Monthly LHD Update Meeting

March 11, 2025

Agenda

Opening Remarks	**Erica Wilson, MD, MPH:** Medical Director, Medical Consultation Unit
Epi Section Update	**Amanda Fuller Moore** Clinical Pharmacist
Foodborne & Vectorborne Update	**Carl Williams, DVM, DACVPM** State Public Health Veterinarian
Respiratory and VPD Update	**Emma Doran, MD MPH:** Medical Director, Vaccine Preventable and Respiratory Diseases
Vaccine Update	**Carrie Blanchard, Pharm D, MPH** Immunization Branch Director
Question & Answer Session	Open for Questions — Please use the Zoom Q&A function

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NC Department of Health and Human Services

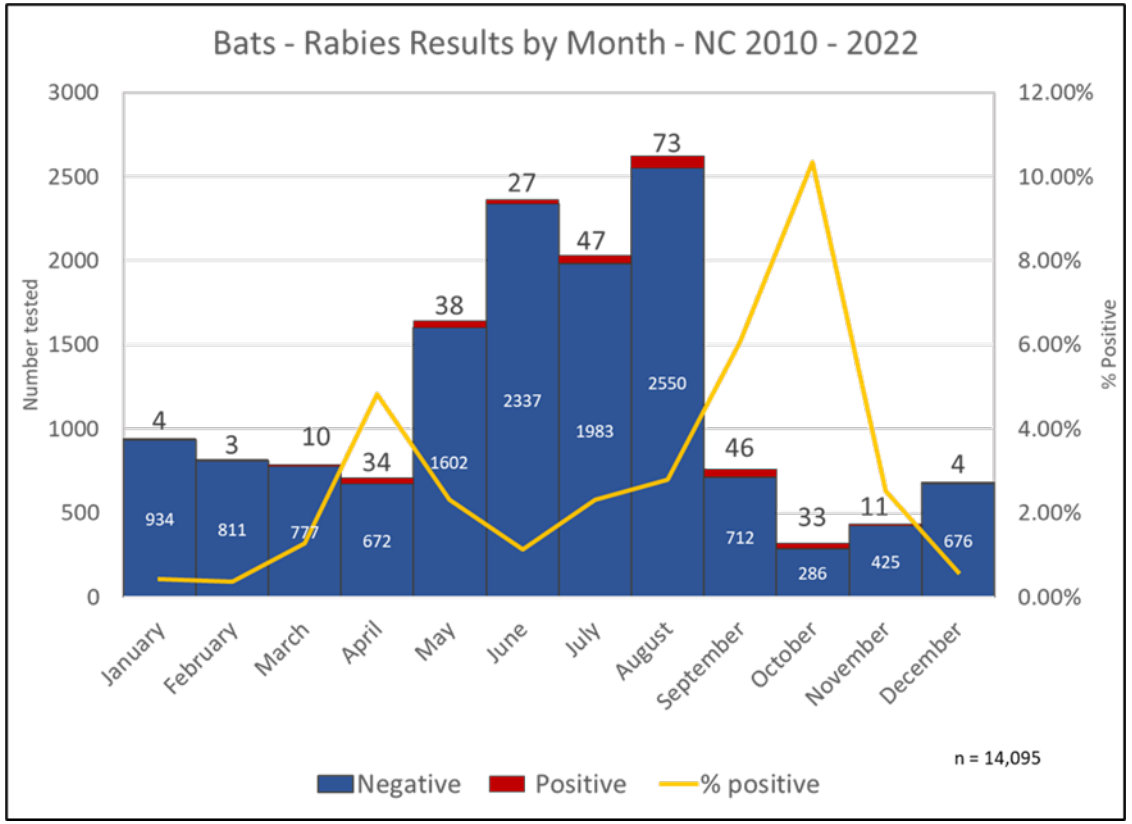
LHD Updates Foodborne Vectorborne and Zoonotic

Carl Williams
State Public Health Veterinarian

March 11, 2025

Submission of Bats for Rabies Testing

- Guidance issued last year, 16 July 24
- Available on CD Manual
- As we move to Spring, you will encounter multiple bats in homes more often
- Be sure to investigate for infestations



https://epi.dph.ncdhhs.gov/cd/lhds/manuals/cd/providermemos.html

Norovirus

- **Outbreaks continue, primarily associated with LTCF**
- **Guidance memo sent Feb 19, 2025 (Norovirus and Respiratory viruses)**

MARCH 3, 2025

3 Ways to Protect Yourself from Norovirus

Norovirus is on the rise in North Carolina. Prevent the spread with these tips.

Norovirus, also called the "stomach bug," is highly contagious and spreads fast. Cases are increasing across North Carolina.

https://www.dph.ncdhhs.gov/blog/2025/03/03/3-ways-protect-yourself-norovirus

Fight the Bite Contest

- **See Feb 26, 2025 memo**

Annual "Fight the Bite!" Poster Contest Entry Form

***Please attach a completed copy of this entry form to the back of your poster with tape.**

Posters submitted without name or grade will not be accepted.

Student's Name: _____ Age: _____ Grade: _____

Teacher or Principal's Name: _____ Phone: _____ Email _____

Parent's Name: _____ Signature: _____ Phone _____

School Name: _____

Address: _____

All entries must be received by the Division of Public Health, Communicable Disease Branch, 1902 Mail Service Center, Raleigh, NC, 27699-1902 or emily.herring@dhhs.nc.gov by **Monday, April 7, 2025.**

Sponsored by: State of North Carolina Department of Health and Human Services

Division of Public Health, Communicable Disease Branch

NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Public Health

Dengue

- Outbreaks continue in Puerto Rico and areas of Central and South America
- Almost 900 travel associated cases have been reported in the US so far this year
- Be on the lookout for case reports among travelers, obtain complete travel history
- CDC releasing updated information (HAN) soon
- Local transmission in NC remains unlikely due to the lack of identification of primary vector, *Aedes aegypti*

Safe Food Practices; A reminder based on recent experiences

Poultry	Shellfish	Dairy (Milk/Cheese)	Wild Game (Bear/Hogs)	Ground Beef	Recalled Items
Salmonella, Campylobacter, HPAI	Vibrio, Norovirus	Listeria, STEC, Salmonella, Campylobacter, Cryptosporidia, HPAI, Brucella	Trichinella, Brucella	STEC	Anything is possible and Listeria is a common contaminant
Cook to 165 F	Cook thoroughly	Pasteurize!	Cook to 165 F	Cook to 165 F	Recall notices from EH and NCDA&CS
Items in Red, Obtain Isolate Please					

