

Monthly LHD Update Meeting

July 8, 2025



Agenda

Epi Section Update	Zack Moore, MD, MPH State Epidemiologist and Epidemiology Section Chief
Rabies, Vector borne & Zoonotic	Carl Williams, DVM, DACVPM State Public Health Veterinarian
Respiratory Update	Erica Wilson, MD, MPH Medical Director, Medical Consultation Unit
Vaccine Update	Beth Meadows, MSN, RN, CPHN Provider Clinical Services Unit Lead, Interim Immunization Branch Director
MCM Update	Tim Davis, PharmD, BCNP, PMP Medical Countermeasures Coordinator
Question & Answer Session	Open for Questions — Please use the Zoom Q&A function

Provider memos

<https://www.dph.ncdhhs.gov/epidemiology/communicable-disease/summercampmemo2025finalpdf/open>

<https://www.dph.ncdhhs.gov/epidemiology/communicable-disease/rabiesmemojune2025pdf/open>

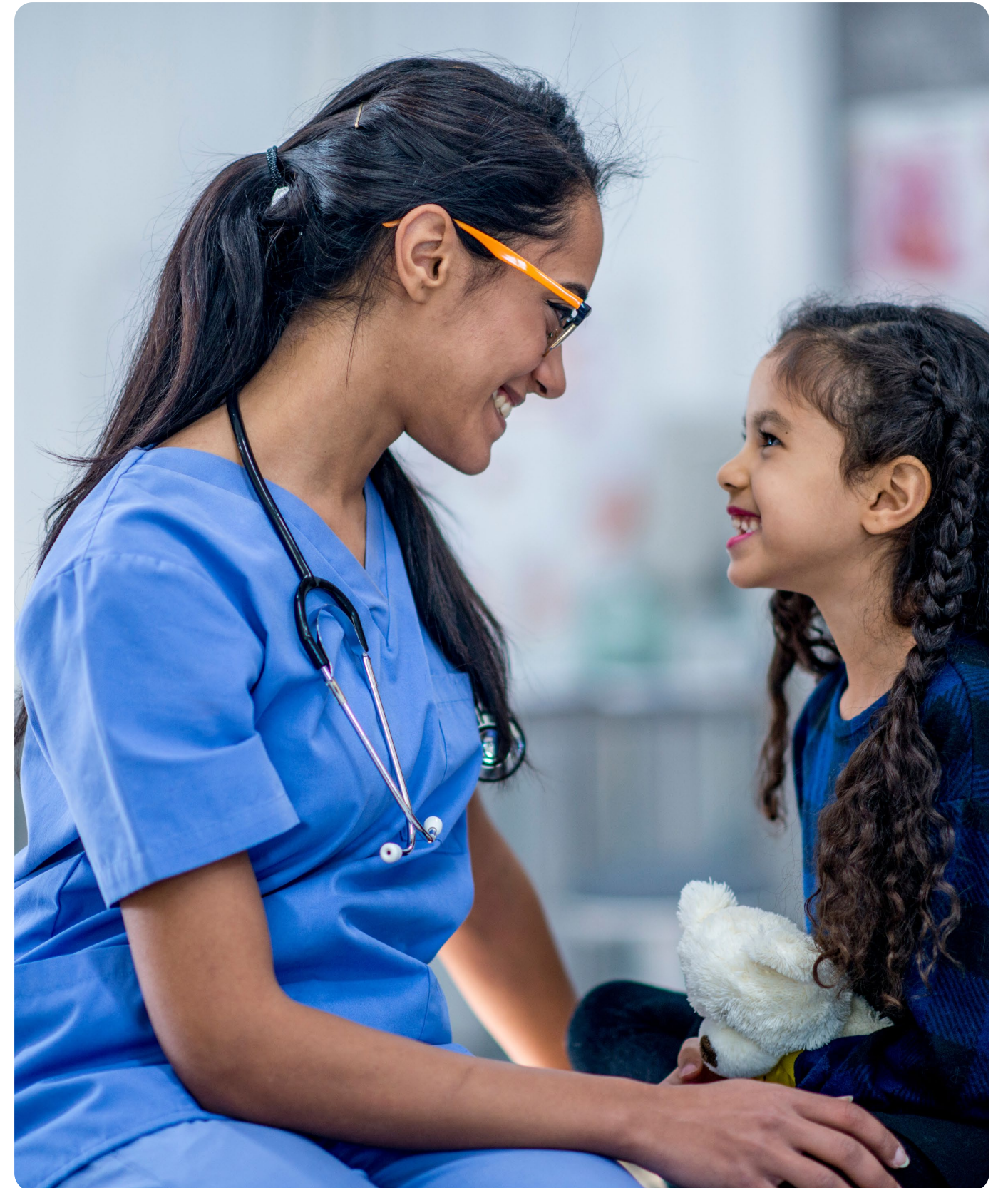


LOCAL HEALTH DEPARTMENT WEBINAR

July 8, 2025



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**



Today's Agenda

- General Updates/Reminders
- RSV Updates
- COVID19 Updates



General Updates & Reminders


New Resources on Childhood Vaccines-Vaccine Toolkit Launch

- NCDHHS has launched a new, bilingual Childhood Vaccines Toolkit designed to help health care providers and families start a conversation about childhood vaccines.
- The **Childhood Vaccines toolkit** includes clear, accurate information you can share with families to support vaccine conversations. The toolkit includes:
 - **Talking Points** for providers with research-based best practices to connect with parents
 - **Fact sheets, rack cards, posters, and social media graphics** with important information on vaccines and vaccine-preventable diseases for providers to share with families
 - **Customizable email template** for partners to help share information with communities on vaccines and vaccine-preventable diseases
- Visit **VaccinesForKids.nc.gov** to access downloadable toolkit materials in **English and Spanish** and **updated webpages** with easy-to-understand information on childhood vaccines.
- If you are interested in **free, printed versions** of the parent-facing toolkit materials to use at your office or clinic, please fill out **our form** by **July 15**.

