

Aug/Sep 2023

Pennsylvania Immunization Program Newsletter

IN THIS ISSUE

CONTENTS

[Prevention of RSV](#)

[VFC Program](#)

[COVID-19 Vaccine
Program](#)

[Mpox Vaccine Program](#)

[PIERS ALERT](#)

[Back-to-School Checklist](#)

[Provider Webinars](#)

[Contact Us](#)

CDC RECOMMENDS A POWERFUL NEW TOOL TO PROTECT INFANTS FROM THE LEADING CAUSE OF HOSPITALIZATIONS

New immunization is the first approved and recommended in the U.S. to prevent severe RSV disease in all infants

On August 3, 2023, CDC Director Mandy Cohen, MD, MPH, adopted the CDC Advisory Committee on Immunization Practices' (ACIP) recommendation for the use of nirsevimab, trade name Beyfortus™, a long-acting monoclonal antibody product, which has been shown to reduce the risk of both hospitalizations and healthcare visits for RSV in infants by about 80 percent.

Antibodies are part of our immune system and help us fight infections. Monoclonal antibodies are man-made proteins that mimic the antibodies that our bodies naturally produce. Making this immunization available means that babies will be able to receive antibodies to prevent severe RSV disease, providing a critical tool to protect against a virus that is the leading cause of hospitalization among infants in the U.S.

RSV is one of the most common causes of childhood respiratory illness and results in annual outbreaks of respiratory illnesses in all age groups. An estimated 58,000 to 80,000 children under 5 years of age, most of them infants, are hospitalized each year nationwide due to RSV infection, with some requiring oxygen, intravenous (IV) fluids, or mechanical ventilation (a machine to help with breathing). Each year, an estimated 100 to 300 children younger than 5 years of age die due to RSV.

CDC recommends one dose of nirsevimab for all infants younger than 8 months, born during – or entering – their first RSV season (typically fall through spring). For a small group of children between the ages of 8 and 19 months who are at increased risk of severe RSV disease, such as children who are severely immunocompromised, a dose is recommended in their second season.

Nirsevimab, which was [approved last month](#) by the U.S. Food and Drug Administration (FDA), is administered as an injection and provides infants and toddlers with antibodies to protect against severe RSV illness. It provides critical protection during a baby's first RSV season, when they're most at risk for severe illness.

Nirsevimab is expected to be available this fall. Expectant parents and parents of infants under the age of 8 months, as well as those with older babies, should talk with their healthcare providers and request this added layer of protection against RSV this season.

ACIP voted to include nirsevimab in the [Vaccines for Children program](#), which provides recommended vaccines and immunizations at no cost to about half of the nation's children. CDC is currently working to make nirsevimab available through the Vaccines for Children program. Healthcare providers will be a key partner in CDC's outreach efforts. Additional clinical guidance and healthcare provider education material will be provided by CDC in the coming months.

"As we head into respiratory virus season this fall, it's important to use these new tools available to help prevent severe RSV illness," said Cohen. "I encourage parents of infants to talk to their pediatricians about this new immunization and the importance of preventing severe RSV."

For more information on nirsevimab, trade name Beyfortus™, visit CDC's website: [RSV in Infants and Young Children | CDC](#).

VACCINES FOR CHILDREN (VFC) PROGRAM

Tracking vaccine preventable diseases in Pennsylvania

According to the Centers for Disease Control and Prevention (CDC), the COVID-19 pandemic continues to decline while routine childhood vaccinations rebound. As federal and state agencies continue to investigate the impact of the pandemic on routine immunizations, it is crucial that we take steps to help get children back on schedule with their routine immunizations. Children and teens can still catch up on vaccinations even if they start late. Please check out CDC's fact sheet for an overview of the state of routine vaccination at [Covid-19-pandemic-effects-child-d-2.23.23-1c \(cdc.gov\)](https://www.cdc.gov/nczod/diseases/zoonotic/d23/covid-19-pandemic-effects-child-d-2.23.23-1c)