Testing cats for HPAI

- **Joint memo with NCDA&CS issued Feb 28, 2025**
- **Testing of cats is possible when there is suspicion of infection based on signs of disease and potential exposure.**
- **Decisions to test will be based on consultation between NCDA&CS and DPH.**

https://epi.dph.ncdhhs.gov/cd/lhds/manuals/cd/other_diseases.html

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NC Department of Health and Human Services

LHD Updates HPAI and Measles

Emma Doran, MD, MPH
Medical Director, Vaccine Preventable and Respiratory Diseases

March 11, 2025

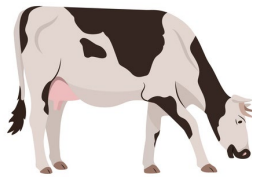
Public Health Risk is Low

- Highly Pathogenic Avian Influenza (HPAI) aka H5N1 or “bird flu”
  - Widespread in wild birds and has been causing outbreaks in poultry since 2022
  - H5N1 has been detected in 24 species of wild mammal since May 2022
  - U.S. dairy cows since spring of 2024
- Current **public health risk is LOW**
  - Low risk to general population
  - Moderate to high in populations in contact with potentially infected animals or contaminated surfaces or fluids (ex: exposure to commercial livestock workers, owners of backyard flocks)
- Monitoring closely with strong surveillance systems to detect H5N1 infections
- Regular communication and partnership with state agencies (e.g., NC Dept of Agriculture and Consumer Services, NC DHHS) and federal agencies (e.g., USDA, CDC, and HHS)

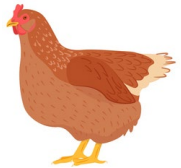
https://www.cdc.gov/cfa-qualitative-assessments/php/data-research/h5-risk-assessment.html

National Landscape

Human Infections in the US since 2024



41 cases associated with exposure to dairy cattle



26 cases associated with exposure to poultry

?

3 cases with unknown exposure (2 CA, 1MO)

https://www.cdc.gov/bird-flu/situation-summary/index.html

3 Cases with severe illness

1 Death

No evidence of person-to-person spread

H5N1 in North Carolina

2022—Present

- 14 commercial poultry operations
- 9 backyard flocks
- 6 bird rescues
- 1 commercial dairy herd
- 6 wastewater detections
- No known human cases in NC

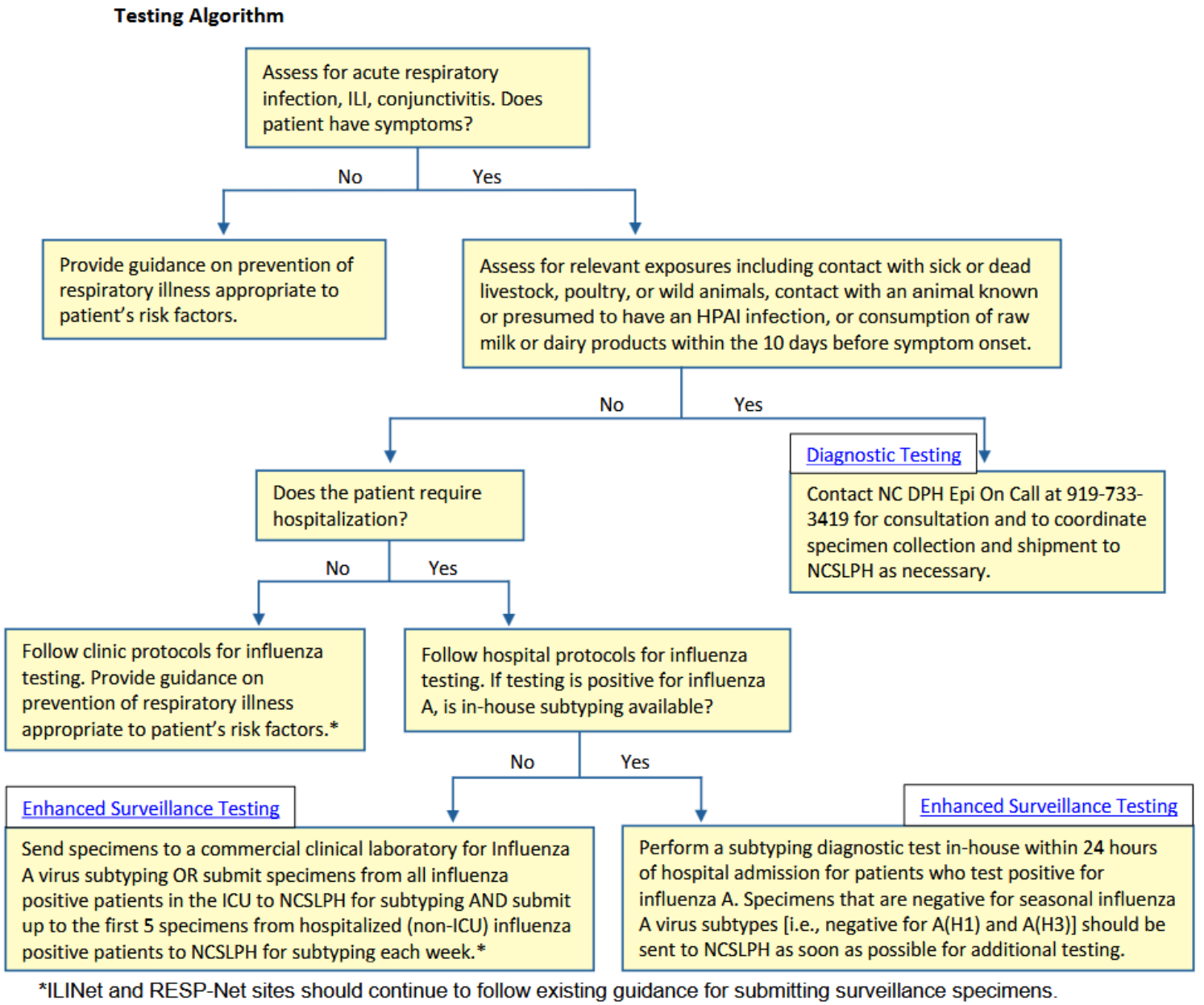
2025 Commercial Poultry Responses

- 221 workers were monitored. Reached 82%
- 23 workers reported symptoms determined to be consistent with novel influenza
- 20 workers with specimens collected
  - 20 workers with testing completed – negative for H5N1
  - 10 workers tested positive for Flu A
- 5 health departments tested (Hyde, Beaufort, MTW, Pitt, and Sampson)