Vaccines protect what matters most – your child's health.

Children's immune systems are built to handle the thousands of everyday germs they encounter. But some germs are different. They are dangerous and can cause serious harm. Vaccines teach children's immune systems how to fight dangerous germs without the risk of serious illness.

Compared to what children's immune systems handle daily, the exposure from a vaccine is very small. Serious side effects from vaccines are extremely rare. Millions of children are safely vaccinated each year.




Don't let diseases of the past become part of your child's future.


DTaP Vaccine (Diphtheria, Tetanus, Pertussis)	Hib Vaccine (Haemophilus influenzae type b)	Pneumococcal Vaccine (PCV)
Protects against three serious diseases, including whooping cough (pertussis).	Protects against an infection that can cause brain damage and deafness.	Protects against a bacteria that can cause infections in the brain, lungs and blood.
Before the vaccine , 8,000 infants died from whooping cough each year. One in three infants who get whooping cough need hospital care.	Before the vaccine , it caused brain infections in 15,000 children every year.	Before the vaccine , it caused 700 brain infections, 17,000 blood infections, 5 million ear infections and 200 deaths in children every year.

Vaccines your children need are available at their doctor's office and community health centers. Eligible children may be able to get free vaccines through the Vaccines for Children (VFC) program.

Your child's doctor shares your goal: a healthy future for your family.
Have questions? Get real answers. Talk to your child's doctor today.
VaccinesForKids.nc.gov



NC Department of Health and Human Services • VaccinesForKids.nc.gov
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New NCIP Lunch and Learn Series



Our Provider Lunch and Learn series is a new, virtual educational offering from the NCIP team.



Quarterly sessions, held on the 3rd Wednesday of the first month in each quarter, will take a deeper dive into timely and relevant immunization topics



Lunch and Learn sessions are offered in addition to our monthly Provider Webinars, which will continue on the first Wednesday of each month.