The Pennsylvania Department of Health (DOH) analyzes surveillance data to monitor disease trends, detect outbreaks and evaluate the effectiveness of disease control programs and policies. Below is a summary of vaccine preventable disease (VPD) trends in Pennsylvania. As of July 6, 2023, Pennsylvania had the following reported VPDs during the 2022 calendar year:

Vaccine Preventable Disease Trends in Pennsylvania

- A total of 99 pertussis cases were reported in 2022 as of July 6, 2023. This represents an 81 percent decrease from the previous five-year average (2017-2021).
- In 2022, there were 13 reported mumps cases, which represents a 98 percent decrease from the previous five-year average.
- There were 240 reported varicella cases in 2022, which represents a 43 percent decrease from the previous five-year average.
- Eight confirmed invasive meningococcal disease cases were reported in 2022, which is a 60 percent decrease compared to the previous five-year average.

VFC New Provider Enrollment

The PA VFC program continues to welcome new providers to the program. To streamline the enrollment process, the procedure is 100% online. Please visit the provider enrollment section of PA's [VFC webpage](#) to review the procedure. Providers must apply online to become a new VFC provider. Any applications or documents that are faxed or emailed will not be accepted or reviewed. For any questions regarding new provider enrollment, please visit the VFC webpage or contact: RA-pavfc@pa.gov.

VFC Program Correspondence

Providers are required to include their Provider Identification Number (PIN) on all correspondence and documents sent to the VFC Program.

- The PIN assigned to your site is a unique identifier and must be used for all communications, including voicemails and emails.

Vaccine Returns and Waste Requests

Please remember to review the [Return and Waste Procedures](#) prior to submitting return and waste requests to DOI. The procedures are meant to aid providers in understanding which vaccines are returnable vs. which vaccines need to be wasted.

The [Spoiled/Expired Returnable Form](#) is used to report non-viable returnable vaccine. This includes expired vaccine or vaccine spoiled due to temperature excursions, transport conditions, power

outages, or unit failure. All unopened vaccine that is no longer viable due to any of the above conditions must be returned to McKesson. Unopened vaccine is defined as “a pack of single dose vials or syringes with doses administered – the remaining doses are considered “unopened.”

The [Wasted/Destroyed Form](#) is used to report non-viable vaccine that cannot be returned. This includes any opened multi-dose vials that have expired or spoiled, vaccine that has been drawn up but not administered, broken vials/syringes, and lost/unaccounted for vaccine. Wasted vaccine must still be reported and accounted for but can then be destroyed following state and local disposal requirements.

The Return and Waste Procedures, as well as step-by-step instructions for completing each form are located on the VFC website, [Resources and Forms](#) page.

Inventory Management Reminder

All VFC providers are required to properly manage their inventory according to VFC policies and procedures.

- This includes receiving vaccines into your inventory, updating doses administered, and accounting for any unused vaccines.
- Inventory management practices are necessary in reducing waste.
- Please remember to rotate your stock weekly, order only what you need monthly, and contact your Immunization Nurse to relocate vaccine(s) expiring within 90 days that will not be utilized.
- When vaccines are no longer viable, they must be removed from the site’s active inventory in PA-SIIS. Providers must select the appropriate reconciliation reason, enter the correct quantity, and add any necessary notes.
- Non-viable vaccines should be removed from the active inventory prior to submitting any return or waste requests.

COVID-19 VACCINE PROGRAM

Discontinuation of CDC's COVID-19 Vaccine Program

On Monday, Sept. 11, 2023, the FDA acted authorizing and approving the updated 2023– 2024 monovalent XBB.1.5 variant mRNA COVID-19 vaccines by Moderna and Pfizer-BioNTech. On September 12, 2023, CDC recommended use of these updated 2023-2024 COVID-19 vaccines in all individuals ages 6 months and older (<https://www.cdc.gov/media/releases/2023/p0912-COVID-19-Vaccine.html>).

