



# HoosierVax Health: Vaccine Insights for Clinicians

Winter 2025

## Stay Ahead of the Holidays

### Vaccine Ordering

**Vaccine ordering is paused from now until Jan. 2** as distributors prepare for the holiday season. Providers will be unable to order 317 and/or VFC vaccines during this time. This reminder serves to ensure that all providers have the time they require to manage their inventory needs before the years end. If you need guidance on inventory planning, contact the vaccine ordering team for assistance.



### Annual Provider Re-enrollment

The Annual Provider Agreement renewal period began **Dec. 7**. Agreements must be completed and submitted by Dec. 31 to ensure your clinic is ready to order vaccines again starting Jan. 2. You will be able to order 317, VFC, and Influenza phase three vaccines at this time. As Provider Agreements are a key requirement for program participation, it's essential to complete this process promptly. Further instructions about the enrollment process will be sent directly to providers soon. Failing to renew your enrollment by the deadline may result in your clinic being unable to place vaccine orders until the process is fully completed. If you have any questions or need assistance with the agreement process, please reach out to the Immunization Division for support at [tbrunette@ihealth.in.gov](mailto:tbrunette@ihealth.in.gov).

## Program Updates and Improvements

### VFC Enrollment Process Simplified

The Indiana Department of Health has streamlined the VFC enrollment process to save time. Providers now only need to enter information into CHIRP, eliminating duplicate forms. This change reduces administrative burden and ensures a smoother process. For assistance, contact the enrollment team directly at [enrollments@health.in.gov](mailto:enrollments@health.in.gov)

### Annual Data Coverage and Quality Reports

The Annual VFC Data Coverage and Quality reports were distributed to providers on **Sept. 30**. These reports help track vaccination coverage and identify areas for improvement. If you didn't receive your report, please contact the Immunization Data Team at [IDOHfluvax@health.in.gov](mailto:IDOHfluvax@health.in.gov). Please include your VFC PIN in the email's subject line for prompt assistance.

## Vaccination Program and Safety Initiatives

### Immunization Information System (IIS) in Healthcare

The Immunization Information System (IIS) is a cornerstone of public health, providing a centralized database to track immunizations, monitor coverage rates, and identify gaps in vaccination. Its effectiveness, however, depends on the quality of the data entered into the system. Accurate, complete, and timely data ensure that healthcare providers have reliable patient vaccination histories, helping to prevent missed doses, over-vaccination, or unnecessary delays. High-quality data also enable public health officials to make informed decisions during outbreak responses, allocate vaccine resources efficiently, and assess the effectiveness and safety of immunization programs. Poor data quality, on the other hand, can lead to inaccuracies that compromise patient care and undermine public health initiatives. By prioritizing robust data practices, healthcare providers and public health organizations strengthen the ability of IIS to safeguard communities against vaccine preventable diseases and promote long-term health equity.



### We need your help to increase enrollment in V-Safe!

V-Safe is one of Centers for Disease Control and Prevention's (CDC's) systems used to closely monitor the safety of vaccines in the United States. V-Safe allows your patients to confidentially share with the CDC how they are feeling after receiving a vaccine even if they are not experiencing any side effects. Through V-safe participation, CDC obtains data about post-vaccination experiences that informs vaccine research and recommendations. This data also helps CDC communicate timely, transparent information about the safety of vaccines to public health officials, healthcare providers, and the public.

V-Safe monitors COVID-19 vaccines (Pfizer-BioNTech, Moderna, Novavax) and RSV vaccines (ABRYVVO by Pfizer, mRESVIA by Moderna, AREXVY by GSK). Patients must live in the United States or its territories and received one of these vaccines in the last 42 days to make a report.

Please share this [information sheet](#) to your patients by hanging posters in waiting areas, including it in your patient correspondence and encouraging all of your patients who receive these vaccines to participate.

### Beyfortus: Essential RSV Protection for Infants

Beyfortus is a monoclonal antibody specifically designed to provide crucial protection for infants against respiratory syncytial virus (RSV) during their most vulnerable period, which begins at birth and extends throughout the RSV season, typically from November through March. RSV is a leading cause of respiratory infections in infants and can result in severe complications such as bronchiolitis and pneumonia, often leading to hospitalization. Infants are particularly at risk because their immune systems are still developing, and RSV can rapidly progress to life-threatening conditions.

Unlike conventional vaccines, which stimulate the body's immune system to create long-term protection, Beyfortus delivers immediate, passive immunity by providing antibodies directly to the infant. This is especially vital during the early months of life when infants are too young to generate a strong immune response to vaccines.

