026:
 - Contracts/Grants worked with selected providers
 - Requires approval of Board of Supervisors
 - All orders must be placed by October 30, 2026
- Increased adult vaccines available in the community

MARICOPA COUNTY
PUBLIC HEALTH

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Adult Immunization and Viral Disease Management Update

Rebecca Sunenshine, MD, FIDSA
Medical Director

ASU Health Observatory
Arizona State University

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Transforming Health Data to Health Impact for Arizona and Beyond

ASU Health Observatory
Arizona State University

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Objectives

- 1 Overview of adult immunizations based on ACIP recommendations with supporting evidence
 - Routine
 - Risk-based
 - 2 Vaccines in pregnancy review
 - 3 Comparison with other professional society guidelines for adult immunizations
 - 4 Adult viral infection management: RSV, COVID, Shingles, Flu
- Note: Dark red font denotes controversial ACIP recommendations that conflict with professional societies and might lack sufficient evidence

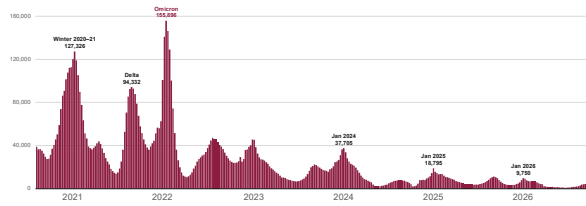
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COVID-19 Vaccines

- Recommendations:** All persons aged ≥ 6 months; Annual dose of updated formulation; number of initial doses varies by age and immune status
- Recommendations updated **each season** to address new strains and waning immunity
 - **ACIP recommended shared/individual decision making in 2025**
 - Moderately-to-severely **immunocompromised** adults: at least **one additional dose** beyond standard seasonal schedules
- Trade names:** Comirnaty (Pfizer-BioNTech, mRNA), Spikevax (Moderna, mRNA), Novavax (adjuvanted protein subunit); formulations updated annually
- Effectiveness:** Protects primarily against severe disease, hospitalization (53%), and death; limited protection against symptomatic infection and wanes
- Principal side effects:** Local reactions (injection-site pain) ~69% and systemic reactions (fatigue, headache, myalgia) ~50% within the first week; Myocarditis/pericarditis is a rare risk, mainly in younger males
- Other key points:** Give ≥ 2 months after a prior dose

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US COVID-19 Hospitalization Over Time



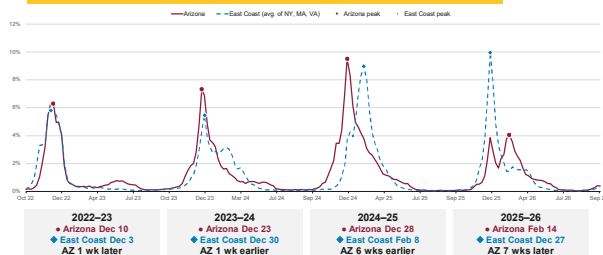
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Influenza Vaccines

- Annual vaccination recommended for all adults ≥ 6 months**
- **Age ≥ 65 years:** high-dose (HD-IIV3), recombinant (RIV3), or adjuvanted (aIIV3) preferred
 - **Optimal timing:** September–October; avoid July–August for most adults
- Trade names:** Fluzone, Fluarix, Flucelvax (cell-based, cctIV), Flublok (recombinant, RIV), Fludac (adjuvanted, aIV), FluMist (live-attenuated, LAIV)
- Efficacy:** Variable by season and strain match; typically ~40–60% reduction in illness
- Principal side effects:** Mild injection-site soreness (>50%); low-grade fever/myalgia minority
- Key points:**
- Avoid live-attenuated (FluMist) in pregnancy and immunocompromise
 - **People with egg allergies** "should receive influenza vaccine and that any influenza vaccine (egg based or non-egg based) that is otherwise appropriate for the recipient's age and health status can be used"
- As of June 2026, all adults to receive seasonal influenza vaccines only in single-dose formulations that are free of thimerosal as a preservative**

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Flu Peak: Arizona vs. East Coast



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Respiratory Syncytial Virus (RSV)

