



YORK DISTRICT PUBLIC HEALTH COUNCIL

Quarterly Full Council Meeting

Monday, September 25th, 2023

9am – 10am

Virtually on Zoom

Present: Meredith Anderson, Caitlin Anton, Karen Bay Fox, Cathy Bean, Joy Berube, Pamela Buck, Emilee Caradonna, Alexa Christie, Bethany Fortier, Lisa Gatti-Arnold, Amber Harrison, Adam Hartwig, Reegan Hebert, Betsy Kelly, Lee Klarman, Nicole Lake, Sally Manninen, Casey Marcotte, Stephanie Masters-Plamondon, Kristina Mead, Nina Misra, Martha Morrison, Cassie Ring, Megan Ryan-Spofford, Abigail Smallwood, Ted Trainer, Dr. Puthiery Va, Norma Willis, and Haley Wood.

	Item	Details	Next Steps
1.	Welcome and Introductions: Adam Hartwig, Maine CDC District Liaison	Adam Hartwig, York District Liaison with Maine CDC, welcomed participants and introduced today's agenda.	
2.	Maine CDC Updates: Adam Hartwig, Maine CDC Liaison, and Dr. Puthiery Va, Maine CDC Director	Adam shared the Maine CDC's funding announcement information. Maine CDC Director Dr. Va joined the meeting to discuss public health issues and ideas in Maine, opened the floor for questions. Participants discussed topics such as public health infrastructure and vaccines.	If you have questions about the Funding Announcement, please email District Liaison, Adam, at Adam.Hartwig@Maine.gov or Public Health Educator, Emilee, at Emilee.Caradonna@Maine.gov
3.	Maine Prevention Network Updates: Betsy Kelly, SMHC	Betsy shared slides of updates regarding the Maine Prevention Network funding. See presentation attached.	Please see the presentation for the Save the Date: MPN Fall Meeting, October 26 th .
4.	Maine Immunization Program, COVID-19 and RSV: Nicole Lake and Kristina Mead, Maine CDC MIP	Nicole and Kristina shared slides with current vaccine information. See presentations attached.	Please see the presentation for the RSV Webinar on September 27 th at 12pm.
5.	Adjournment: Adam Hartwig, Maine CDC	The full Council will be meeting again in December – the Executive Committee will continue to meet and look forward to connecting soon.	Questions and comments? Please email: Adam.Hartwig@Maine.gov

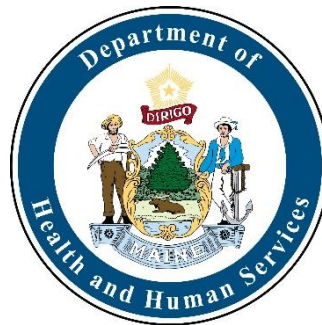
Vision: We envision a comprehensive, well-coordinated, accessible, and equitable public health system for all in York County.

Influenza | COVID-19 and Adult Vaccination

Kristina Mead

Maine Immunization Program

September 2023



Flu Vaccination

- **All persons aged 6 months + are recommended for annual flu vaccine**
 - [Who Should and Who Should NOT Get a Flu Vaccine](#)
- Antibodies develop in the body about *two weeks* after vaccination
- Protection declines over time
- Vaccines are updated each flu season
- [Flu vaccines](#) can reduce the risk of illness by 40 - 60%
- [65+](#) years (preferentially recommended) :
 - [Fluzone](#) High-Dose Quadrivalent vaccine
 - [Flublok](#) Quadrivalent recombinant flu vaccine
 - [Fluad](#) Quadrivalent adjuvanted flu vaccine