What to Expect

Poultry Management	• Depopulation of flock • Testing of surrounding and epi linked flocks
Worker Monitoring	• Daily or intermittent monitoring • Done by LHD or CCNC per LHD preference
Testing	• Specimen collection kits pre-positioned • Expedited transportation and testing at State Lab of Public Health
Medical Countermeasures	• Standing order template to assist with prescribing process • SNS dispensed oseltamivir for last resort use
Enhanced Surveillance	• Rabies submitted cats • Subtyping of flu A positive wastewater results

Updated Guidance of Novel Influenza Surveillance



https://www.dph.ncdhhs.gov/epidemiology/communicable-disease/updatedguidanceonnovelinfluenzasurveillancepdf/open

Information at flu.nc.gov

English and Spanish

Some materials also available in Vietnamese and Haitian-Creole

https://flu.ncdhhs.gov/HPAI/index.htm

Public Education

Novel and Variant Flu Guidance for Farmworkers

If you work with farm animals, you may be exposed to novel flu viruses.

Protect Yourself

You can get sick if you come into contact with sick animals, animal poop, litter, unpasteurized milk or feathers. Protect yourself with these tips, especially around sick animals:

- **Wear protective equipment.**
- **Clean and disinfect protective equipment.**
- **Do not drink raw or unpasteurized animal products.**
- **Wash your hands with soap and water.**
- **Do not touch your eyes, nose, and mouth with dirty hands.**

If you worked with sick animals and you feel sick

- **Call** 911 if you are having a medical emergency
- **Contact** public health for help with testing and treatment
- **Stay home** to prevent the spread of germs

Please contact your local health department or the Communicable Disease Branch Epi On-Call 24/7 at 919-733-3419

Symptoms

Watch for these symptoms if you have been around a sick animal:

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Avian Influenza Information for Hunters

Visit USDA: Implementation Plan for Avian Influenza Surveillance in Waterfowl in the U.S.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Avian influenza, or bird flu, is a disease caused by influenza A viruses that usually spread between birds, game birds and waterfowl, not people. In North Carolina, Avian flu has mainly affected waterfowl, raptors such as bald eagles and black vultures, and other waterbirds including gulls, double-crested cormorants, and brown pelicans.

Avian influenza spreads between birds, game birds and waterfowl through direct contact. In rare cases, humans can become sick after being in contact with an infected animal. It can also spread via contaminated surfaces and materials, including people's clothing, shoes, or hands. Follow these recommendations to protect yourself from Avian flu.

When Hunting

- Do not harvest or handle any birds, wild or domestic, that are obviously sick or those other than fresh kill.
- Wash hands with soap and water immediately after handling game.

Spot and Report

Reports of sick/injured wildlife can be made to the **NC Wildlife Resource Commission's Helpline**, Monday-Friday, 8AM-5PM at 1-866-318-2401 or anytime via email at HWI@ncwildlife.org.

When Dressing Birds, Game Birds and Waterfowl

- Always wear disposable gloves when handling or cleaning game. Wash hands with soap and warm water when done.
- Dress game birds in the field whenever possible.
- If you can't dress birds in the field, clean them in a well-ventilated location away from poultry and other birds.
- Keep a separate pair of shoes to wear only in your game cleaning area.
- Use dedicated tools for cleaning game. Do not use those tools around poultry or pet birds.
- Wash all tools and work surfaces with soap and water. Then disinfect them using a freshly mixed chlorine solution consisting of 1/3 cup of household bleach per 1 gallon of water.
- Double bag the entrails and feathers.
- Place the bag in a trash can that poultry and pet birds cannot access. Make sure the trash can is covered so that children, pets, or other animals can't get into it.

Additional Precautions

- Wear disposable gloves while cleaning feeders. Wash hands with soap and water immediately afterward.
- Do not eat, drink, or put anything in your mouth while cleaning or handling game.
- Avoid cross-contamination. Keep uncooked game in a separate container, away from cooked or ready-to-eat foods.
- Cook game meat and poultry thoroughly; internal temperature should reach 165°F.

If you feel sick after handling game

Contact your health care provider, occupational health clinic, or local health department. Tell your provider about any recent animal contact. In case of emergency, call 911.

Monitor for symptoms:

-Red eyes	-Sore throat	-Shortness of breath	-Sore muscles
-Fever	-Runny nose		-Headache
-Cough	-Sneezing	-Fatigue	-Nausea
-Rash	-Diarrhea	-Vomiting	-Seizures

https://flu.ncdhhs.gov/HPAI/index.htm; https://flu.ncdhhs.gov/HPAI/bird-hunter-info.htm

Additional Resources:

- NC DHHS Avian Influenza Webpage
- CDC H5 Bird Flu Current Situation

Information for Backyard Flock Owners:

- NCDA&CS Protect Your Flock
- CDC Backyard Flock Owner Guidance
- Defend the Flock Resources

Epidemiologist on Call 919-733-3419

RespiratorySurveillance@dhhs.nc.gov

Measles

IT ISN'T JUST A LITTLE RASH

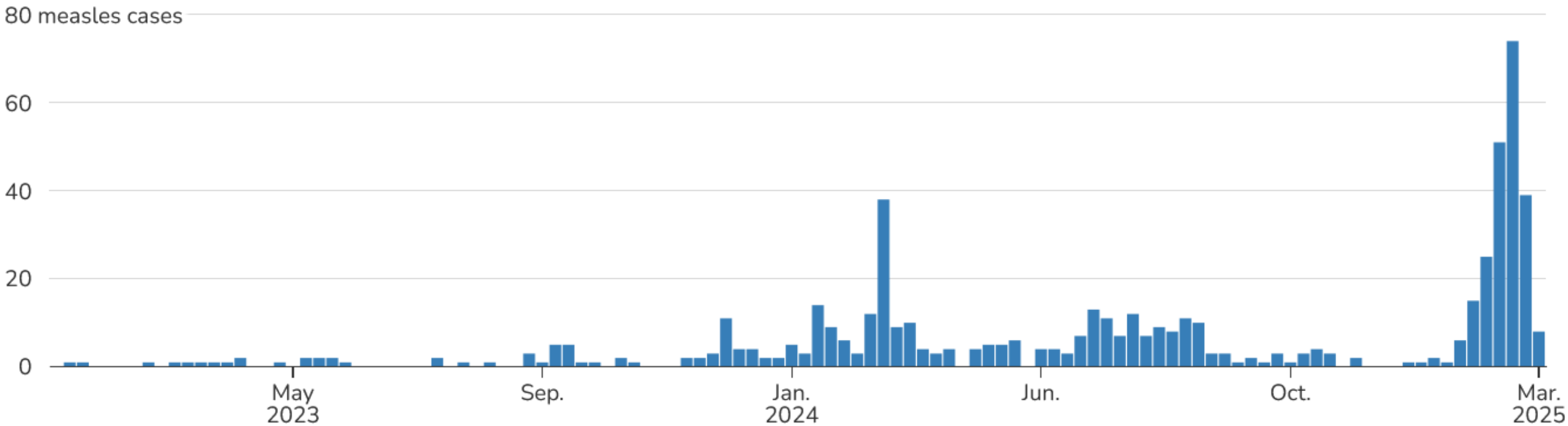
Measles can be dangerous, especially for babies and young children.