With these FDA and CDC actions, the CDC COVID-19 Vaccination Program is discontinued as it applies to the bivalent Moderna and Pfizer-BioNTech mRNA COVID-19 vaccines previously provided by the US Government (USG). Bivalent (Original and Omicron BA.4/BA.5 variant) Moderna and Pfizer-BioNTech mRNA COVID-19 vaccines should no longer be administered.

Limited aspects of the CDC COVID-19 Vaccination Program will remain operational for purposes of administering existing USG-provided Novavax ancestral COVID-19 vaccine doses until the updated 2023-2024 Novavax monovalent XBB.1.5 variant COVID-19 vaccine is approved/authorized by FDA, as expected soon. At that time, doses of that updated. 2023-2024 Novavax COVID-19 vaccine will become available for private purchase in the commercial marketplace. And, at that time, the Novavax component of the CDC COVID-19 Vaccination Program will also cease, fully ending the CDC COVID-19 Vaccination Program.

The USG is no longer purchasing COVID-19 vaccines for distribution through the CDC COVID-19 Vaccination Program. Providers will need to directly purchase doses of the updated 2023-2024 COVID-19 vaccines and administer them through their standard processes outside of the discontinued CDC COVID-19 Vaccination Program.

In addition, CDC no longer distributes COVID-19 Vaccination Record Cards. Providers are no longer required to complete these cards. Providers should continue to submit vaccine administration data through either the immunization information system (IIS) of the state and local or territorial jurisdiction or through other designated electronic systems, according to state and local requirements. We now need your help closing out the CDC COVID-19 Vaccination Program.

Please visit [COVID-19 Vaccination Provider Requirements and Support | CDC](#) for all required steps in closing out the participation in the CDC COVID-19 Vaccination Program.

Frequently Asked Questions

What is commercialization?

Commercialization is the transition of COVID-19 medical countermeasures, including vaccines, treatments, and test kits previously purchased by the U.S. Government, to established pathways of procurement, distribution, and payment by both public and private payers. Every day, manufacturers, logistics companies, and payors provide medical countermeasures for the commercial market.

How will the under and uninsured people have access to COVID vaccines?

- The under and uninsured populations will have access to COVID-19 vaccines in the following ways:
 - Through the Vaccines for Children Program, the Children's Health Insurance Program, most commercial insurance plans, Medicare, and Medicaid, vaccines will remain free for most U.S. residents.
 - Those with Medicare, Medicaid, and most private insurance will be able to access covered treatments, potentially with cost-sharing.
 - The CDC's Vaccines for Children Program will provide coverage for uninsured and underinsured children in the same manner as it does for other routine vaccinations.
 - COVID-19 vaccines will be available through the **Bridge Program** for uninsured and underinsured adults 19 years of age and older.

What is the Bridge Program?

The Bridge Program is an upcoming temporary program that will allow uninsured and underinsured adults to obtain COVID-19 vaccine and treatments. The Bridge Program will provide free COVID-19 vaccines for eligible populations through December 2024.

What are the components of the Bridge Program?

The program consists of two components: the first uses existing public health infrastructure, such as state immunization programs, local health departments, and HRSA-supported health centers, to provide uninsured/underinsured adults with COVID-19 vaccines. The second component will be implemented through contracts with pharmacy chains that will enable them to continue offering free COVID-19 vaccinations to the uninsured/underinsured through their network or retail locations as was done during the COVID-19 public health emergency.

What are the eligibility requirements for enrolling in the Bridge Program?

There are several factors that will be considered in determining provider participation in this new program. At this time, it is known that a limited number of doses of COVID-19 vaccines will be made available only to State Health Centers (SHCs), County Municipal Health Departments (CMHDs), eligible Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), VFA and Indian Health Service Providers, and other select providers. You can find the Bridge Program policies and procedures at this link. - [Provider Vaccine Resources \(pa.gov\)](https://pa.gov)

Are pharmacies eligible to participate in PA's Bridge Program?

The decision to enroll pharmacies, will be made by PADOH on a case-by-case basis depending on doses available, provider's past participation with the immunization program, and whether there is a need to fill the gap caused by vaccine deserts.

