Monthly Epi Section Update for LHDs

April 8, 2025

Agenda

Opening Remarks	**Zack Moore, MD, MPH** State Epidemiologist and Epidemiology Section Chief
Epi Section Update	**Amanda Fuller Moore, PharmD** Clinical Pharmacist
Foodborne & Vectorborne Update	**Carl Williams, DVM, DACVPM** State Public Health Veterinarian
VPD and Respiratory Updates	**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

Lyme Disease PEP Update

Carl Williams, DVM, DACVPM
Emily Herring, DVM, PhD

Public Health Veterinarians, Communicable Disease Branch
919-733-3419

April 8, 2025

Lyme disease is expanding in NC

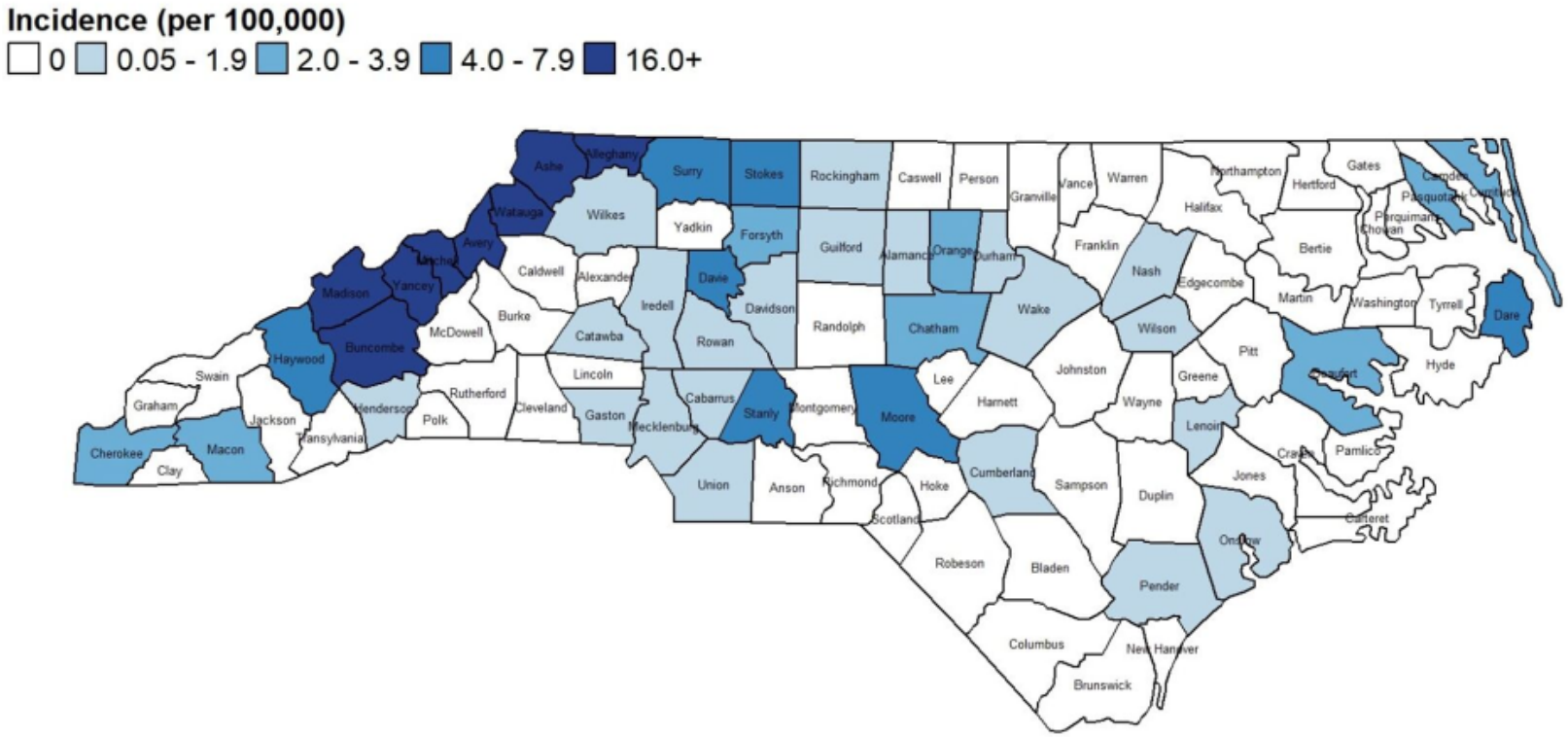
- **Geographic Expansion of Lyme Disease in the Southeastern United States, 2000–2014**
- The geographic distribution of Lyme disease cases significantly expanded in Virginia between 2000 and 2014, particularly southward in the Virginia mountain ranges.
- If these trends continue, North Carolina can expect autochthonous Lyme disease transmission in its mountain region in the coming years.
- Lantos et. al, Open Forum Infectious Diseases, Volume 2, Issue 4, Fall 2015