COVID-19 Vaccines

Staying Up-to-Date

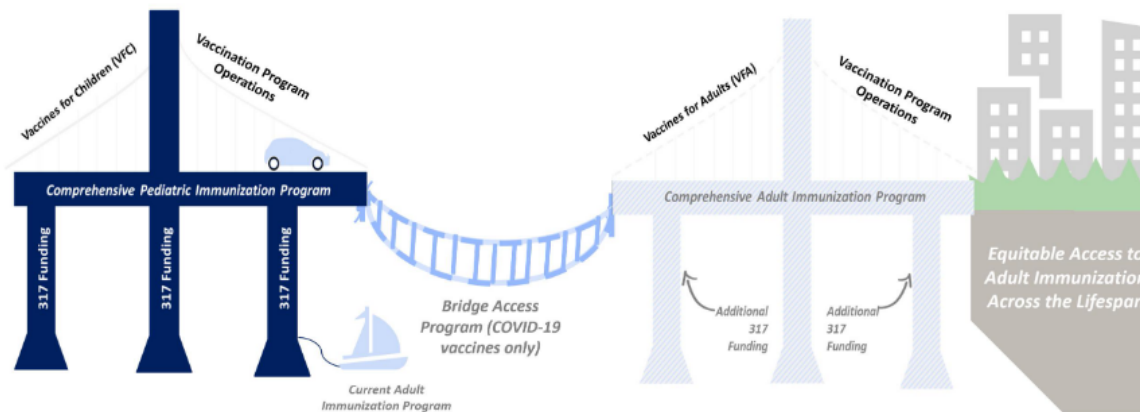
COVID-19 vaccination history	Updated (2023–2024 Formula) mRNA vaccine	Number of updated (2023–2024 Formula) mRNA doses indicated	Interval between doses
Unvaccinated	Moderna	1	—
	Pfizer-BioNTech	1	—
1 or more doses any mRNA	Moderna	1	At least 8 weeks after last dose
	OR Pfizer-BioNTech	1	At least 8 weeks after last dose
1 or more doses Novavax or Janssen including in combination with any mRNA vaccine dose(s)	Moderna	1	At least 8 weeks after last dose
	OR Pfizer-BioNTech	1	At least 8 weeks after last dose

**MOST CURRENT COVID-19 VACCINE RECOMMENDATIONS
CAN ALWAYS BE FOUND ON THE [CDC WEBSITE](https://www.cdc.gov)**

Bridge Access Program

CDC's Bridge Access Program provides no-cost COVID-19 vaccines to adults without health insurance and adults whose insurance does not cover all COVID-19 vaccine costs. No-cost COVID-19 vaccines through this program will be available until December 31, 2024.

The Bridge Access Program is a temporary "bridge" to a permanent Vaccines for Adults (VFA) Program



The Bridge Access Program serves as a temporary solution for access to COVID-19 vaccines for adults. VFA and additional 317 funding are needed to **bridge the gap in equitable access to immunization across the lifespan.**

Bridge Access Program

- Uninsured adults (19 years and older), to prevent loss of access to vaccine
- Only available through public health departments, FQHCs, Community Pharmacies, IHS providers, and correctional/jail facilities
- 26 providers in Maine
- Reimbursement of \$50 per administered dose of any COVID-19 vaccine.
- Until December 2024, or sooner if funds are dispersed before then

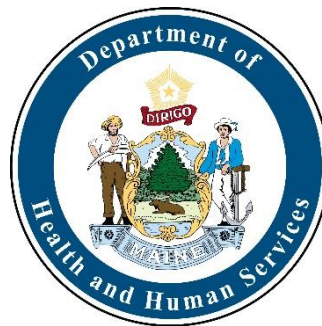
Questions?

Kristina Mead

Adult Vaccine Coordinator, Maine Immunization Program

kristina.mead@maine.gov

September 2023

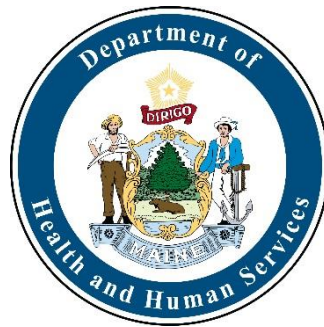


Childhood Covid-19 & Influenza Vaccines

Nicole Lake

Maine Immunization Program

September 2023



Covid-19 Vaccine Clinical Considerations

Recommendations for Moderna / Pfizer Covid -19 vaccine:

- Everyone age 5 and older is recommended to receive 1 dose of the updated 2023 / 2024 mRNA covid -19 vaccine
- Children ages 6 months - 4 years
 - Initial vaccination: should receive either 2 doses up the updated Moderna formula or 3 doses of the updated Pfizer formula.
 - Received previous mRNA doses: need 1 or 2 doses of the updated Moderna OR updated Pfizer, depending on # of previous doses
- People who are moderately or severely immunocompromised
 - Initial vaccination should be a 3-dose series of either the updated Moderna or Pfizer
 - If previous doses were received, need 1 or 2 does of updated presentations
 - May receive 1 or more additional doses of updated presentations
- Bivalent mRNA covid -19 vaccines are no longer recommended in the united states