Is there a separate federal distribution structure for the Bridge Program like the current Federal Pharmacy Program for COVID vaccines?

Yes. The pharmacies will receive federal allocation of COVID-19 vaccines, and the federal government will be responsible for federal supply, requirements, and oversight. CDC intends to negotiate modifications to CDC's existing Increasing Community Access to Testing (ICATT) contracts with CVS, Walgreens, and eTrueNorth to provide pharmacy-based vaccination services to uninsured adults in low access areas and areas of low vaccination coverage. More information is forthcoming.

After commercialization, how can Providers purchase COVID-19 vaccine products?

- Moderna: Providers can order through McKesson, Cardinal, and AmeriSource Bergen distributors or directly with Moderna at www.modernadirect.com and 1-866-MODERNA / 1-866-663-3762. Pre-booking is recommended to help the manufacturer manage production and distribution, including pre-filled syringes only available to commercial customers.
- Pfizer: Providers may work with wholesalers prior to and post launch of approved products or directly with Pfizer for minimum quantities at <https://primecontracts.pfizer.com> and 1-800-666-7248.
- Novavax: Providers can order larger volumes through Cardinal Health who will work with ABC, Schein, and McKesson distributors.

Resources

[COVID Vaccine Dosing Quick Reference.pdf \(aap.org\)](#)

[Clinical Guidance for COVID-19 Vaccination | CDC](#)

[Vaccines.gov - Find COVID-19 vaccine locations near you](#)

Vaccine Expiry Website Tool: <https://lotexpiry.cvdvaccine.com/>

Vaccines: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>

List of vaccine safety monitoring tools :[Ensuring COVID-19 Vaccine Safety in the US | CDC](#)

[Vaccine Effectiveness Studies | CDC](#)

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

[COVID-19 Vaccination Clinical and Professional Resources | CDC](#)

[Syndicate Credible Health Content | CDC](#)

[COVID-19 Vaccine Confidence | CDC](#)

[How to Tailor COVID-19 Vaccine Information to Your Specific Audience | CDC](#)

MPOX VACCINE PROGRAM

State of the Outbreak

A total of seven new cases of Mpox have been reported in Philadelphia since the beginning of July 2023, and four more have been reported across the rest of the state. The new cases bring the total number of mpox cases since May of 2022 to 875. As of September 26, 16,938 doses of JYNNEOS have been administered; 61% are first doses and 39% are second doses. While vaccine continues to be delivered to at-risk individuals, this means the Commonwealth still has a long way to go in its response to the Mpox outbreak as approximately 70% of those [most at-risk in PA](#) still have not received their first dose. Among those who have received at least one dose, just over half have been fully vaccinated. Per the CDC, receiving the full 2-dose series increases protection against Mpox greatly, as demonstrated by the following reports through MMWR:

- [Receipt of First and Second Doses of JYNNEOS Vaccine for Prevention of Monkeypox — United States, May 22–October 10, 2022 | MMWR \(cdc.gov\)](#)
- [Effectiveness of JYNNEOS Vaccine Against Diagnosed Mpox Infection — New York, 2022 | MMWR \(cdc.gov\)](#)
- [Estimated Effectiveness of JYNNEOS Vaccine in Preventing Mpox: A Multijurisdictional Case-Control Study — United States, August 19, 2022–March 31, 2023 | MMWR \(cdc.gov\)](#)

Around the country new Mpox cases continue to be diagnosed with 101 new cases being diagnosed between May 1 and August 9, 2023. According to the CDC, from mid-March through May 25, 2023, a cluster of Mpox cases has been identified, with a total of 29 confirmed cases reported to the Chicago Department of Public Health. All cases were among symptomatic men. None of the patients have been hospitalized. In response to this cluster of cases in Chicago, Health Alert Network (HAN) messages regarding the potential risk for new Mpox Cases were released by [CDC on May 15, 2023](#), and by [PADOH on May 17, 2023](#).