https://doi.org/10.1093/ofid/ofv143

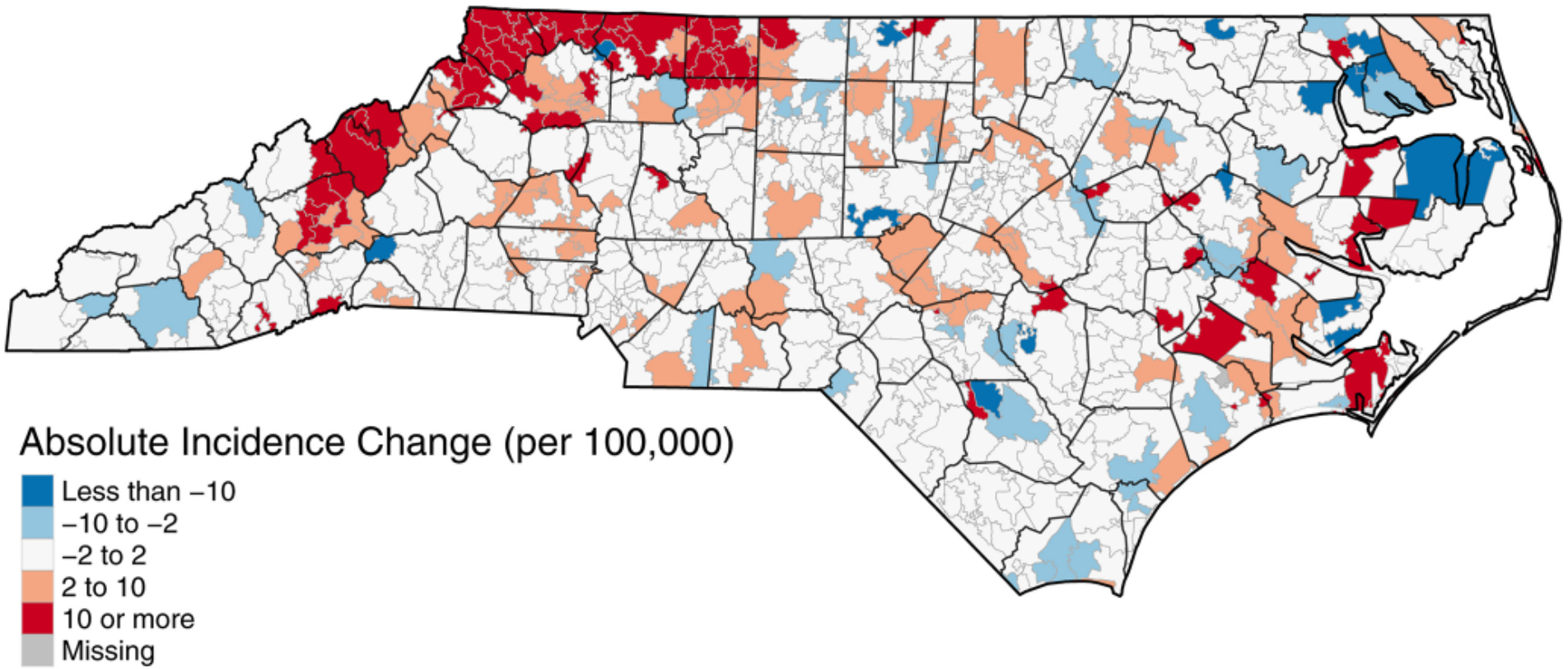
- **Spatiotemporal patterns of Lyme disease in North Carolina: 2010–2020**
- Lyme disease has rapidly emerged in northwestern NC with some zip codes reporting incidence rates similar to historically high incidence regions across the US Northeast, mid-Atlantic, and upper Midwest.
- Efforts are urgently needed to raise awareness among medical providers to prevent excess morbidity.
- Mokashi, Neha V. et al. The Lancet Regional Health – Americas, Volume 35, 100792

DOI: 10.1016/j.lana.2024.100792

LD Incidence Rate, NC, 2024



Absolute change in the incidence of reported confirmed and probable cases of Lyme disease between 2011 and 2019



Ixodes Tick Surveillance in NC

County	% Infected Nymph	% Infected Adult
Alleghany	29	62
Ashe	39	61
Buncombe	13	25
Madison	8	0
Watauga	21	61
Wilkes	23	83

Post Exposure Prophylaxis for Lyme disease

- **Based on human surveillance data, and tick surveillance data, the NC DPH recommends Lyme PEP, in accordance with CDC guidelines, for the following counties:**