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us-appendix.html#appendix-c>

Covid-19 Vaccine Schedule

Age*	Vaccine	If unvaccinated:	If had any prior doses, give 2023-24 doses:
6 months–4 years [†]	Pfizer–Infant/Toddler		If 1 prior dose, then: 3–8 ^{***} weeks 1 ≥8 weeks 2 If ≥2 prior doses, then: ≥8 weeks 1
	Moderna–Pediatric [‡]		If 1 prior dose, then: 1 month 1 If ≥2 prior doses then: 2 months 1
5–11 years	Moderna–Pediatric [‡]		If 1 or more prior doses (of any of the 4 brands), then [^] : ≥2 months
	Pfizer–Pediatric		
12+ years	Pfizer–Adol/Adult (Comirnaty)		
	Moderna–Adol/Adult (Spikevax)		
	Novavax (2021)	 2023-24 formulation coming soon!	

Covid-19 Vaccine NEW Presentations

Manufacturer	Age Indication	CDC Description	Storage
Moderna	Two presentations: <ul style="list-style-type: none"> • 6M – 11Y • 12Y+ 	Single dose vials 10-pk.	- Shipped as frozen products - Storage and handling will be the same as previous Moderna presentations
Novavax	<ul style="list-style-type: none"> • 12Y+ 	5-dose Multi-dose vials 2-pk.	- Shipped as refrigerated product - Storage and handling will be the same as original Novavax
Pfizer	Three presentations: <ul style="list-style-type: none"> • 6M – 4Y (requires diluent) 	3-dose vials, yellow cap 3 x 0.3mL doses (after 1.1mL saline dilution)	- Ships at ultra-low temperatures but expect a shift for commercial Comirnaty: wholesalers may ship it at 2° to 8° C for both vials and prefilled syringes - Storage and handling will be the same as bivalent Pfizer
	<ul style="list-style-type: none"> • 5-11Y (no diluent) 	single-dose vials, blue cap 0.3 mL dose	
	<ul style="list-style-type: none"> • 12Y+ (no diluent) 	single-dose vials, gray cap 0.3 mL dose	

6 Things to Know About Covid-19 Vaccination for Children

1. COVID-19 vaccination for children is safe.

- Ongoing safety monitoring after the Food and Drug Administration's (FDA) approval shows that COVID-19 vaccination continues to be safe for children. While adverse reactions are rare, the benefits of COVID-19 vaccination outweigh the known risks of COVID-19 and possible severe complications.

2. Getting vaccinated helps protect children against COVID-19.

- COVID-19 vaccination continues to protect children against severe disease and hospitalization. Children with [underlying medical conditions](#) are more likely to get severely ill from COVID-19. However, children without underlying medical conditions can also experience severe illness.

3. Children may have some side effects after COVID-19 vaccination.

- Reported side effects are mild, temporary and like those experienced after routine vaccines. Some children have no side effects.

4. Children receive a smaller dose of COVID-19 vaccine than teens and adults.

- COVID-19 vaccine dosage is based on **age on the day of vaccination**, not on a child's size or weight. This is also true for other routinely recommended vaccines, like hepatitis A and hepatitis B vaccines.

5. Children who have already had COVID-19 should still get vaccinated.

- [Evidence](#) indicates that people can get added protection by getting vaccinated after they have been infected with the virus that causes COVID-19. For children who have been infected, their next dose can be delayed 3 months from when symptoms started or, if they did not have symptoms, when they received a positive test.