- Recommendations:**
- **All adults ≥ 75 years:** single dose of any licensed RSV vaccine
 - **Adults 60–74 years** at increased risk for severe RSV: single dose
 - Adults can self-attest to a risk factor
 - Vaccine should not be denied for lack of documentation
 - **Pregnancy 32–36 weeks** (Sept–Jan), Abrysvo only, for infant protection
- Trade names:** Arexvy (GSK, adjuvanted recombinant pref), Abrysvo (Pfizer, recombinant pref), mResvia (Moderna, mRNA)
- Efficacy:** Real-world effectiveness ~75–82% against RSV-associated hospitalization in the first season
- Principal side effects:** Injection-site pain, fatigue, headache, myalgia (local reactions ~12%). Rare Guillain-Barré syndrome signal observed post-licensure (~11 excess cases per million doses)
- Key points:** **Single lifetime dose** (although some evidence of waning immunity). Can be co-administered with influenza/COVID-19 vaccines

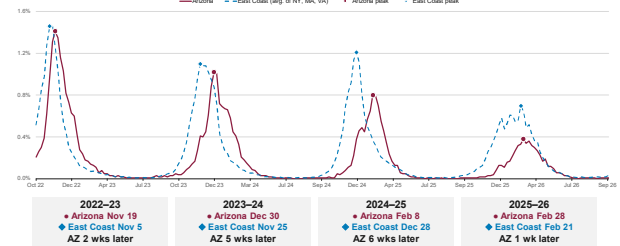
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RSV Risk Factors

- Chronic cardiovascular disease** — e.g., heart failure, coronary artery disease, congenital heart disease. **Isolated hypertension does not qualify**
- Chronic lung or respiratory disease** — e.g., COPD, emphysema, asthma, **interstitial lung disease, cystic fibrosis**
- End-stage renal disease or dependence on hemodialysis/other renal replacement therapy**
- Other chronic medical conditions or risk factors a provider judges would increase risk of severe disease from a viral respiratory infection** — e.g., frailty, concern for undiagnosed chronic conditions, or residence in a remote/rural community where escalation of care is challenging
- Diabetes mellitus with end-organ damage** — complicated by chronic kidney disease, neuropathy, retinopathy, or other end-organ damage
- Diabetes mellitus requiring insulin or an SGLT2 inhibitor**
- Neurologic or neuromuscular conditions causing impaired airway clearance or respiratory muscle weakness** — e.g., post-stroke dysphagia, **ALS**, muscular dystrophy. A history of stroke without impaired airway clearance does not qualify
- Chronic liver disease** — e.g., cirrhosis
- Chronic hematologic conditions** — e.g., **sickle cell disease**, thalassemia
- Severe obesity** — BMI ≥40 kg/m²
- Moderate or severe immune compromise**
- Residence in a nursing home**

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RSV Peak: Arizona vs. East Coast



Weekly % of ED visits for RSV. Source: CDC National Syndromic Surveillance Program (RSV Forecast Hub target date, Oct 2022 – Oct 3, 2026).

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Tetanus, Diphtheria, Pertussis (Tdap / Td)

- Recommendations:**
 - Adults who never received Tdap: 1 dose Tdap, then Td or Tdap booster every 10 years
 - Pregnancy: 1 dose Tdap each pregnancy at 27–36 weeks
 - Wound management: Td/Tdap if ≥5 years since last dose
- Trade names:** Tdap — Boostrix, Adacel; Td — Tetravac
- Efficacy:** Near-complete seroprotection against tetanus and diphtheria; pertussis protection is good initially but wanes within 2–4 years
- Principal side effects:** Local pain/swelling (common); systemic reactions more frequent with multiple prior boosters
- Key points:** Prior Guillain-Barré syndrome or brachial neuritis is not a contraindication to further tetanus-containing doses

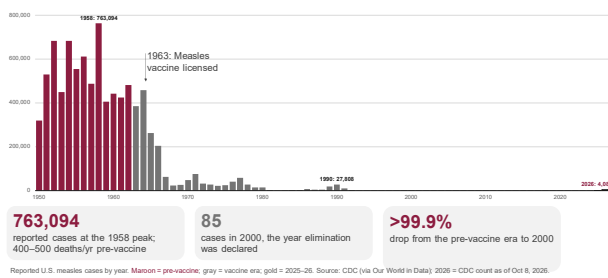
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Measles, Mumps, Rubella (MMR)

- Recommendations:**
 - Adults born ≥1957 without evidence of immunity: ≥1 dose
 - High-risk adults (health care personnel, students, international travelers): 2 doses ≥28 days apart
 - Nonpregnant women of childbearing age nonimmune to rubella: 1 dose
- Trade names:** M-M-R II, Priorix
- Efficacy:** ~93% after 1 dose; ~97% after 2 doses against measles
- Principal side effects:** Fever in 5–15% (5–12 days post-vaccination); transient rash in ~5%; serious events rare
- Key points:** Live vaccine — contraindicated in pregnancy and severe immunocompromise (e.g., HIV with CD4 <200)
 - Not associated with autism**