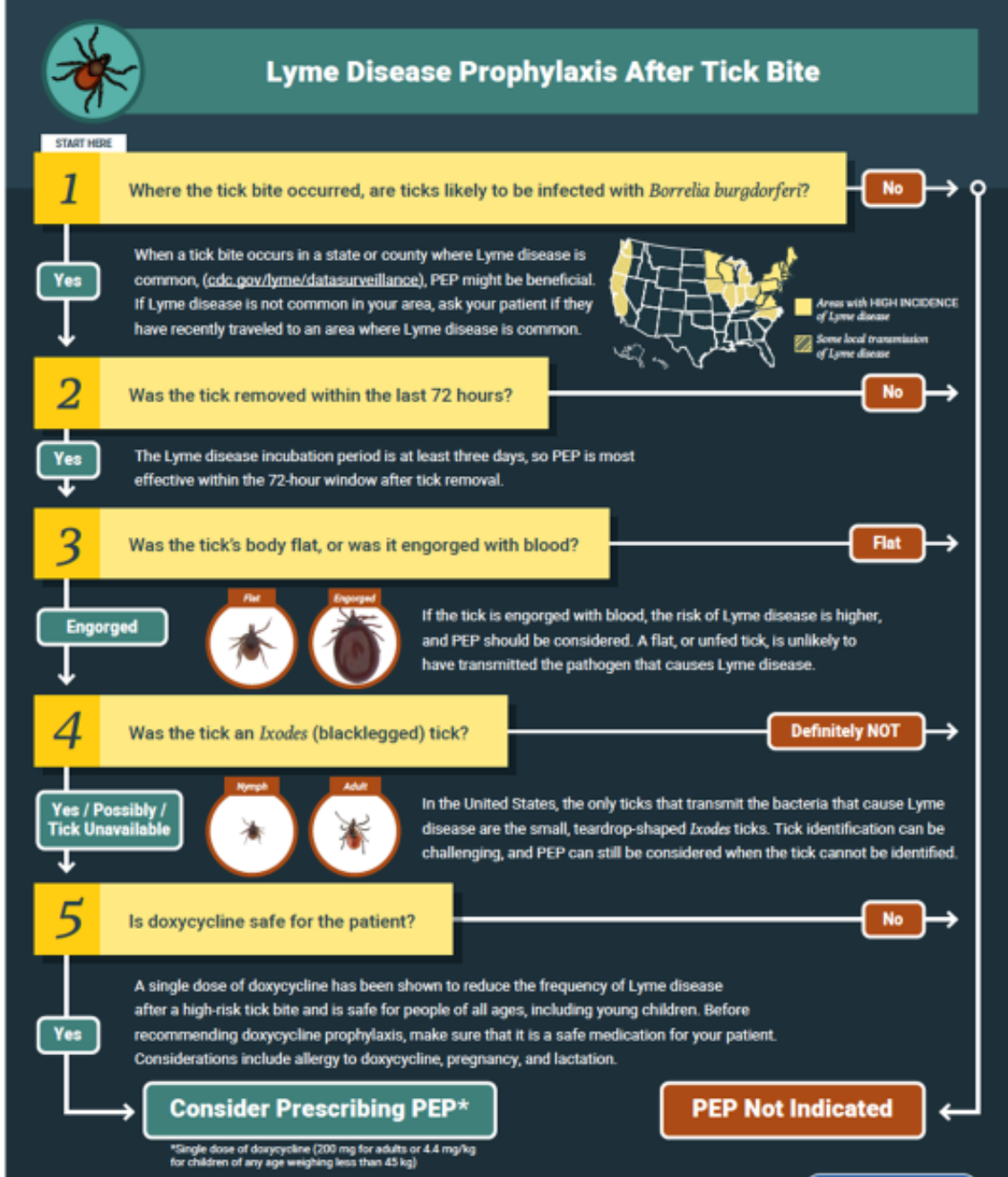
- **Buncombe, Madison, Yancey, Mitchell, Avery, Watauga, Ashe, Alleghany, Surry, Stokes and Wilkes**

https://www.cdc.gov/lyme/media/pdfs/Lyme-Disease-Prophylaxis-After-Tick-Bite-Poster.pdf

Age	Drug	Dose	Maximum	Duration
Adults	Doxycycline	200 mg orally	N/A	Once
Children less than 45kg	Doxycycline	4.4 mg/kg orally	200 mg	Once

Nadelman RB, et al. Prophylaxis with single-dose doxycycline for the prevention of Lyme disease after an Ixodes scapularis tick bite. N Engl J Med. 2001 Jul 12;345(2):79-84.

Questions? Call 919-733-3419



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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

April 8, 2025

Public Health Risk is Low

- Current **public health risk is LOW**
  - Low risk to general population
  - Medium-high risk of exposure to commercial livestock workers and owners of backyard flocks

- No new detections in animals in NC since March 3, 2025
- No known human cases in NC
- 6 wastewater detections in NC with the last detection in Hendersonville on 3/16