https://www.cdc.gov/measles/resources/measles-isnt-just-a-little-rash-infographic.html?CDC_AAref_Val=https://www.cdc.gov/measles/parent-infographic.html

Measles Trends: National, 2023-2025

Weekly measles cases by rash onset date

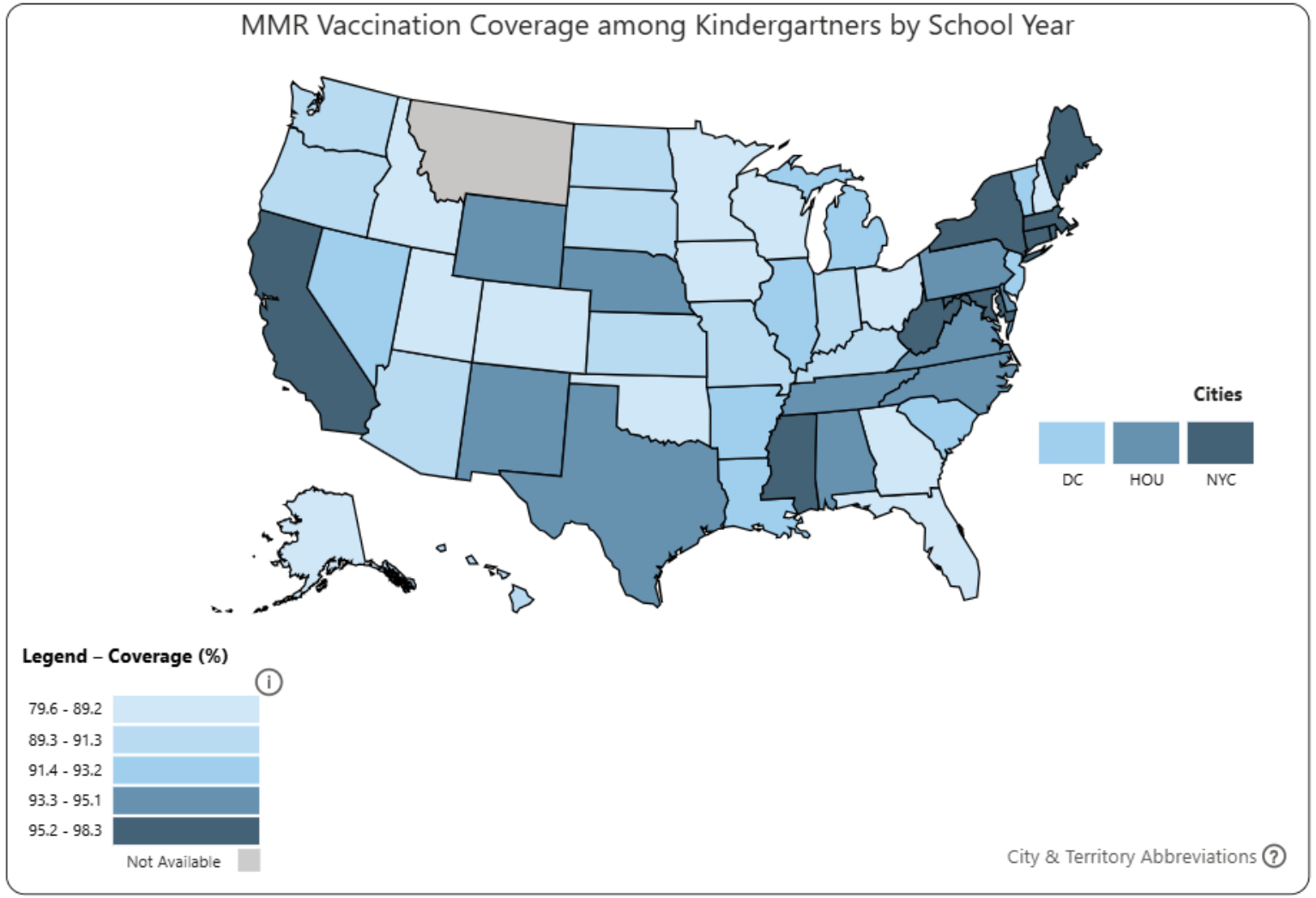
2023–2025* (as of March 6, 2025)