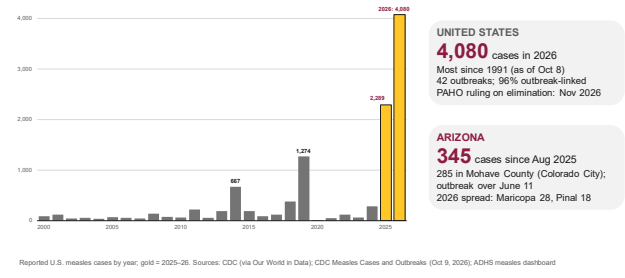
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Measles, 1950–2026



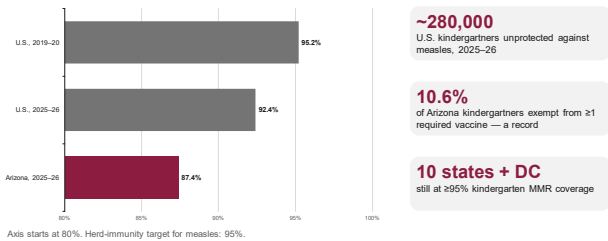
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Measles Now: 2000–2026



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Kindergarten MMR Coverage



Sources: CDC Measles Cases and Outbreaks / SchoolNetView (Oct 2026), ADHS school immunization data via Aries Phoenix (Aug 20, 2026), CDEMAP (2023).

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Varicella

- Key points:**
 - Live vaccine — **contraindicated in pregnancy and severe immunocompromise**; vaccinate postpartum before discharge if nonimmune.
 - U.S. birth before 1980 counts as evidence of immunity (except pregnant women and health care personnel)
- Trade name:** Varivax (live attenuated)
- Recommendations:** Adults ≥13 years without evidence of immunity: 2 doses 4–8 weeks apart
- Efficacy:** ~90% against any varicella; effectiveness against severe disease approaches 100%
- Principal side effects:** Injection-site reactions; varicella-like rash at site in ~3% and generalized in ~3%, typically within 3 weeks

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Zoster (Shingles)

- Recommendations:**
 - Immunocompetent adults ≥50 years: 2 doses 2–6 months apart
 - Immunocompromised adults ≥19 years: 2 doses, may use 1–2 month interval
- Trade name:** Shingrix (recombinant zoster vaccine, RZV, adjuvanted; non-live)
- Efficacy:** ~97% in ages 50–69 and ~91% in ages ≥70; postherpetic neuralgia prevention ~91% and ~89%, respectively.
- Principal side effects:** Significant reactogenicity — grade 3 injection-site reactions in 8.5–9.5% and grade 3 systemic reactions (myalgia, fatigue) in 6–11%; usually resolve in 1–3 days. Rare GBS signal in older adults.
- Key points:** Give regardless of prior zoster, prior Zostavax, or varicella history; no VZV serology needed; safe in immunosuppressed (non-live). **Zoster (RZV/Shingrix):** for all adults 2 doses ≥50 (or ≥19 if immunocompromised)

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Human Papillomavirus (HPV)

- Adult recommendations:** Routine catch-up through age 26 years; Shared clinical decision-making for ages 27–45 years
- Immunocompromised/HIV:** 3-dose series regardless of age
- Trade name:** Gardasil 9 (9-valent; only product distributed in the US)
- Efficacy:** Highly effective at preventing persistent infection and precancers from targeted oncogenic types (notably HPV 16/18) and anogenital warts (6/11)
- Principal side effects:** Injection-site reactions; syncope (observe seated ~15 min)
- Key points:** Do not give in pregnancy (no pregnancy test required); not licensed beyond age 45

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Pneumococcal

- Recommendations:**
 - All adults ≥50 years and adults 19–49 years with risk factors
 - Vaccine-naïve: single dose of PCV20 or PCV21 ("1 and done"); or PCV15 followed by PPSV23 ≥1 year later (≥8 weeks if high-risk)
 - Prior PPSV23 or PCV13: PCV20 or PCV21 ≥1 year later
- Trade names:** PCV15 (Vaxneuvance), PCV20 (Pneumovax 20), PCV21 (Capvaxine), PPSV23 (Pneumovax 23)
- Efficacy:** Conjugate vaccines highly immunogenic; PCV20/PCV21 approved on antibody response (clinical effectiveness estimates are immunogenicity-based). Pneumococcal vaccination associated with markedly lower severe disease risk
- Principal side effects:** Mild-to-moderate injection-site pain/tenderness, fatigue, headache, myalgia; self-limited
- Key points:** Universal age threshold was lowered to ≥50 years (2025)