- 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

No new human cases in the US since the week ending February 6, 2025

41 cases associated with exposure to dairy cattle

26 cases associated with exposure to poultry

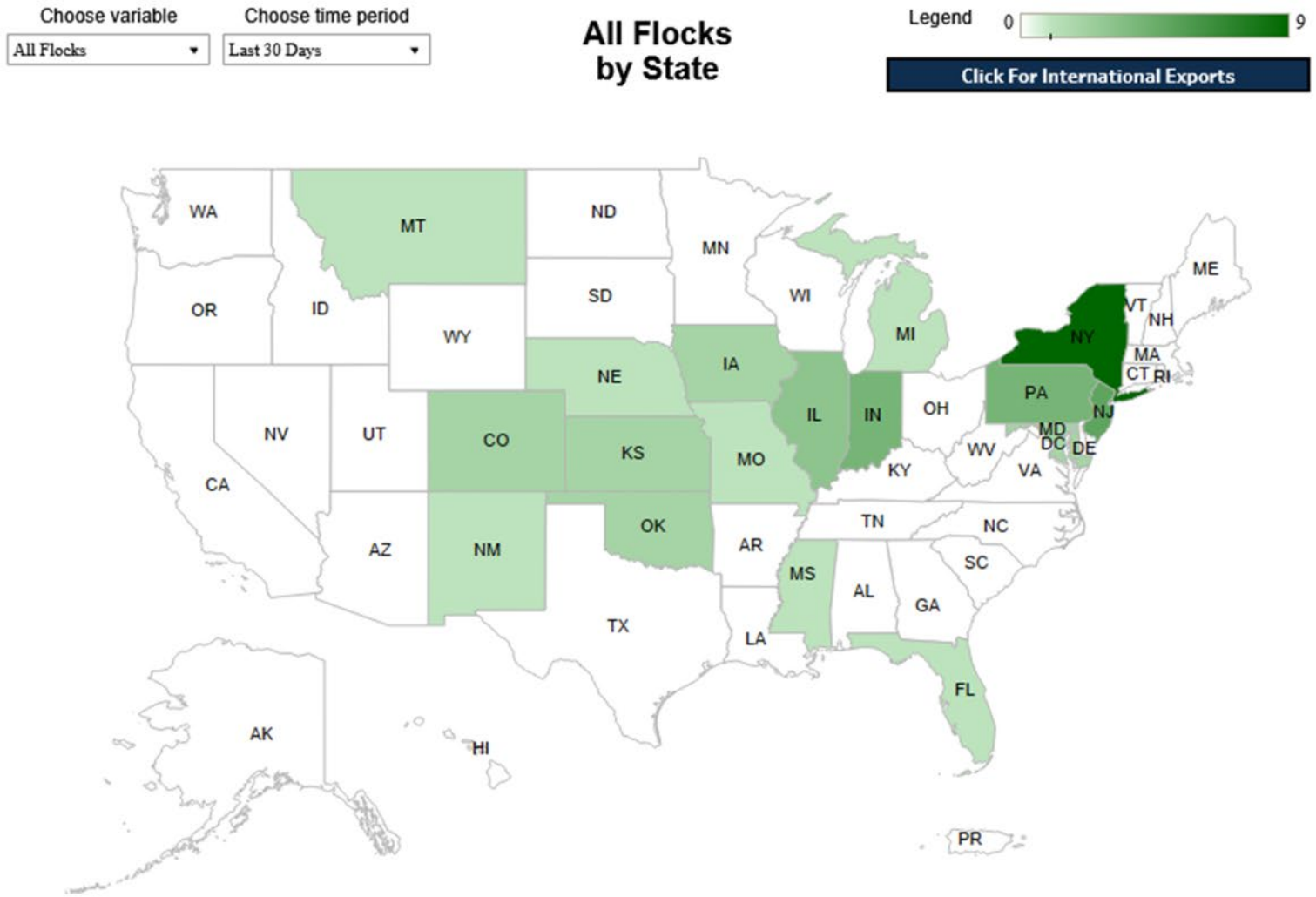
?