https://www.cdc.gov/measles/data-research/index.html

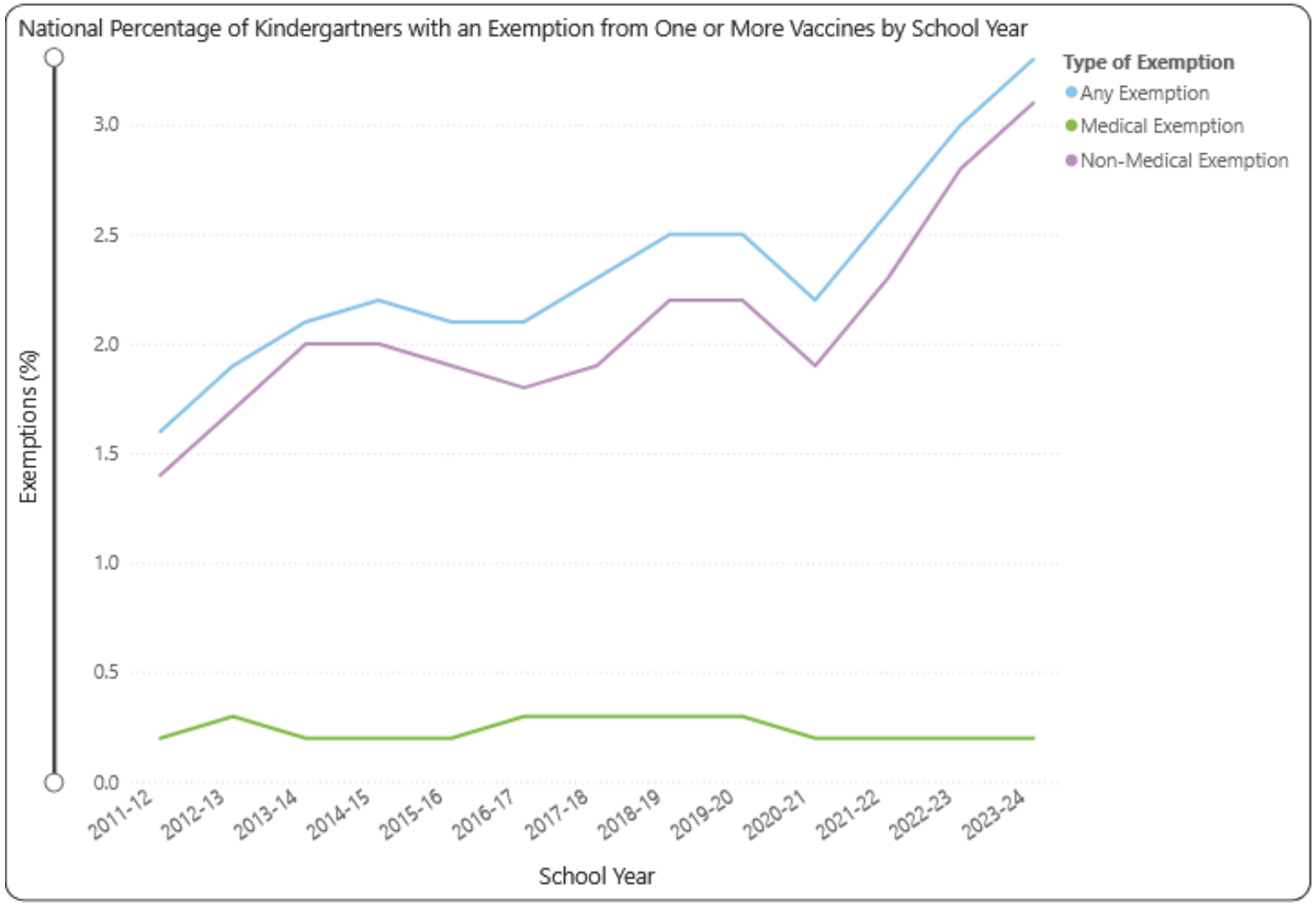
North Carolina MMR Coverage, CDC SchoolVax

94% for the 2023-2024 School Year



CDC SchoolVax: https://www.cdc.gov/schoolvaxview/data/?CDC_AAref_Val=https://www.cdc.gov/vaccines/imz-managers/coverage/schoolvaxview/data-reports/index.html

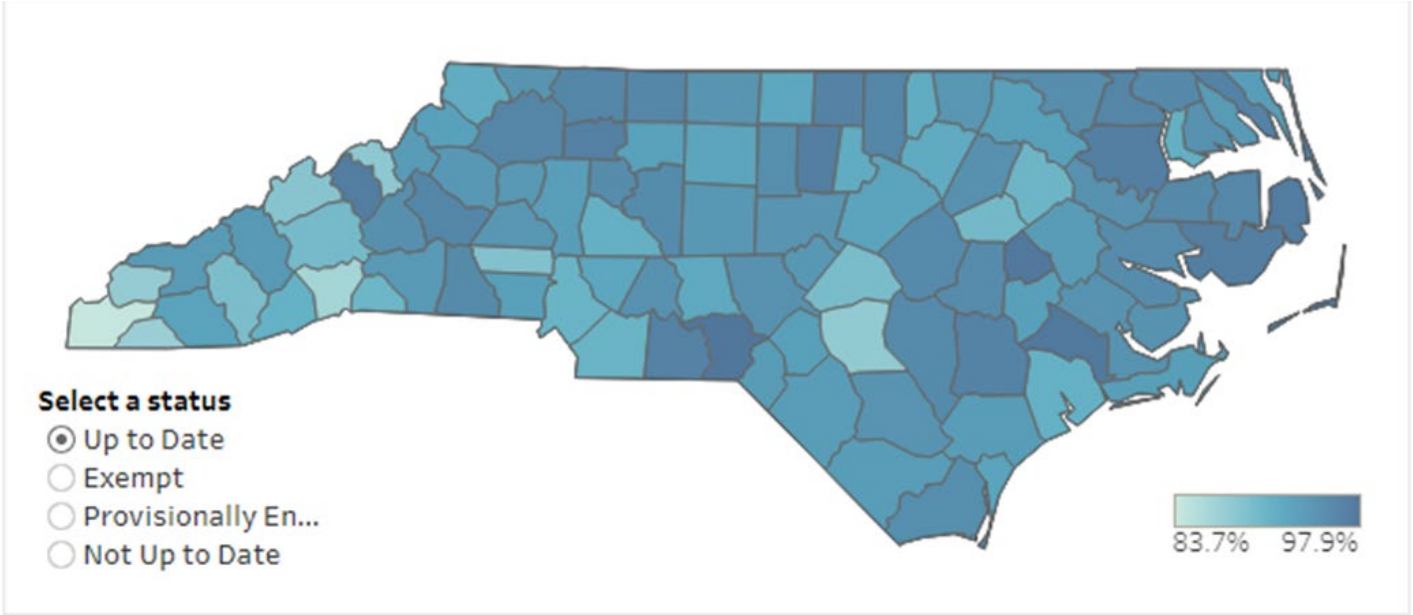
NC Kindergarten Exemptions, 2011-2023, CDC SchoolVax