6. Children can safely receive other vaccines the same day they receive their COVID-19 vaccine.

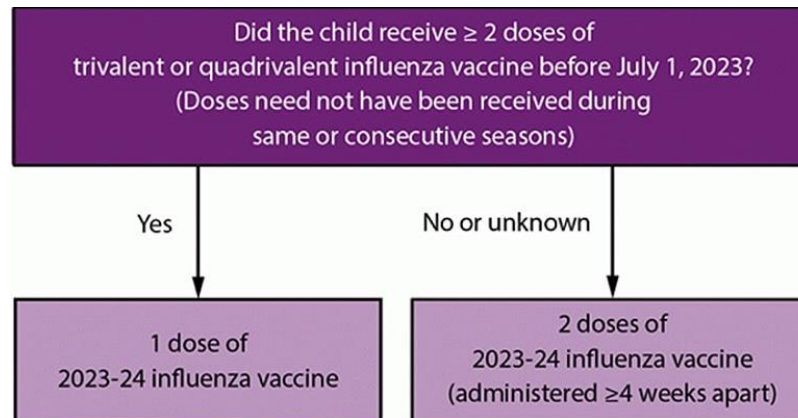
[Routine vaccination](#) is an important preventive care service that should not be delayed.

Childhood Influenza Recommendations

The advisory committee on Immunization practices (ACIP) recommends routine annual influenza vaccination for persons aged 6 months and older without contraindications.

When should vaccination start?

- If only 1 dose is needed for the season, vaccination should ideally be done during September or October. Though it is recommended vaccination continue throughout the season if influenza is circulating.
- Children 6 months through 8 years who require 2 doses should receive the first dose as soon as vaccine is available.



Approved Influenza Ages & Dosages

Vaccine	Approved Ages	Dose volume
Afluria Quadrivalent	6 through 35 months ≥3 years	0.25 mL 0.5 mL
Fluarix Quadrivalent	≥6 months	0.5 mL
FluLaval Quadrivalent	≥6 months	0.5 mL
Fluzone Quadrivalent	6 through 35 months ≥3 years	0.5 mL (see below) 0.5 mL
Flucelvax Quadrivalent	≥6 months	0.5 mL
Flublok Quadrivalent	≥18 years	0.5 mL

People with egg allergy may get any vaccine (egg-based or non-egg-based) that is otherwise appropriate for their age and health status. Previously, it was recommended that people with severe allergy to egg (those who have had any symptom other than hives with egg exposure) be vaccinated in an inpatient or outpatient medical setting. Beginning with the 2023-2024 season, additional safety measures are no longer recommended for flu vaccination of people with an egg allergy beyond those recommended for receipt of any vaccine, regardless of the severity of previous reaction to egg. All vaccines should be given in settings where allergic reactions can be recognized and treated quickly.

FluMist – Protection Without The Injection

Flu protection without the injection!

- FluMist helps prevent flu in people aged 2-49. It's a nasal spray flu vaccine that starts working in the nose.
- FluMist continues to trigger your immune system to help build antibodies against influenza in 3 ways :