July 16th from 12:00-12:45 pm
will be our first Lunch and Learn

We will be discussing Respiratory syncytial virus (RSV)/Immunizations

Register here:

<https://www.zoomgov.com/meeting/register/SNVt7BcOTXmzmf9XvEgyNQ>

- Meeting ID: 161 461 6668
- Passcode: 317291



Mark your calendar for the next Lunch and Learn on October 15, 2025, which will focus on the upcoming respiratory season



Dates for 2026 include January 21, April 15, July 15, and October 2.



[NCIP Lunch and Learn Flyer Link](#)

Change in Birth Dose Hepatitis B Policy for Enrolled Hospitals

As of July 1, 2025, CDC is no longer allowing universal administration of the birth dose hepatitis B vaccine to infants using state-supplied vaccines due to CDC's prioritization of limited 317 funds.

What's Changed:

- Birthing hospitals must screen infants to determine eligibility and use the appropriate vaccine stock (state-supplied VFC, state-supplied 317, or hospital privately purchased).
- This policy applies **only** to birth dose hepatitis B vaccines administered before hospital discharge.
- State-supplied stock already in hospitals as of July 1, 2025, will be considered VFC stock and can only be administered to VFC-eligible infants.
- Hospitals selected one of two options for receiving hepatitis B vaccines for eligible infants through the North Carolina Immunization Program.

**VFC eligibility includes infants who are Medicaid-eligible, uninsured, or American Indian/Alaska Native, as defined by CDC guidelines.*



Change in Birth Dose Hepatitis B Policy for Enrolled Hospitals Cont'd

Hospitals Had Two Options to Choose From:

- **Option 1:**
 - State-supplied VFC vaccine can be ordered for VFC-eligible patients.
 - All other patients will receive privately purchased Hep B vaccine.
- **Option 2 (Transition Year Only):**
 - State-supplied VFC vaccine can be ordered for VFC-eligible patients.
 - State-supplied 317 vaccine can be ordered for patients whose bundled delivery or global delivery package (i.e., no routine services can be individually billed) does NOT include hepatitis B vaccine.
 - All other patients will receive privately purchased Hep B vaccine.
- The deadline to select an option has passed (July 1, 2025). Birthing hospitals that did not respond have been automatically defaulted to Option 1.
- All Birthing hospitals will be using **option 1**, as no hospital selected option 2.

[Hepatitis B Policy
Communication Link](#)

Estimated Impact for Hospital Facilities:

- NCDHHS Immunization Branch sent all NC Birthing hospital facilities specific data to help them understand the potential out-of-pocket costs for privately purchasing hepatitis B vaccines, along with ordering instructions.

Updated Definition of Underinsured

The definition of "underinsured" for VFC-eligible patients has been updated:

- A person under age 19 is now considered underinsured if:
 - Their insurance does **not cover any** ACIP-recommended vaccines,
 - Their insurance covers **only some** ACIP-recommended vaccines, or
 - Their insurance does **not provide first-dollar coverage** (i.e., vaccine coverage is subject to copays, coinsurance, or deductibles).



[Important VFC Policy Updates Communication](#)

Reminders:

- Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC), a Rural Health Clinic (RHC), a Local Health Department (LHD), or a private provider with an approved deputization agreement. All other providers should refer underinsured children to one of these facilities in order to receive VFC supplied vaccines.
- Patients must be screened for eligibility at each immunization encounter, so before administering a vaccine, providers must verify whether the child's health insurance plan covers ACIP-recommended vaccine.
- If the parent/guardian chooses to receive vaccines for their child at their non-deputized medical home, the patient would receive private purchased vaccine and would be financially responsible for the cost of the purchased vaccine and the associated administration fees.