Preparing for potential increase in Mpox Cases

Based on the Commonwealth's vaccination rates and the cluster of cases seen in Chicago, the CDC's recent epidemiologic modeling of the nation's risk for [Mpox Case Resurgence](#) puts Pennsylvania at a greater than 35% risk for resurgence in Mpox cases. In preparation for potential increases, DOH began prepositioning Mpox test kits around the state in April 2023 with some of our HIV/STD partner providers who serve many of those most at-risk.

Ordering JYNNEOS

All order requests for JYNNEOS should continue to be submitted to DOH via the [PADOH MPOX Vaccine Supply Request Form](#). Providers may submit JYNNEOS requests any day or time, but DOH only submits orders to the Strategic National Stockpile (SNS) on Wednesday. However, the cutoff for weekly processing is Mondays at 11:59pm to allow time for review and processing. Orders received after the cutoff will be included in the following week's order. Distribution of the vaccine occurs through direct-to-site shipping from the SNS, with vaccine typically arriving at provider sites within 24-48 hours.

Mpox Vaccine locator

If your organization hasn't already done so, DOH encourages providers that offer the Mpox vaccine to add their location to the [MPOX Vaccine Locator](#). **For providers that are not listed on the locator:**

- *Step 1: Organizations that offer Mpox Vaccine but do not appear on the Mpox Vaccine Locator Widget can submit their information to npin.cdc.gov/organization/submit*
- *Step 2: Add the widget to your website by getting the embed code from www.cdc.gov/poxvirus/mpox/vaccines/ and clicking on "Embed" on the widget. Here is the code just in case:*
 - `<div data-cdc-widget="DynWidgets" data-component-name="MpoxLocator"></div>`
 - `<script src="//tools.cdc.gov/1M1B"></script>`

JYNNEOS Route of Administration Updates

JYNNEOS vaccine is licensed in the U.S. for subcutaneous administration in individuals 18 years of age and older. The U.S. Food and Drug Administration (FDA) issued an Emergency Use Authorization (EUA) in August 2022 to also allow for use of JYNNEOS vaccine:

- By subcutaneous injection for prevention of Mpox disease in individuals < 18 years of age.
- By intradermal injection for prevention of mpox disease in individuals > 18 years of age.

Intradermal administration (ID) is a recommended route of administration by the Commonwealth as it does afford extended supply of the JYNNEOS vaccine. However, Subcutaneous administration is considered the CDC's standard regimen for administering JYNNEOS and is supported by DOH. A person who presents for their second dose of JYNNEOS vaccine and is still experiencing erythema or induration at the site of intradermal administration of the first vaccine dose (e.g., the forearm) should have the second dose administered intradermally in the contralateral forearm or if that is not an option, in the upper back below the scapula, or at the deltoid.

Providers are encouraged to have a discussion with the patient regarding the potential routes of administration, especially if the patient expresses concern of stigma or a history of keloid scarring. As of August 2, 2023, this consideration is reflected under Section 15 of the [HHS Mpox Vaccination Program Provider Agreement](#), "Either the standard (0.5mL Subcut) or the alternative (0.1mL ID) regimen may be used. Providers may discuss with patients to determine which route of administration each patient prefers."

Updates from CDC Public Health Emergency Response on Mpox

On August 7, 2023, CDC updated the mpox webpage - [Demographics of Patients Receiving TPOXX for Treatment of Mpox | Mpox | Poxvirus | CDC](#) with information regarding CDC holding an [expanded access Investigational New Drug \(EA-IND\) protocol](#) for use of tecovirimat (TPOXX) for treatment of mpox. The IND forms are required to be submitted to CDC. As of August 2, 2023, CDC updated its [interim clinical considerations for the JYNNEOS vaccine](#) and the [Mpox Vaccination Program Provider Agreement](#) to encourage providers to discuss with patients whether they prefer to get the vaccine administered intradermally or subcutaneously.

Resources

[Information For Healthcare Professionals | Mpox | Poxvirus | CDC](#)
[Clinician FAQs | Mpox | Poxvirus | CDC](#)

PIERS ALERT!