In the nasal passage



In the bloodstream







In cells

Dosing

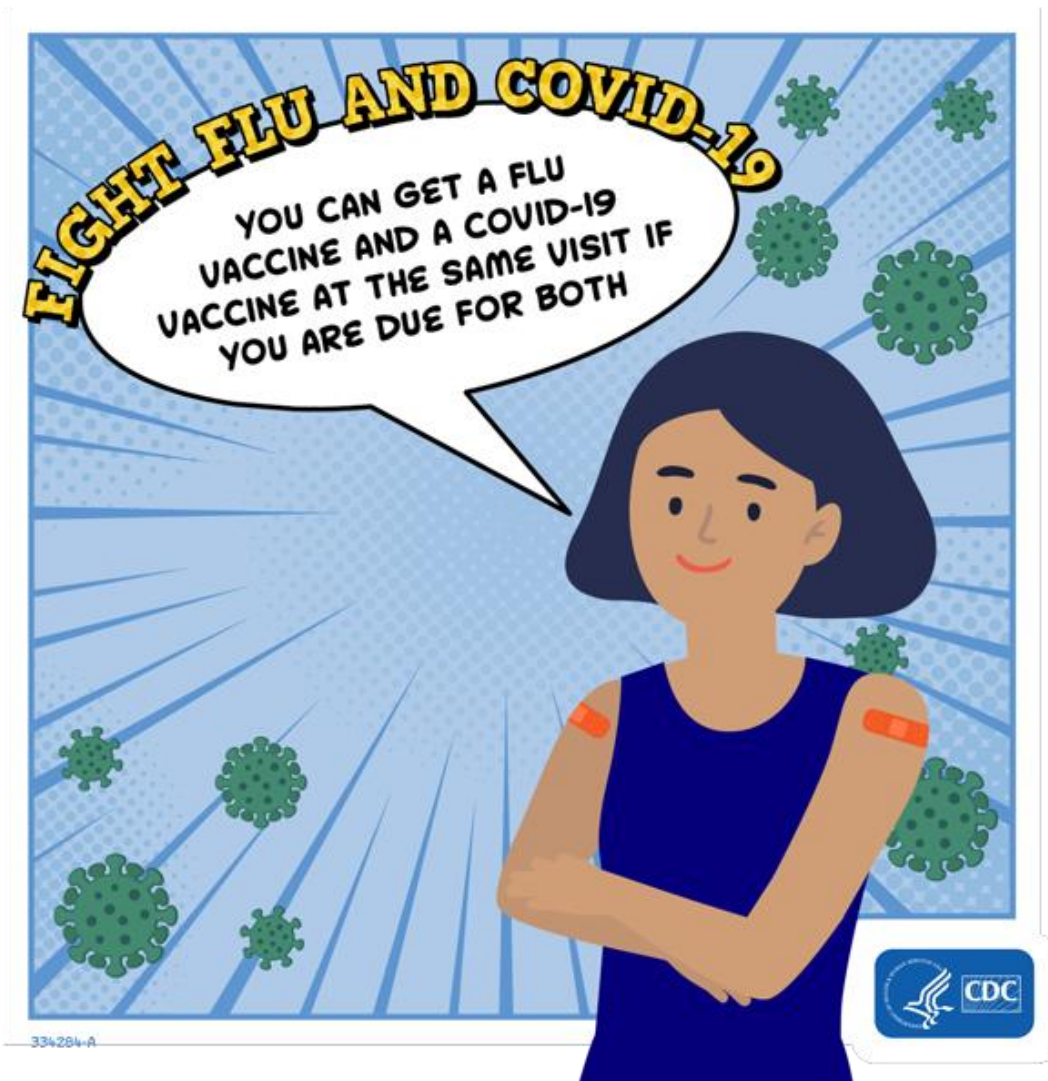
- 1 spray in each nostril = a single dose
- People 9 years of age and older need 1 dose of FluMist Quadrivalent each year
- Children 2 through 8 years old may need 2 doses of FluMist Quadrivalent, depending on their history of previous influenza vaccination. Your healthcare provider will decide if your child needs to come back for a second dose

2023 Available Fall Vaccines

Version: Aug 2023

FALL 2023 VACCINES				
	What are the options?	Who is eligible?	How well do they work?	When should I get it?
INFLUENZA				
	A shot that targets 4 strains of seasonal flu	6 months and older	Typically reduces the risk of going to the doctor by 40-60%	October is ideal, as vaccine protection wanes over a season
COVID-19				
	Updated vaccine formula targeting XBB - an Omicron subvariant Options: Moderna and Pfizer (mRNA) and Novavax (protein)	TBD. CDC will decide in mid-to-late September	Last year, the fall COVID-19 vaccine provided 40-60% additional effectiveness against severe disease	For protection against severe disease , get it anytime Protection against infection : It's best to get it right before a wave, which can be challenging to time
RSV (OLDER ADULTS)				
	2 options: GSK and Pfizer. They are slightly different in design, but only at a microscopic level	60 years and older	82-86% efficacy against severe disease	Protection is durable. Get when it's available; no need to juggle timing
RSV (PREGNANCY)				
	Pfizer is actively seeking approval	Pregnant people (then protection will pass to baby for protection in first 6 months of life).	82% efficacy in preventing hospitalization in first 3 months of life, 69% efficacy after 6 months	It's not available yet but once approved, get at 24 to 36 weeks of pregnancy
RSV ANTIBODY				
	A new monoclonal antibody by AstraZeneca. This is not a vaccine (doesn't teach the body to make antibodies) but rather a proactive medication (provides antibodies).	All infants <8 months. High-risk infants 8-19 months	Reduces risk of hospitalization and healthcare visits by ~80%	Will be available soon. Protection lasts 4-6 months

Vaccine Coadministration



Studies conducted throughout the COVID-19 pandemic indicate that it is safe to get both a flu vaccine and a COVID-19 vaccine at the same visit

RSV Webinar

The Maine Immunization Program is pleased to be hosting an educational lunch and learn on **Wednesday, September 27, 2023 @ 12 PM**. The webinar will include presentations on the following new RSV vaccine products:

- Beyfortus (monoclonal antibody for infants ages <8 month)
- Abrysvo (for adults 60 years and older)
- Arexvy (for adults 60 years and older)

The information covered will include: patient eligibility, availability of vaccine, specific vaccine recommendations, impact on respiratory virus season and more.