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

1 Death

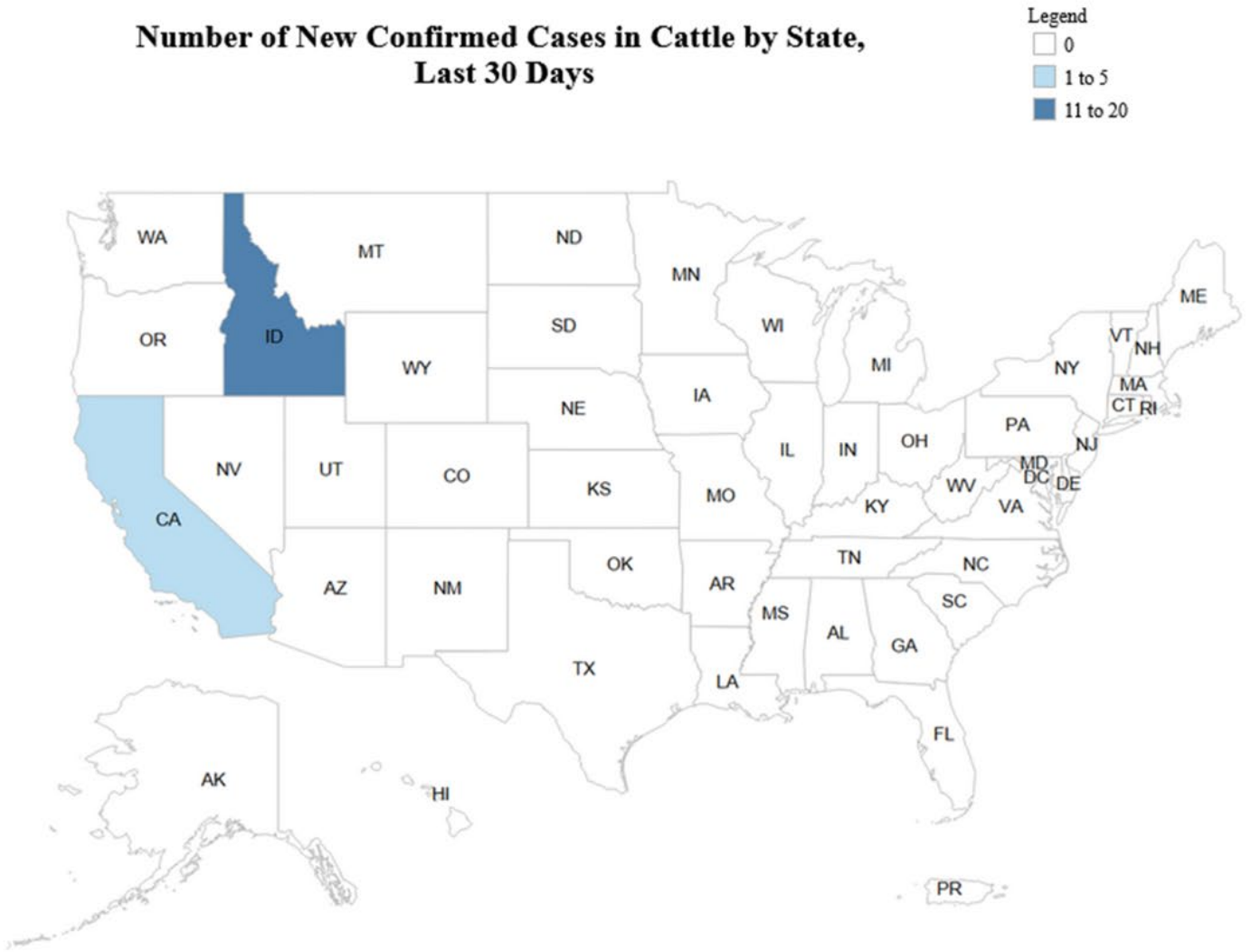
No evidence of person-to-person spread

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



https://www.aphis.usda.gov/livestock-poultry-disease/avian/avian-influenza/hpai-detections/commercial-backyard-flocks

Number of New Confirmed Cases in Cattle by State, Last 30 Days



https://www.aphis.usda.gov/livestock-poultry-disease/avian/avian-influenza/hpai-detections/hpai-confirmed-cases-livestock

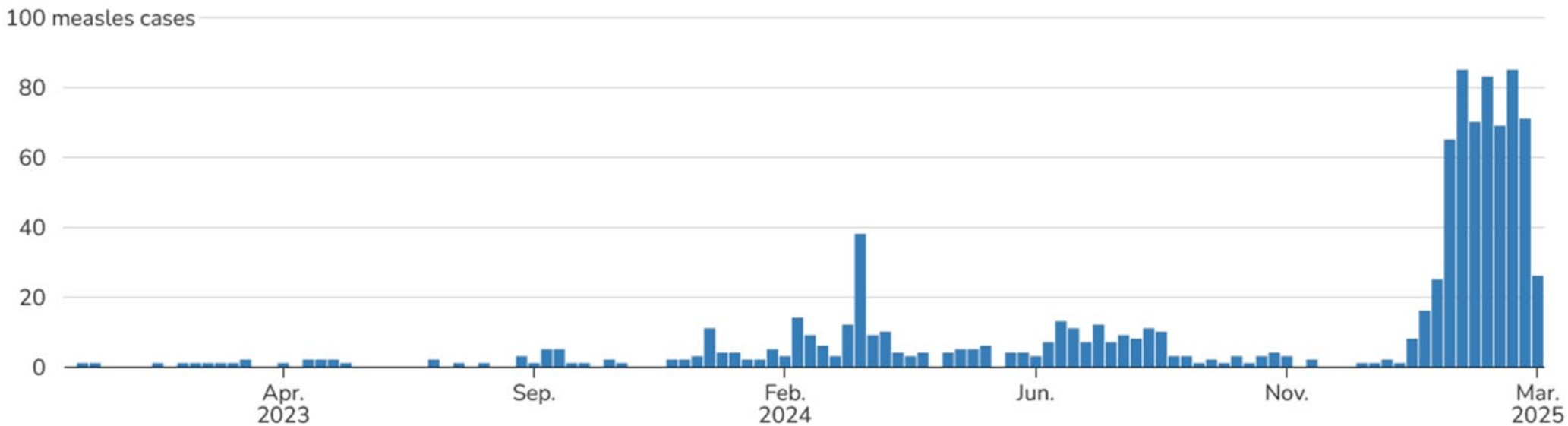
Measles

IT ISN'T JUST A LITTLE RASH

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

Weekly measles cases by rash onset date

2023–2025* (as of April 3, 2025)



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

NCDHHS, Division of Public Health | April 8, 2025

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Measles Website Update and Press Release

NCDHHS Division of Public Health

About Us | Programs | News | For Local Health Departmen

Home > Programs > Epidemiology > Measles (Rubeola)

Measles (Rubeola)

Key Points

- Measles is very contagious and can lead to serious complications.
- Measles can be dangerous, especially for babies and children.
- The vaccine is the best way to protect yourself and others.
- Currently, North Carolina has no reported cases. Review past data.

Answers to common questions about measles

Resources for health professionals

Measles Vaccine: What to Know

- The MMR vaccine is the best way to protect you and your loved ones from measles. Two doses are 97% effective at preventing measles.
- Once vaccinated, most people are protected from measles for life. How to know if you're immune to measles.
- Most health insurance plans pay for MMR vaccines. Need help paying?

Get more information: Measles Vaccination (CDC)

North Carolina Prepares for Measles Prevention Amid National Increase in Cases

Carolina del Norte se prepara para la prevención del sarampión en medio del aumento nacional de casos

PRESS RELEASE — As measles cases continue to rise across the country, the North Carolina Department of Health and Human Services is taking proactive steps to ensure the state remains prepared for any potential cases or outbreaks. While there have been no reported cases of measles in North Carolina so far in 2025, public health officials are urging residents, health care providers and child care centers to take the necessary precautions to protect themselves, their communities and those at highest risk, especially unvaccinated children.