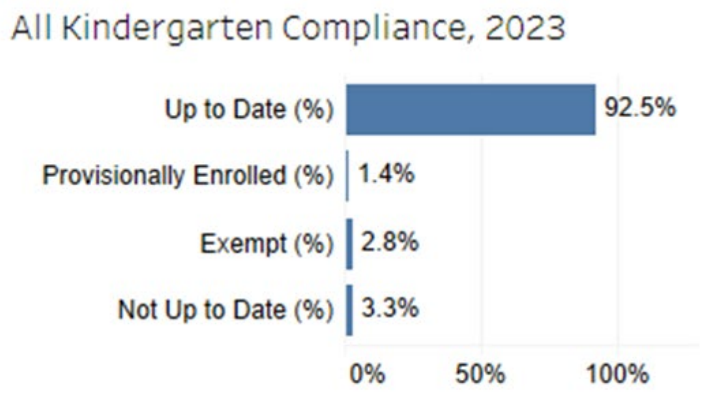


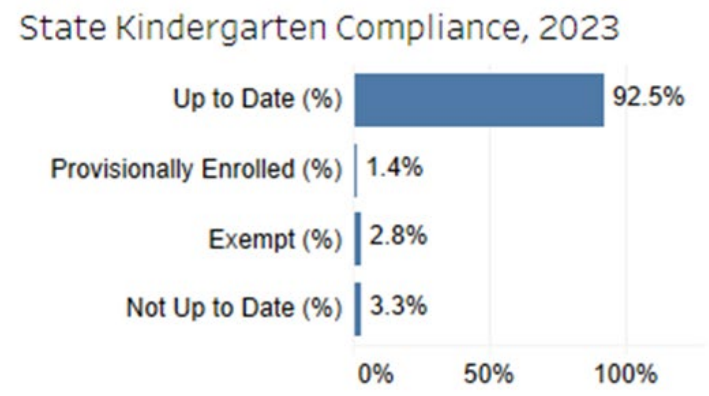
CDC SchoolVax: https://www.cdc.gov/schoolvaxview/data/?CDC_AAref_Val=https://www.cdc.gov/vaccines/imz-managers/coverage/schoolvaxview/data-reports/index.html

NC Kindergartner Up-to-date status by County, 2023

- **Statewide kindergartner compliance for all required vaccines is only 92.5%**
- **County compliance ranges from 83.7% to 97.9%**







NC Kindergarten Immunization Dashboard: https://immunization.dph.ncdhhs.gov/schools/kindergartendashboard.htm

North Carolina Measles Update

- In September 2024, a measles case was reported in NC for the first time since 2018.
  - Case occurred in a child <10 years of age who was unvaccinated
  - Symptoms included fever >101°, maculopapular rash, cough, and conjunctivitis

- Imported case
  - Individual was exposed in another country

- No secondary NC cases were reported. One secondary case occurred in a resident of another state after exposure on an airplane

Measles Reporting Rules

- **Measles became immediately reportable as of July 1, 2020**

- **Includes any suspicion of measles, not just laboratory confirmed**

Presumptive Evidence of Immunity

- **Evidence of measles immunity is the key part of a contact investigation. Using these criteria, we evaluate if the exposed person:**
  - **is immune**
  - **is not immune but eligible for PEP**
  - **is not immune and should be quarantined**

- **Evidence of measles immunity includes:**
  - **Written documentation of adequate vaccine for measles (most common)**
  - **Laboratory evidence of immunity**
  - **Laboratory confirmation of disease**
  - **Birth before 1957***

  ***For unvaccinated health care personnel born before 1957 that lack laboratory evidence of measles immunity or laboratory confirmation of disease, health care facilities should consider vaccinating personnel with two doses of MMR vaccine at the appropriate interval.**

https://www.cdc.gov/surv-manual/php/table-of-contents/chapter-7-measles.html?CDC_AAref_Val=https://www.cdc.gov/vaccines/pubs/surv-manual/chpt07-measles.html#heading-yh1tsbv4i4

Post Exposure Prophylaxis

- For individuals exposed to measles that do not have adequate presumptive evidence of immunity:
  - MMR vaccine can be given within 72 hours after an exposure
  - Immunoglobulin (IG) can be given within six days of an exposure
- If MMR is received within the recommended timeframe, they can return to normal activities immediately
- If IG is used for PEP, quarantine is 28 days
- Know where there may be pockets of un- or under- vaccinated individuals in your county

Measles Lab Testing

- **PCR (preferred)**
  - Collect throat or nasopharyngeal swab
  - Urine is also a valid specimen but should be paired with a swab
  - Preferable to collect within 3 days of rash onset (up to 10 days is acceptable)
  - Swab specimens should be collected using swabs with a Dacron® tip and aluminum or plastic shaft.
  - NC SLPH can perform measles PCR

- **IgM antibody**
  - Serum specimen
  - Preferable to collect 3 days or later after rash onset
  - May be blunted or transient production of IgM in vaccinated persons; negative IgM should not be used to rule out suspected measles

https://www.dph.ncdhhs.gov/epidemiology/communicable-disease/measlesprovidermemopdf/open

Testing Approval

- Testing for measles, mumps, or rubella at SLPH must be pre-approved by the Communicable Disease Branch and will be based on risk factors:
  - Immunization status
  - Clinical signs/symptoms
  - Epidemiology (travel and contacts)

- Please call the epi-on-call (919-733-3419) or reach out to the VPD team if you become aware of a potential case

- Commercial lab testing is also available. There are pros and cons to using SLPH vs. a commercial lab, but in most circumstances SLPH is much faster than commercial testing. The VPD team is happy to consult

Ordering Tests and Supplies from SLPH

- **Specimen submission forms:**
  - **Virology DHHS 3431** https://slph.dph.ncdhhs.gov/Forms/3431-Virology.pdf
  - **Serology DHHS 3445** https://slph.dph.ncdhhs.gov/Forms/SpecialSerologyForm-3445.pdf?ver=1.1

- **The NCSLPH Online Supply Ordering System must be used to order supplies. Supplies may be ordered by going through the NCSLPH website** https://slphreporting.ncpublichealth.com/labportal/

Is Your LHD Ready?

- Infection prevention office plan
  - Adhere to Standard and Airborne precautions for known or suspected patients
- Staff immunization policy and records
- Safe specimen collection
  - Ensure necessary supplies and equipment are available
  - What locations can test for measles in your county?
- Surge capacity
  - Contact tracing
  - Vaccination of eligible contacts, catch up non-immune
  - NCIR access
- Communication strategy
- Legal preparedness including isolation and quarantine orders
- Know your LHD and State partners
- Use CDC's Public Health Preparedness Checklist

Additional Resources

- **CDC HAN: https://www.cdc.gov/han/2025/han00522.html**
- **NC CD Manual Measles Resources: https://epi.dph.ncdhhs.gov/cd/lhds/manuals/cd/measles.html**
- **Measles cases and outbreaks in the U.S.: https://www.cdc.gov/measles/data-research/?CDC_AAref_Val=https://www.cdc.gov/measles/cases-outbreaks.html**
- **Measles information for healthcare providers: https://www.cdc.gov/measles/hcp/clinical-overview/?CDC_AAref_Val=https://www.cdc.gov/measles/hcp/index.html**
- **North Carolina Kindergarten Immunization Dashboard: https://immunization.dph.ncdhhs.gov/schools/kindergartendashboard.htm**

Measles Investigation Overview — North Carolina Communicable Disease Branch

The following guidelines provide a brief overview of the steps of a measles contact investigation. Because measles investigations can be complicated, understanding of the VPD Surveillance Manual chapter on measles is essential. Investigations that may be complicated by setting, high-risk individuals or other factors should be discussed with the N.C. DPH Communicable Disease Branch (919-733-3419).