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Conjugate vs. Polysaccharide Pneumococcal Vaccines

Feature	Conjugate (PCV13/15/20/21)	Polysaccharide (PPSV23)
Antigen	Capsular polysaccharide linked to carrier protein (CRM197)	~~Pure capsular~~ polysaccharide, 23 serotypes
Immune response	T-cell-dependent	T-cell-independent
Immune memory	Yes — durable memory B cells, affinity maturation Reduces	No — waning, no anamnestic booster response

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Pneumococcal Risk Factors

- Chronic organ disease:** chronic **heart** disease (including CHF and cardiomyopathies), chronic **lung** disease (COPD, emphysema, asthma), chronic **liver** disease, and chronic **kidney** disease/chronic renal failure
- Metabolic/behavioral:** **diabetes mellitus**, **alcoholism** (alcohol use disorder), and **cigarette smoking**
- Immunocompromising conditions:** HIV infection, congenital or acquired immunodeficiency (B- or T-lymphocyte deficiency, complement deficiencies, phagocytic disorders), iatrogenic immunosuppression (including long-term systemic corticosteroids and radiation therapy), generalized malignancy, leukemia, lymphoma, Hodgkin disease, multiple myeloma, nephrotic syndrome, solid organ transplant, and sickle cell disease/other hemoglobinopathies
- Anatomic/functional:** congenital or acquired **asplenia**, cerebrospinal fluid (CSF) leak, and **cochlear implant**

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Hepatitis B

- Recommendations:**
 - Universal for all adults 19–59 years; ≥60 years with risk factors or on request
 - 2-3 dose series depending on formulation
- Trade names:** Hepisav-B (HepB-CpG, 2-dose), Engerix-B, Recombivax HB, PreHevrio, Twinrix (HepA–HepB combination)
- Efficacy:**
 - Seroprotection 90–100% with Hepisav-B vs 70.5–90.2% with Engerix-B;
 - Conventional-vaccine response declines with age (~47% at 50–60 years)
- Principal side effects:** Local reaction in 10–20%; occasional systemic HA
- Key points:** Hepisav-B offers higher seroprotection with fewer doses, favored in older/immunosuppressed adults and prior nonresponders

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Hepatitis B Paradigm Shift

- Important:** In December 2025 ACIP voted to replace the universal hepatitis B birth-dose with **shared clinical (individual based) decision –making** for infants born to HBsAg negative mothers
- This will likely lead to reduced hepatitis B population immunity among US children and adults in the future

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Summary of Adult Risk-Based Vaccines — Doses & Risk Factors (ACIP, 2025)

Vaccine (trade name)	Recommended doses	Key risk factors / indications
Hepatitis A (Havrix, Vaqta; Twinrix combo)	2 doses (0, 6–12 mo); Twinrix 3 doses (0, 1, 6 mo)	Chronic liver disease, HIV, MSM, drug use, homelessness, travel to endemic areas, occupational risk
Mpox (JYNNEOS / MVA-BN)	2 doses, 28 days apart	Age ≥18 at risk: MSM/transgender with recent STI, multiple partners, or high-risk sexual exposure; their partners; occupational/lab exposure (not routine for healthcare workers)
Meningococcal ACWY (Menveo, MenQuadfi)	High-risk: 2 doses + booster q5 yr; travel/college/military: 1 dose	Asplenia, complement deficiency or inhibitor use, HIV, microbiologists, travel to endemic areas, college dorm residents, military, outbreaks, pregnancy: delay until post-partum
Meningococcal B (Bexsero, Trumenb)	2–3 doses (brand-specific) + booster q2–3 yr	Asplenia, complement deficiency or inhibitor use, microbiologists, serogroup B outbreak; ages 16–23 by shared decision-making
Poliovirus (IPV) (Ipol)	Complete 3-dose series if unvaccinated; 1 lifetime booster if at risk	Unvaccinated/incompletely vaccinated adults; increased exposure (travel to endemic areas, lab/healthcare workers)
Hib (ActHib, Hiberix, PedvaxHib)	1 dose (asplenia); 3 doses after HSCT	Functional/anatomic asplenia or splenectomy; HSCT recipients. Not routine for HIV