MIP staff will be joined by the manufacturers of all three vaccine products.

Call information:

Topic: RSV Approved Products - What You Should Know Webinar

Time: Sep 27, 2023, 12:00 PM Eastern Time (US and Canada)

Join Zoom Meeting: <https://mainestate.zoom.us/j/84489870195?pwd=QkNoME9sL2Z6djVOTGVKYjZaMDNLZz09>

Meeting ID: 844 8987 0195

Passcode: 50265015

One tap mobile +13126266799,,84489870195# US (Chicago) +16468769923,,84489870195# US (New York)

Dial by your location • +1 312 626 6799 US (Chicago) • +1 646 876 9923 US (New York) • +1 646 931 3860 US • +1 301 715 8592 US (Washington DC) • +1 305 224 1968 US • +1 309 205 3325 US • +1 669 900 6833 US (San Jose) • +1 689 278 1000 US • +1 719 359 4580 US • +1 253 205 0468 US • +1 253 215 8782 US (Tacoma) • +1 346 248 7799 US (Houston) • +1 360 209 5623 US • +1 386 347 5053 US • +1 408 638 0968 US (San Jose) • +1 507 473 4847 US • +1 564 217 2000 US • +1 669 444 9171 US

Meeting ID: 844 8987 0195

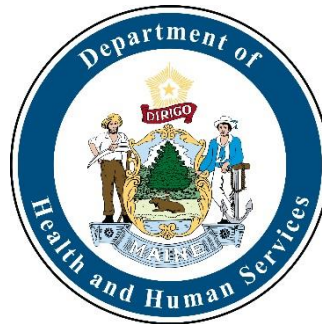
Find your local number: <https://mainestate.zoom.us/u/keHvBpNeH>

Resources

- [CDC Recommends Updated COVID-19 Vaccine for Fall/Winter Virus Season | CDC Online Newsroom | CDC](#)
- [Prevent Seasonal Flu | CDC](#)
- [Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC](#)
- [FDA Takes Action on Updated mRNA COVID-19 Vaccines to Better Protect Against Currently Circulating Variants | FDA](#)
- [Who Needs a Flu Vaccine | CDC](#)
- [Immunization | Maine CDC | DHHS](#)

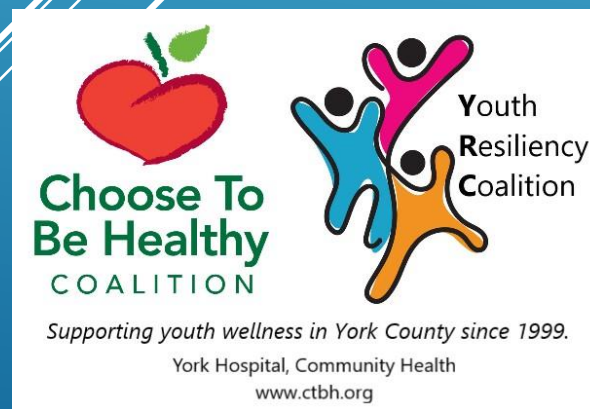
Questions?

Nicole Lake
Vaccine Educator
Nicole.Lake@Maine.Gov
207-287-3409



Maine Prevention Network York District, 2023

- Goals
- Strategies
- Contact Information



PRIMARY AREAS OF FOCUS

Tobacco Prevention

- ▶ Prevention of initial use of tobacco/nicotine/vaping through policy and education
- ▶ Prevent exposure to secondhand smoke
- ▶ Ensure a focus on populations with an undue burden (LGBTQ+)
- ▶ Promotion of treatment services

Healthy Eating/Active Living

- ▶ Promote system and policy change for access to healthy foods
- ▶ Promote system and policy change for increasing physical activity
- ▶ Support breastfeeding best practices in workplaces, community and healthcare

Substance Use Prevention

- ▶ Education
- ▶ Policy – Restorative Practice
- ▶ Responsible Server Trainings
- ▶ Safe Storage
- ▶ Drug Take Back Days
- ▶ Coalition – engaging communities partners

Substance Use Prevention Program Goals

1. Prevent the initiation of substance use and high-risk substance use by implementing primary prevention strategies across the lifespan.
2. Reduce incidence of Substance Use Disorder (SUD) and drug-related overdose deaths by implementing secondary prevention strategies (including harm reduction).
3. Establish and strengthen collaboration among communities, public and private nonprofit agencies, and federal, State, and local governments to support the efforts of substance use prevention.
4. Identify and address substance use-related health disparities in Maine's high-priority populations.