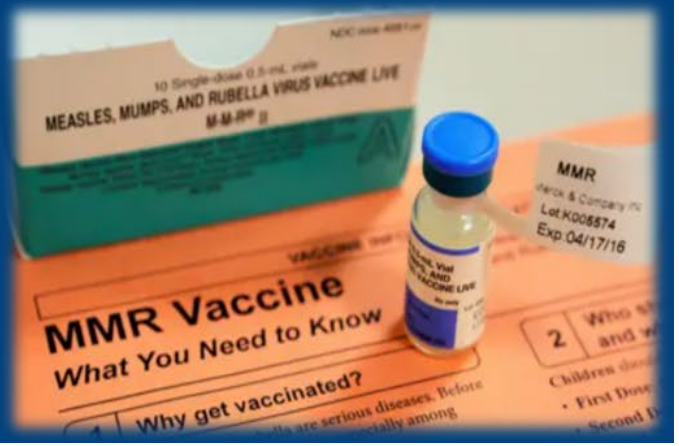
https://www.dph.ncdhhs.gov/programs/epidemiology/communicable-disease/measles
https://www.ncdhhs.gov/news/press-releases/2025/03/28/north-carolina-prepares-measles-prevention-amid-national-increase-cases

Local Health Department MMR Vaccine Inventory

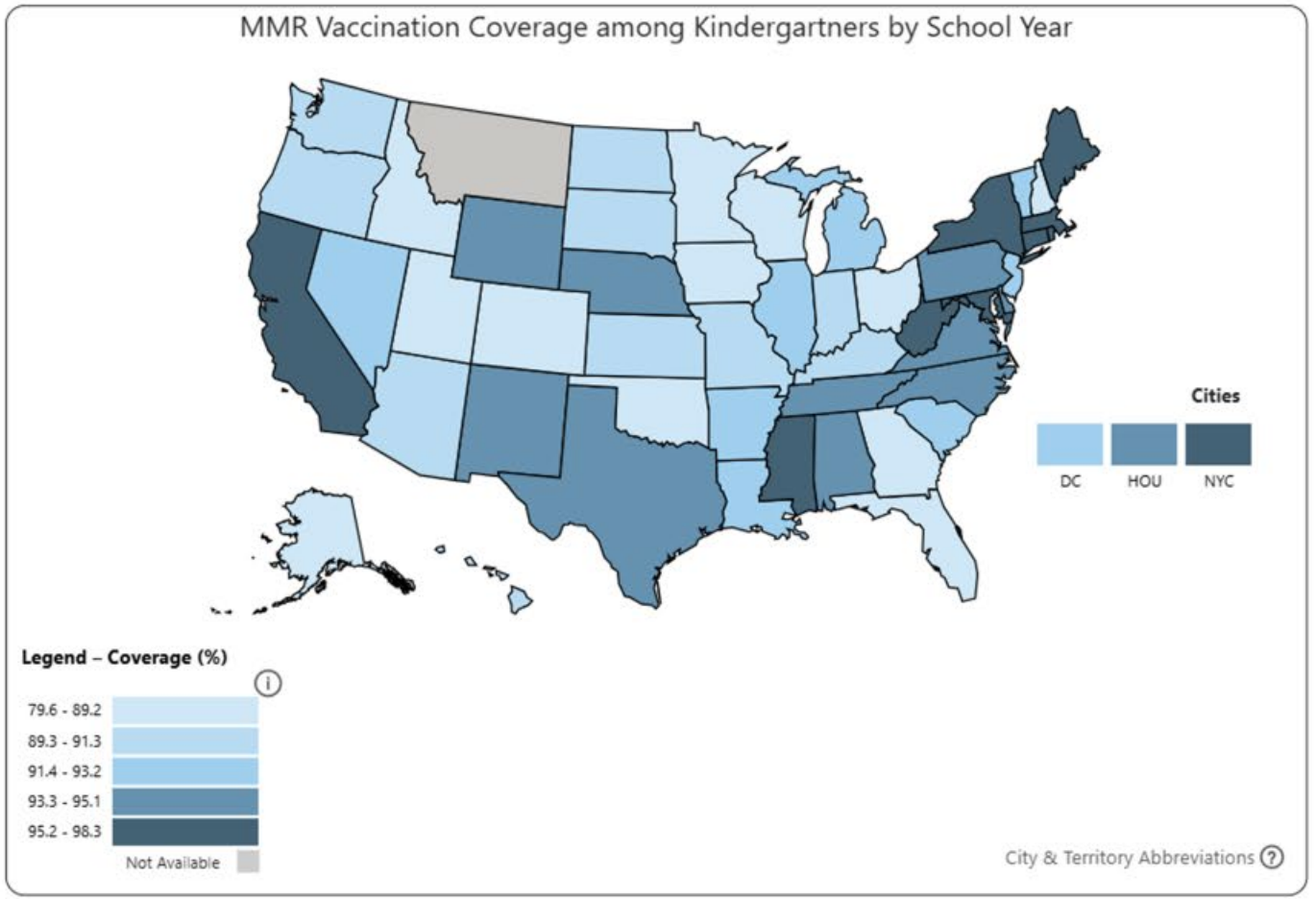
- An email went out on 3.31.2025 to prepare Local Health Departments to respond swiftly to any potential measles cases.
- MMR vaccine inventory data was sent.
- The email was sent to local health department directors.