Endemic transmission no longer occurs in the United States. Rapid identification of travel-related cases is key to preventing spread. Contact investigations should proceed immediately for all cases of measles. When measles is strongly suspected, attempts to identify and provide prophylaxis to close contacts should proceed without delay. Prophylaxis (MMR given within 72 hours of exposure or IG given within 6 days) may prevent disease. Measles is highly contagious with a 90% secondary attack rate in susceptible populations. Transmission of airborne measles virus has occurred up to 2 hours after a case occupied a room. Measles is a public health emergency.

Basic Steps of a Measles Investigation

1. Determine immune status, clinical presentation and epidemiological factors of a suspected case	• Identify symptom onset for fever, cough, coryza, conjunctivitis, and rash onset date, and determine rash progression pattern. • Determine immune status of patient. Refer to the VPD Surveillance Manual for criteria of acceptable evidence of immunity. Persons who meet criteria are unlikely to acquire measles. • Inquire about recent travel history and recent contact with ill persons • Rule out other causes like recent use of antibiotics or other illnesses (e.g. roseola, parvovirus, Kawasaki disease)
2. Laboratory testing	• If patient meets criteria for suspicion of measles, laboratory specimens should be collected as soon as possible • An oropharyngeal or nasopharyngeal swab should be collected for PCR and viral culture within 3 days of rash onset (while not optimal, collection within 10 days may be acceptable; consult CDB). • Serum should be collected for measles IgM testing ≥3 days after rash onset, unless the person was recently vaccinated
3. Manage the case	• Verify that case has been appropriately tested and isolated using airborne precautions if hospitalized during the infectious period. Isolation orders may be issued. • Use information collected from medical records or speak with patient to identify venues where the patient might have been exposed. Exposure period is 7-21 days before rash onset.
4. Identify all contacts of case during infectious period	• Infectious period: Start: 4 days before rash onset. End: 4 days after rash onset • Contacts are any persons sharing air space with a case during the infectious period for up to 2 hours after a case has occupied that space. • Immediately notify CD Branch if case traveled on commercial conveyance while infectious • Determination of contacts should be more inclusive in high-risk settings such as healthcare facilities, day care and other settings with unimmunized persons
5. Collect information about contacts	• Date and location of last exposure to case while infectious • Symptoms of measles (febrile rash illness with cough, coryza, and conjunctivitis) • Evidence of immunity • Identify contacts with high-risk status (e.g. infants, pregnant women), and high transmission risk (e.g. health care workers)
6. Manage contacts	• Course of action will depend on time since last exposure, type of contact, presence of symptoms, immune status and risk status
➢ Symptomatic contacts	• Refer to healthcare provider with prior arrangement for appropriate isolation and testing • If measles is suspected, isolate/exclude until no longer infectious
➢ Immune contacts	• Contacts with documentation of immunity may self-monitor and report if symptomatic
➢ Asymptomatic contacts without acceptable evidence of immunity	• MMR vaccine should be administered to non high-risk contacts as soon as possible. • IG should be administered to high-risk contacts (infants, pregnant women, immunocompromised) • Monitor for symptoms for 21 days via phone, text, or email using the contact monitoring form • Exclude or quarantine as needed
➢ Asymptomatic airline contacts	• CDC Division of Global Migration and Quarantine (DGMQ) will notify CD Branch of contacts in your jurisdiction; CD Branch will promptly contact you by phone, fax and/or email. • Contact exposed individuals immediately to verify seat number, immune status and provide disease information. Instruct contacts to monitor for symptoms for 3 weeks after last exposure. Notify CD Branch if unable to reach exposed individual. • Complete CDC DGMQ Measles Air Contact Investigation Form and return to CD Branch

Measles

MEASLES IS A SERIOUS DISEASE

- Measles is a serious disease that causes a rash and fever.
- Measles is very contagious. It spreads when a person with measles breathes out, coughs or sneezes.
- Anyone who is not vaccinated is much more likely to get measles.
- Measles can be dangerous, especially for babies and young children. It can cause swelling of the brain and lung infections. In rare cases, it can be deadly.

VACCINATION IS THE BEST WAY TO PROTECT YOUR FAMILY

- The MMR shot is safe and very effective at preventing measles. It also protects against mumps and rubella.
- Doctors recommend that all children get the MMR shot.
- Getting the MMR vaccine is safer than getting measles.
- Most children do not have any side effects from the shot. The side effects that do occur are usually mild and don't last long, such as a fever, mild rash, and soreness.

Symptoms of measles and how it spreads

- Measles often begins with a high fever, cough, runny nose, and red, watery eyes. After 3-5 days, a rash usually begins on the face and spreads to other parts of the body.
- You can spread measles to others as early as four days before you have a rash and for up to four days after the rash first appeared.
- You can get measles just by being in a room where a person with measles has been. The measles virus stays in the air for up to two hours after that person has left the room.

Images: cdc.gov

Call your doctor or clinic right away if you see symptoms

- Your doctor or clinic will let you know if you need to come in for a visit.
- Measles is very contagious and you don't want to give it to someone in a waiting room. It's important to tell your doctor or clinic that you have symptoms of measles before you go. They will give you instructions for what to do so that you don't spread measles.

Stay at home if you have measles

- It's important not to spread measles to others.
- Stay at home if you have measles. Don't go to school, work, to the store, or other people's homes.
- Don't have visitors to your home if you or your child have a fever or rash.

For more information:
www.cdc.gov/measles

Thank you to Seattle and King County, Washington Public Health for the use of this infographic.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Respiratory and VPD Update	**Emma Doran, MD MPH:** Medical Director, Vaccine Preventable and Respiratory Diseases
Vaccine Update	**Carrie Blanchard, Pharm D, MPH** Immunization Branch Director
Question & Answer Session	Open for Questions — Please use the Zoom Q&A function

LOCAL HEALTH DEPARTMENT WEBINAR

March 11, 2025

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

A VIAL IN EVERY FRIDGE

General Updates & Reminders

Newly Designed Website!