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Vaccines in Pregnancy- Overview

- Influenza (inactivated/recombinant)** — pregnancy during influenza season; any licensed, age-appropriate inactivated influenza vaccine can be given safely in **any trimester**
- COVID-19** — all pregnant and lactating individuals should receive an updated COVID-19 vaccine in **any trimester**
- Tdap** — one dose during **each pregnancy**, as early as possible within the **27–36 gestational-week window** for optimal transplacental antibody transfer
- RSV** — all eligible pregnant individuals
- Each confers fetal and neonatal benefit through passive transplacental antibody transfer with no evidence of adverse fetal effects

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Differences between ACIP and Major US Professional Societies after June 2025

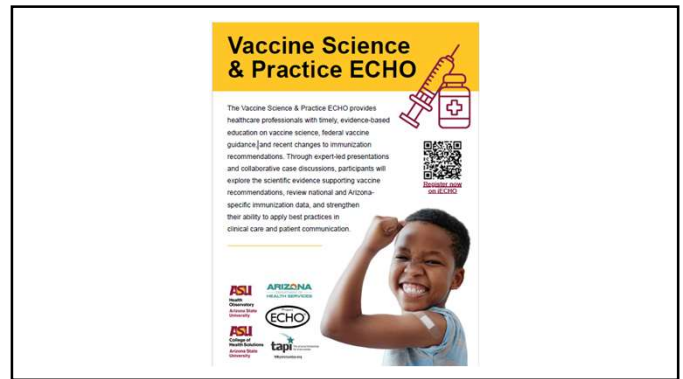
ACIP change (date)	Prior standard	Society response
COVID-19 downgraded to shared/individual decision-making, all ages incl. ≥65 (May–Nov 2025)	Routine recommendation for ≥6 mo; recommended for ≥65 and immunocompromised	ACOG, AAP objected; AAP/ACPI/IDSA/APHA/SM FM lawsuit vs HHS
Influenza restricted to thimerosal-free single-dose only (Jun 26, 2025)	Multidose thimerosal-containing IIV considered safe/acceptable	Contradicts AAFP-cited consensus that thimerosal is safe

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 Mello MM, Walensky RP, Osterholm MT, Brennan TA. Navigating Conflicting Vaccination Recommendations: Guidance for Clinicians. JAMA. 2026;335(10):847-849. doi:10.1001/jama.2026.0276
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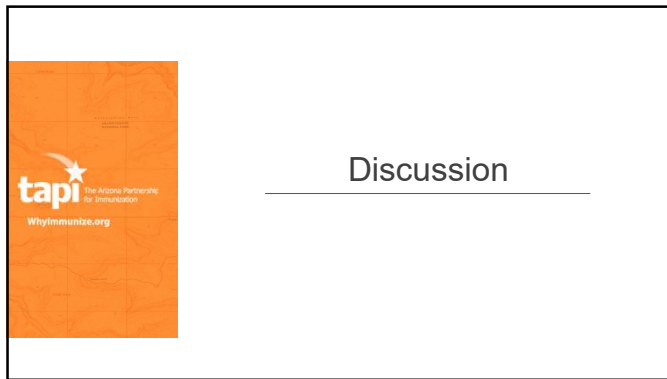
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Overview of Moderna's mRNA Platform and Respiratory Vaccines

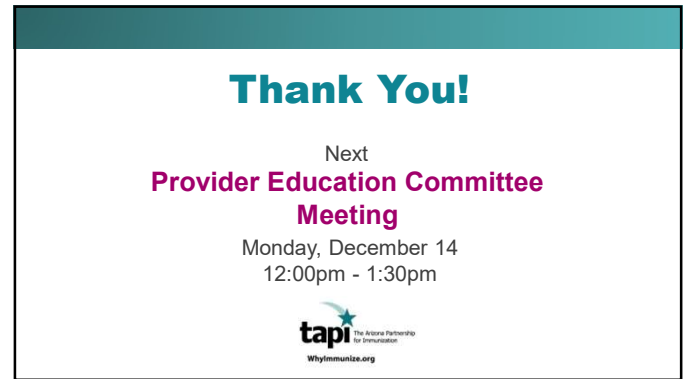
Luke S. Uebelhoer, PhD, Associate Director, Field Medical Advisor, Moderna



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