Program Strategies

- Help schools implement evidence based education and restorative practices ie: *Prevention Plus Wellness*
- Work with businesses and law enforcement to reduce and restrict youth access to alcohol and marijuana
- Provide regular SIRP classes for youth
- Increase naloxone training and availability
- Promote OPTIONS program
- Coordinate opportunities to learn about and collaborate on prevention initiatives
- Work with schools and communities to incorporate OutMaine inclusion recommendations.



STUDENT
Intervention
Reintegration
PROGRAM

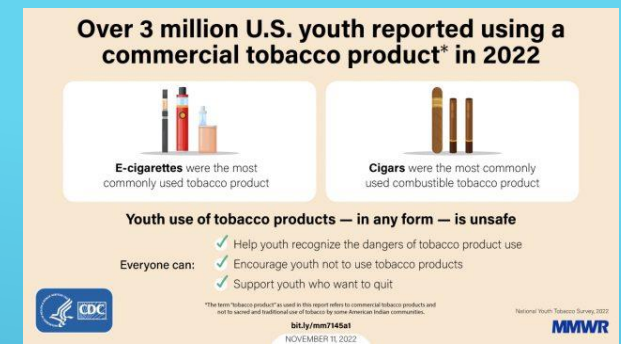
OPTIONS
SAVE LIVES

knowyouroptions.me



Tobacco Prevention Program Goals

- ❖ Prevention of initial use of commercial tobacco and tobacco products (e-cigarettes);
- ❖ Prevent involuntary secondhand smoke exposure in households, in public places such as healthcare organizations, post-secondary institutions, multi-unit residential facilities, and lodging facilities;
- ❖ Promotion of Tobacco Treatment Services available through the Maine QUITLINK).



Prevention



Peer to Peer Support

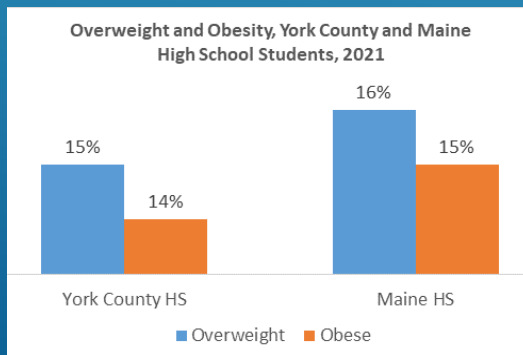


Restorative Practice

Healthy Eating – Active Living Program Goals

- ▶ Promote Changes that make active living and healthy eating the easy choice.
- ▶ Ensure people have access to healthy foods at a good price
- ▶ Increase access to places for physical activity
- ▶ Support Breastfeeding best practices
- ▶ Assess and improve the built environment and food systems

- Trainings and Resources
- Workplace Wellness
- Policy Development
- Active Community Teams



SAVE THE DATE

YORK DISTRICT
MAINE PREVENTION NETWORK

FALL COMMUNITY MEETING



**OCTOBER
26TH, 2023**
8:30 AM - 10:30 AM

NONANTUM RESORT
KENNEBUNKPORT, ME

FORMAL INVITATION AND SIGN UP TO FOLLOW



Contact Information

Partners for Healthier Communities Coalition

- Betsy Kelly, Director, betsy.kelly@mainehealth.org
- Cassie Ring, Program Manager: Cassandra.Ring@mainehealth.org

Choose To Be Healthy Coalition

- Sally Manninen, Director, smanninen@yorkhospital.com

Coastal Healthy Communities Coalition

- Cheri Anderson, Director, csullivan29@une.edu
- Alissa Wigglesworth, Program Coordinator, awigglesworth@une.edu