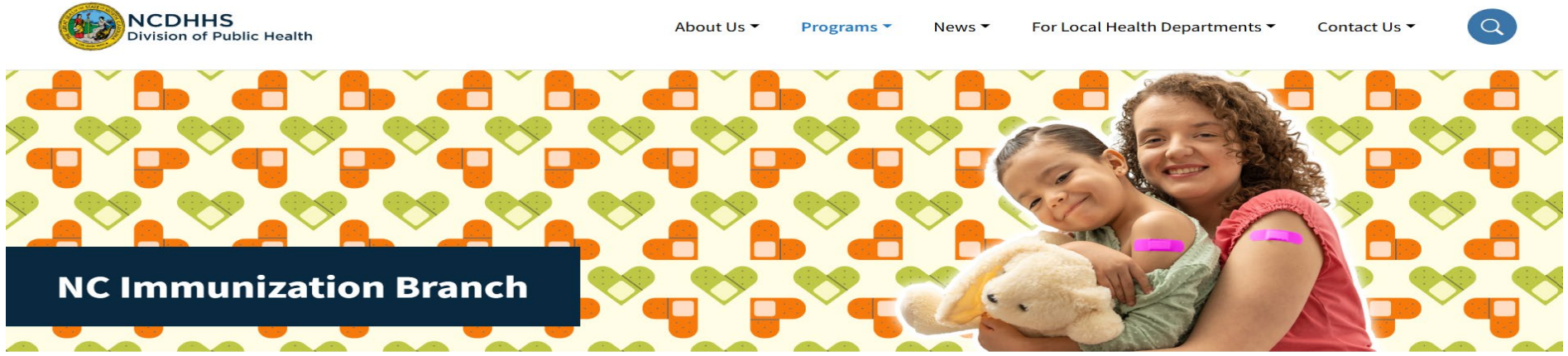
•**A New Look and Improved Navigation:** We've transformed several pages with updated design features, making it easier to find the information and tools you need.

•**Resources for Providers:** All the essential information for providers is now conveniently located on the Immunization Information for Providers page, including your most accessed resources.

•**What's Next:** The next phase of our design focuses on updating the website content to ensure you have access to **accurate** and **up-to-date** information.

•Visit our site today! NC Immunization Branch | Division of Public Health

March 7, 2025, Newly Designed Website: Communication



NC Immunization Program (NCIP) Provider Profile: Annual Update Required

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

The North Carolina Immunization Program (NCIP) provider profile submission is now open

- **Required Update:** All NCIP-enrolled providers are required to submit a provider profile every 12 months to continue to receive vaccines and remain active in the program.
- The Provider Profile must be completed online at this link.
- **Failure to complete the provider profile survey by April 4, 2025 may result in suspension from the NCIP.**
- For questions or help completing your survey:
  Contact the Immunization Help Desk, Monday through Friday,
  8 a.m. to 4:45 p.m. at 1-877-873-6247 or at ncirhelp@dhhs.nc.gov.
- Action Required: 2025 NCIP Provider Profile March 2025 Comm Link

2024-2025 Respiratory Season Vaccine Numbers

Thanks to your dedication, we've seen substantial progress in vaccination efforts. As of March 3, 2025, we are proud to share the following vaccination totals:

- **1,024,379** COVID-19 doses have been administered
- **2,359,598** flu doses administered*
- **131,391** adult RSV doses administered
- **46,823** pediatric RSV doses administered

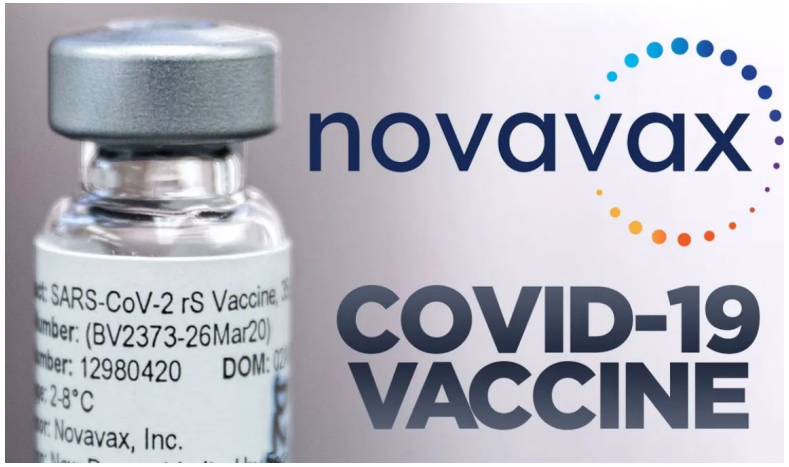
*Note that NC pharmacies are not required to report flu doses to the NC Immunization Registry (NCIR), so these totals reflect only those reported into the registry.

COVID-19 Updates

Novavax COVID-19 Update

As we move through the 2024-2025 vaccination season, be aware that the shelf life for **Novavax vaccines** is shorter this year. To ensure the efficient use of these vaccines, keep the following in mind:

- The shelf life for Novavax vaccines is typically two months post-release.
- Use any remaining vaccines **before their expiry date** and return any **expired doses** to McKesson.
- The CDC is currently filling orders for **Novavax** with vaccine expiring **March 31, 2025**.
- Distribution will continue until **18 days prior to expiry**.
- No shelf-life extensions are anticipated for 2024-2025 season.



Reduced Shelf Life for Pfizer's COVID-19 Vaccine

We anticipate reduced shelf life for Pfizer's COVID-19Vaccine for persons 12y+ **(NDC# 000069-2432-10)**.

- Between **mid-February and mid-March, Pfizer's COVID-19 vaccine** shelf life will be reduced to **8-11 weeks** from delivery.
- This is a temporary change, so plan your orders accordingly to ensure timely usage.
- This **reduced shelf life** only applies to the direct-shipped Pfizer vaccine and does not affect Pfizer COVID-19 vaccines shipped through McKesson.

RSV Updates

State Administration of Nirsevimab Ends March 31, 2025

- **ACIP recommends:** RSV vaccination for eligible infants between October and March.
- **Nirsevimab Administration Ends:** March 31,2025
- **Order Deadline: Continue** using the allocation request survey for nirsevimab orders until **March 21, 2025**.
  - For rushed orders after this date, contact the Help Desk.
- Any remaining non-expired nirsevimab after March 31st should be properly stored and marked “do not use” until next season.
- To avoid wastage, please avoid ordering excess doses toward the end of the season for future use.

Q&A