The Pennsylvania Statewide Immunization Information System (PA-SIIS) is excited about our upcoming transition to a new immunization information system (IIS), named Pennsylvania Immunization Electronic Registry System (PIERS). We are on target for implementation in *January 2024*.

Onboarding

We will begin onboarding activities throughout the next few months. Several different training methods will be available, including in-person and web-based applications. The PA-SIIS team looks forward to working with you and providing these training resources, technical support, and quality assurance, with a goal of a seamless transition to PIERS.

What is PIERS?

PIERS will utilize WebIZ™ which is a web-based, database-driven immunization registry developed by Envision Technology Partners, a trusted company with over 20 years of experience in public health and technology. The platform is recognized as a leading immunization information system (IIS). WebIZ™ is currently utilized by 19 jurisdictions in the United States, including PhilaVax, the Philadelphia Department of Public Health's IIS. It was designed to meet the national standards for effective tracking and administration of immunizations in the public health setting.

Healthy Pennsylvania

We appreciate your enrollment and continued participation working with PA-SIIS. Implementing this new technology will allow Pennsylvania to better capture and store accurate and more complete immunization data. Your efforts directly support the Pennsylvania Department of Health's mission to promote healthy behaviors, prevent disease, and ensure the safe delivery of quality health care for all people in the state.

The team at PA-SIIS is here to answer any questions or concerns you may have, and we appreciate your assistance in providing this vital information to update our records accurately. We can be contacted at RA-DHPASIS@pa.gov.

Thank you!!!

BACK-TO-SCHOOL CHECKLIST

Late summer is usually a time many families begin preparing to send their children back to school. This is a crucial time when healthcare providers need to communicate with families to add routine childhood vaccinations, now including the COVID-19 vaccine, to their back-to-school checklist.

CDC data shows that [kindergartener vaccination coverage](#) has steadily declined for all vaccines over the past two school years from 95% to 93% nationally and by as much as 10% in some jurisdictions. This is the lowest that we’ve seen kindergarten routine vaccination coverage nationally in the last decade. To support getting school-aged children back on track with their routine immunizations as a part of “Back-to-School,” CDC is launching a nationwide “[Back-to-School](#)” Campaign with digital ads that will run from July through September 2023. The digital ads aim to keep routine child vaccinations top of mind among parents of school-aged children. All [communication resources](#), such as 8.5 x 11 flyers and social media posts, are downloadable and adaptable should partners want to disseminate them directly through your websites, offices, and social media channels.

Call to Action

CDC is calling on health care professionals, education professionals, and school leaders, as trusted sources of information for parents and guardians, to support [getting children caught up on their vaccinations](#) by providing evidence-based strategies and tools to support catch-up efforts.

- CDC resources can be accessed on the [Let’s RISE](#) webpage.
- Additionally, the Public Health Foundation has developed a [new toolkit](#) with actionable resources for education professionals.

What Can You Do?

- Raise awareness about declines in kindergarten vaccination coverage and the need to get school vaccination coverage back on track.
- Utilize [CDC’s “Back-to-School” campaign](#), [CDC tools](#), and [partner education toolkit](#) to assist you in getting children caught up on their vaccines.
- Download and display “Back-to-School” printable vaccination catch-up flyers and post digital content to your organization, clinic, or school websites and social media channels.



PROVIDER WEBINARS

The Division of Immunizations (DOI) offers monthly webinars on the 3rd Thursday from 12:00 p.m. – 1:00 p.m., to introduce new providers to the Vaccines for Children (VFC) Program. These webinars will give providers the opportunity to learn about the requirements of the program and ask questions. The main purpose of the webinars will be to educate providers who have recently completed an application to become a new VFC Provider or have expressed interest in becoming a provider.

- As a site who recently applied to become a provider, the designated primary and back-up vaccine coordinators are required to attend this webinar.
- However, current providers with new and existing staff who want to refresh themselves on the program requirements are welcome to attend as well.
- Both coordinators must register and be present for the entire webinar for their attendance to count.
- Once attendance for both the primary and back-up vaccine coordinators has been verified, the application can move forward, and the site will be contacted to schedule an enrollment visit.