RSV Updates

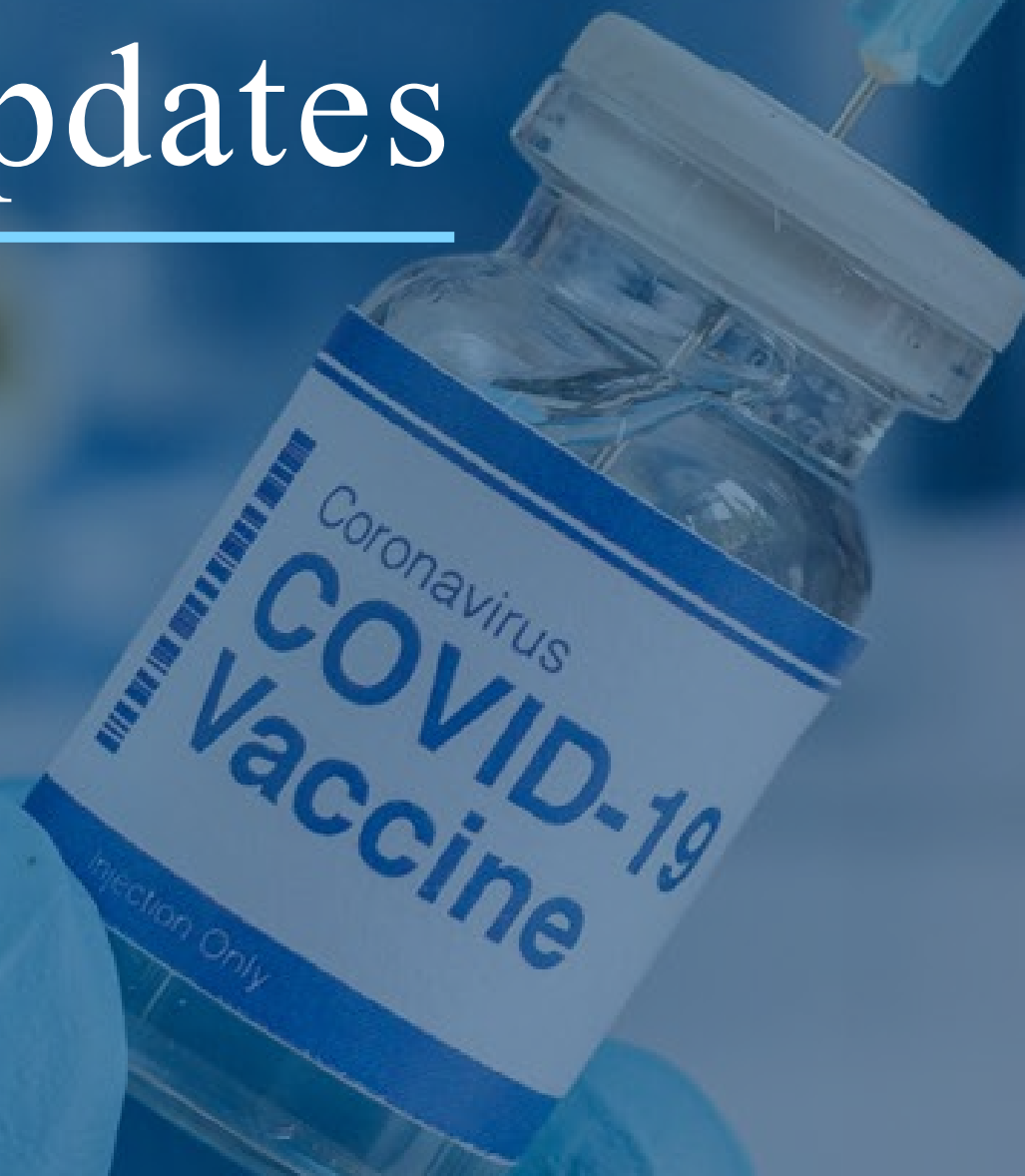
RSV Monoclonal Antibody Products Update

- All VFC-enrolled providers that serve VFC-eligible children 19 months of age or younger are required to carry VFC-supplied RSV monoclonal antibody products **at the start of RSV season**, which typically begins **October 1**.