Since Beyfortus does not have a Vaccine Information Statement (VIS) — the document that typically explains potential side effects, benefits, and recommendations — healthcare providers must use the [Immunization Information Statement](#) to inform parents about how the treatment works, its purpose, and any safety considerations. This ensures parents are fully aware of the critical role Beyfortus plays in protecting their child during the high-risk RSV season.

## ACIP Updates and New Recommendations

### Vaccines for Children and Adult 317 Vaccine Inventory Reminders

VFC providers are required to carry all ACIP recommended vaccines based on their provider agreement and profile. If you are not sure what your provider agreement indicates, please contact your Regional Quality Assurance Specialist or your Regional Ordering and Accountability Specialist.

- Providers are not held accountable for expired Influenza, Covid-19, and RSV vaccines. These vaccines will not hit your wastage report if they have expired before you can administer them.
- Adult 317 vaccine providers are not required to carry all adult vaccines.
- Please click here for the Immunization Division's [full list](#) of policies and procedures.



### Pneumococcal Vaccines

The ACIP pneumococcal conjugate vaccine (PCV) recommendation for all PCV-naïve adults has changed from 65 years and older to 50 years of age and older for healthy individuals. A single dose of PCV 15, PCV20 or PCV21 should be given. If PCV15 is given, it must be followed by PPSV23 one year later. For adults ages 19-49 with underlying medical conditions or who are immunocompromised, who have CSV leaks or cochlear implants, a single dose of PCV15, PCV20 or PCV21 should be given. If PCV15 is given, PPSV23 should be administered 8 weeks later.

PCV21 is the most recently approved pneumococcal vaccine and is FDA approved for ages 18 and older but ACIP approved for ages 19 years and older. PCV21 is among the options for adults ages 19 and older for whom PCV is recommended.

### Influenza Vaccines

#### SOLID ORGAN TRANSPLANT RECIPIENTS

Because the number of solid organ transplants (SOTs) performed each year in the United States has increased steadily over the last two decades, from 25,475 in 2003 to 46,630 in 2023, the ACIP now recommends that solid organ transplant recipients aged 18 through 64 years who are receiving immunosuppressive medication regimens may receive either high dose inactivated trivalent influenza vaccine (HD-IIV3) or an adjuvanted inactivated trivalent vaccine (aIIV3) as acceptable options. SOT recipients ages ≥6 months are recommended to receive routine annual influenza vaccination with an age-appropriate inactivated or recombinant vaccine.

#### PERSONS WITH A HISTORY OF EGG ALLERGY

ACIP recommends that all persons ages 6 months and older with an egg allergy should receive the seasonal influenza vaccine and can receive any influenza vaccine (egg based or nonegg based) that is otherwise appropriate for the recipient's age and health status. Egg allergy alone necessitates no additional safety measures for influenza vaccination beyond those recommended for any recipient of any vaccine, regardless of severity of a previous reaction to egg or egg products.

### Meningococcal B Vaccines

ACIP has voted to align the dosing schedule of Bexsero with Trumenba. Previously, Bexsero was a 2-dose series given at 0, ≥1 month. With the new dosing schedule, the ACIP recommendation is a 2-dose series given at 0, ≥6 months. If the second dose is administered earlier than 6 months after the first dose, a third dose should be administered at least 4 months after the second dose.

There is a 3-dose series given at 0, 1-2, and 6 months for persons aged ≥10 years at increased risk for serogroup B meningococcal disease (i.e., persons with anatomic or functional asplenia, complement component deficiencies, or complement inhibitor use; microbiologists routinely exposed to N. meningitidis isolates; and persons at increased risk during an outbreak).

Based on shared clinical decision making, healthy adolescents and young adults 16-23 years (preferred age 16-18 years) may receive either Men B vaccine (Bexsero or Trumenba); however, Men B vaccines are not interchangeable, and the same product must be used for all doses.

### RSV

Abrysvo has been approved for adults 18+ who are at increased risk for RSV

**Please note, while these have been approved by the ACIP, please refrain from following the above recommendations until they have been reported in the CDC's Morbidity and Mortality Weekly Report (MMWR).**

### Coming Soon

- Meningococcal**
  - GSK's Men ABCWY Vaccine will be reviewed by FDA in February
- RSV**
  - Infants – Clersevomab will be available next RSV season. This vaccine's dosage will be the same for all infants, regardless of weight.

To **promote**, **protect**, and **improve** the health and safety of all Hoosiers

Indiana Department of Health

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