Upcoming VFC New Provider Training Webinars, with registration links, include:

Oct 19 <https://attendee.gotowebinar.com/register/324435523301690715>.

Nov 16 <https://attendee.gotowebinar.com/register/7536292818582146904>.

Questions regarding upcoming VFC New Provider Training Webinars, please contact ra-pavfc@pa.gov.

CONTACT US

For all general concerns and questions please call our main line at **888-646-6864**. For program specific inquiries, you can also send us an email to the following resource accounts:

VFC: ra-pavfc@pa.gov

Adolescent & Adult Vaccine: ra-dhimmunize@pa.gov

COVID Vaccine: ra-dhccovidvax@pa.gov

Mpox: ra-dhmpox_vax@pa.gov

PA-SIIS (general inquiries): ra-dhpasiis@pa.gov

PA-SIIS (data & quality assurance): ra-dhqapasiis@pa.gov

Getting routine immunizations back on-track is a goal that we can achieve by working together



Health Departments	Health Care Professional	Other Partners	Schools
<ul style="list-style-type: none"> • Leverage IIS to identify individuals behind on their vaccinations • Facilitate patient return for vaccination • Make vaccines easy to find and access • Give strong vaccine recommendations • Disseminated vaccine-related communications around catch-up • Partner with schools and community organizations 	<ul style="list-style-type: none"> • Send reminders to families whose children are behind on or due for vaccination • Improve vaccine-related communications • Offer vaccination-only appointments or hold vaccination clinics • Implement systems to review vaccine history at every visit • Offer strong recommendations • Have standing orders • Be prepared to answer questions and address concerns 	<ul style="list-style-type: none"> • Know where to find accurate information on routine vaccination • Connect with local public health department, ask how you can help with catch-up • Help carry messages about importance of catch-up; you are trusted sources who understand your community best • Engage with community members to address vaccine hesitancy • Leverage data to focus catch-up efforts on communities that have fallen behind on vaccinations 	<ul style="list-style-type: none"> • Share and utilize school vaccination data for catch-up • Include vaccination information in back-to-school communications • Help share the facts about vaccines • Send reminders to families whose children are not up to date on their vaccinations • Expand access to immunization services (e.g. school-based vaccination clinics) • Enforce school vaccination requirements

SAVE THE DATES

Philadelphia's 2023 Immunization Coalition Conference:

- **DATE:** Wednesday, October 4, 2023
- **TIME:** 9:00 a.m. – 3:30 p.m.
- **LOCATION:** College of Physicians, 19 South 22nd Street, Philadelphia, PA 19103
- **WEBSITE:** For more information please visit: [Phillyimmunize.gov](https://phillyimmunize.gov).
- **CONTACT:** For specific questions, please contact: Sophia Kiang: Sophia.Kiang@phila.gov.

2024 National Conference for Immunization Coalitions and Partnerships (NCICP):

The National Conference for Immunization Coalitions and Partnerships (NCICP) is coming to Pennsylvania: Engaging Communities: Expanding Alliances & Advancing Equity. The PA Immunization Coalition (PAIC) is serving as the conference host for NCICP 2024.

- **DATES:** April 9 – 11, 2024
- **TIME:** 9:00 a.m. – 3:30 p.m.
- **LOCATION:** Loews Philadelphia, 1200 Market Street, Philadelphia, PA
- **REGISTRATION COST:** \$575.00 per person
 - Early Bird Registration Cost (Prior to December 18): \$375.00 per person
- **NCICP 2024 Sponsorship and Exhibition Opportunities** are available.
- **NCICP 2024 WEBSITE:** For more information about NCICP 2024 please visit the website: <https://www.loewshotels.com/philadelphia-hotel>
- **NCICP 2024 CONTACT:** For specific conference, sponsoring and/or exhibiting opportunities, please contact cassandraoneill@me.com or shenak@chop.edu