Ordering:

- **Abrysvo** is now available for ordering as of **July 1** for pregnant VFC eligible adolescents (32 weeks through 36 weeks gestation from September through January).
- **Nirsevimab** ordering will begin on **August 1 for VFC eligible infants** (October through March).
- RSV ordering will take place through the [RSV Allocation Request Form](#).
- Please note: Ordering for both products will begin **before** administration is allowed. Administration of Abrysvo will **not** begin until **September 1** and administration of nirsevimab will **not** begin until **October 1**. Providers should not begin administering RSV products until the CDC's official administration start date.
- Information regarding the availability of clesvrovimab is forthcoming.

COVID19 Updates



VFC COVID-19 Stock Requirement Update

- Beginning July 1, 2025, private providers enrolled in the Vaccines for Children (VFC) Program **will not** be required to routinely stock COVID-19 vaccines.
 - Such providers must be able to refer VFC-eligible children to a safety net provider if needed.
 - Local Health Departments should continue to maintain at least a minimum ordering quantity of state-supplied COVID-19 vaccines as a safety net location.
- In addition, the CDC **no longer requires** VFC providers to maintain a full stock of all privately purchased ACIP-recommended vaccines for non-VFC-eligible patients if they do not plan to offer all ACIP-recommended vaccines to this population.



[Important VFC Policy
Updates Communication](#)



Stay Informed through Vaccineinfo Email

The best way to stay informed about the latest vaccine updates and **VFC guidance** is by reading emails from: vaccineinfo@dhhs.nc.gov

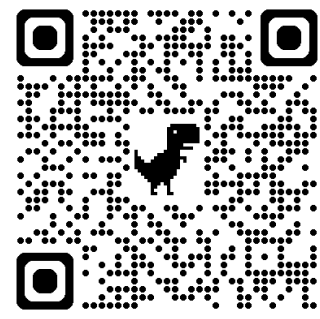
Be sure to subscribe to so you don't miss critical updates.

MCM Updates: COVID-19

Free At-home Test Kits No Longer Available via HPOP

- **US HHS ceased distribution as of June 3rd, 2025**
- **End of NC DHHS Community Access Point (CAP) Program June 30th, 2025**
- **Program by the numbers:**
 - 606 partners placed more than 1500 orders for just over 3.6M test kits

NC DHHS COVID Website Updates

- **Free Test Locator has been removed, also  provider info pages**
- **Testing Guidance, Expiration Date Checker, What to do if you feel sick, Therapeutics Patient Assistance Program Info all remain**

MCM Updates: Measles Response

Remember to complete [IG Inventory Survey](#) – Deadline 7/11



• Data as of 7/7:

	Responses	Has IMIG	In Process of / Plans to Procure IMIG	Has IVIG	In Process of / Plans to Procure IVIG	Reported some level of local planning/coordination around IG access
LHD	60	2	15	N/A	N/A	41
Hospital	20	2	2	12	4	10
Total	80	4	17	12	4	51



NC DHHS Measles PEP Guidance posted

• Standing Order Template and Immunization Status Tool - **Coming soon**

Ordering GamaSTAN (IMIG)

- There are currently no know supply issues
- **Distributors that carry GamaSTAN** : <https://www.gamastan.com/en/hcp/ordering-information>
- **All LHDs should be able to order IG via Cardinal SPD Account**
 - Contact: GMB-SPD-csorderentry@cardinalhealth.com
 - Typical turnaround time on Cardinal SPD orders is next business day if ordered before 3pm CST
 - AA546 Funds can be used to purchase measles PEP & supplies

Product	Size	NDC	Cardinal Item #	Storage	Cardinal Est. Price*
GamaSTAN (IMIG)	2mL vial	13533-335-04	5476262	2-8°C	~\$95/vial
GamaSTAN (IMIG)	10mL vial	13533-335-12	5476270	2-8°C	~\$440/vial

- **Measles PEP**
 - Ex: A pt. weighing 60kg (121lb.) requires a 2.7 mL dose

*Pricing may vary by account



Q&A