LHD MMR Inventory Report Email Summary

- Information on public and private MMR/MMRV doses (NCIR)
- Preparing for outbreaks and routine MMR vaccination needs
- Post-exposure prophylaxis (PEP) readiness
- Reporting and monitoring resources
- Eligibility reminders

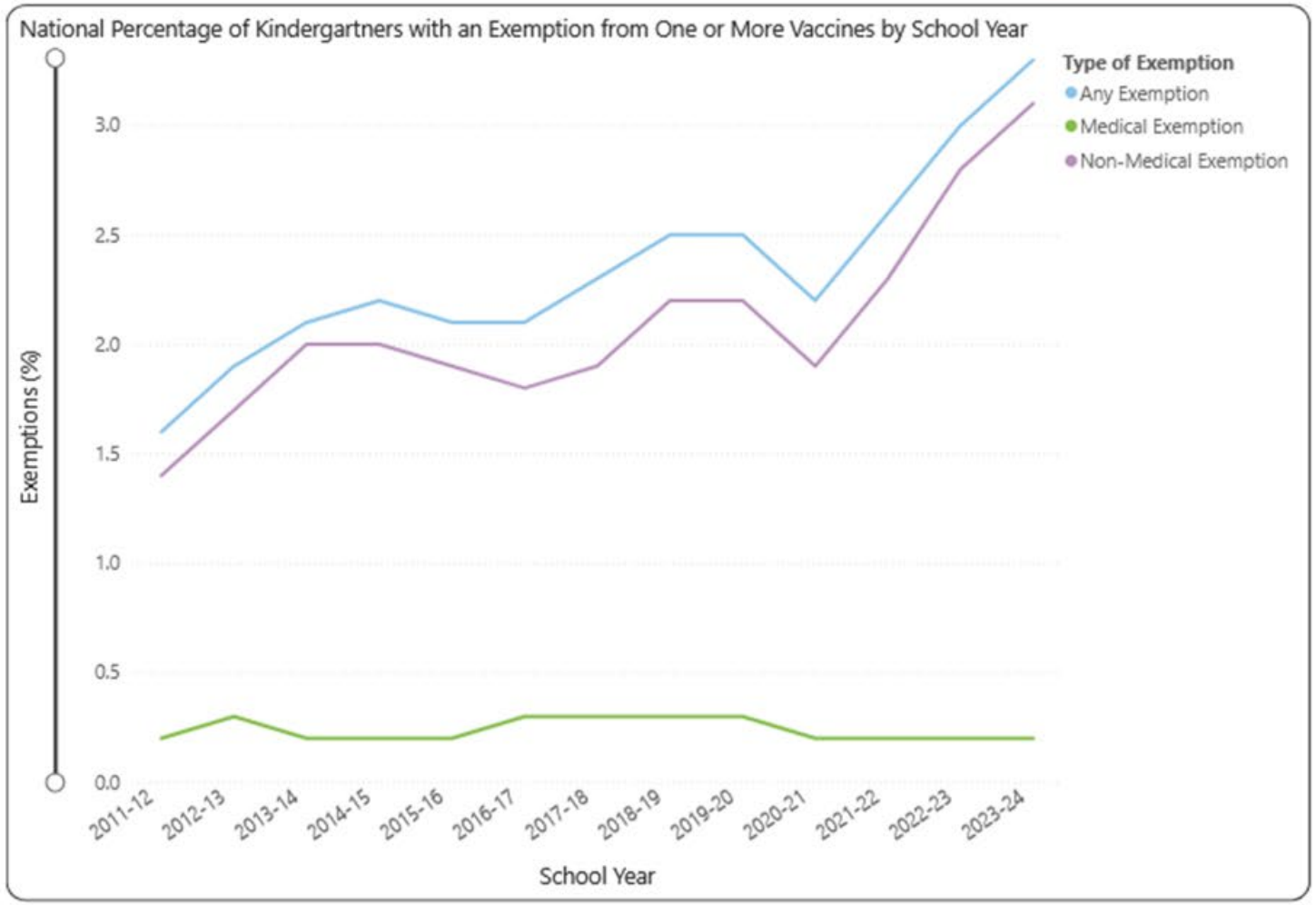


94% of kindergarteners in NC were up to date on MMR in fall 2023



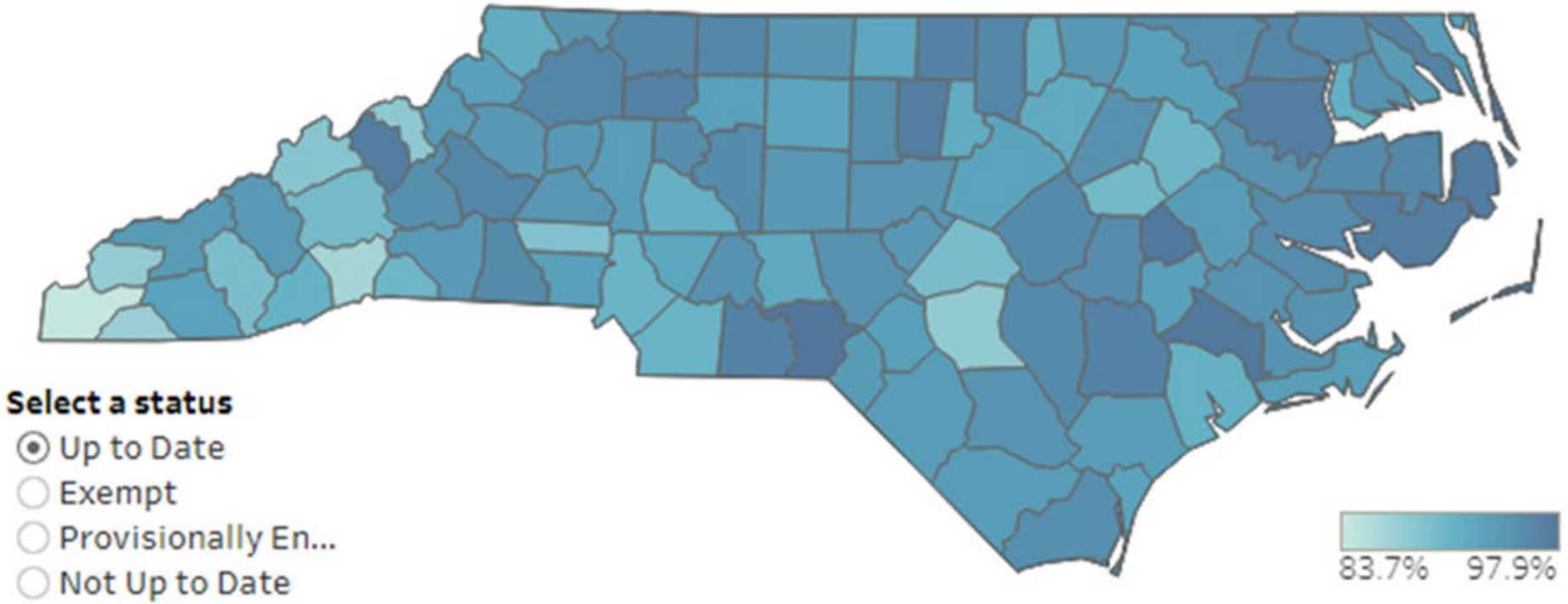
CDC SchoolVax: https://www.cdc.gov/vaccines/imz-managers/coverage/schoolvaxview/data-reports/index.html

NC kindergarten exemptions have been increasing over the last 4 years



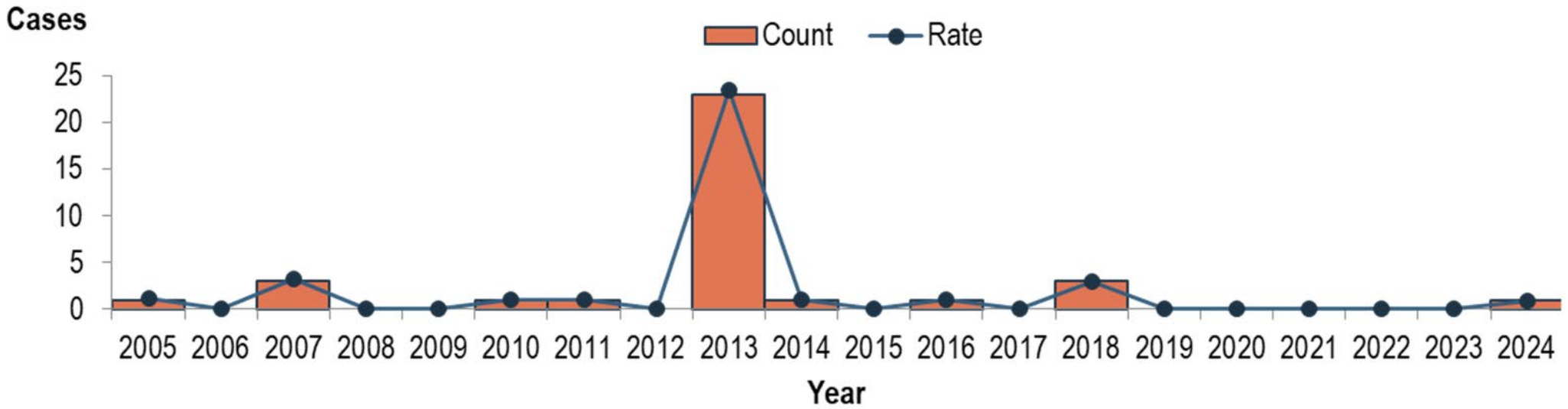
CDC SchoolVax: https://www.cdc.gov/schoolvaxview/data/?CDC_AAref_Val=https://www.cdc.gov/vaccines/imz-managers/coverage/schoolvaxview/data-reports/index.html

Statewide kindergartner compliance for all required vaccines is only 92.5% and county compliance ranges from 83.7% to 97.9%



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

Low numbers of measles cases in NC, but we are at risk for outbreaks as seen in 2013



NC 2023 Annual Vaccine Preventable Disease Report: https://epi.dph.ncdhhs.gov/cd/figures/Final_VPD_Report.pdf?ver=1.2

Measles
is immediately reportable

Includes any suspicion of measles, not just laboratory confirmed cases

What is after-hours contact number and coverage plan?

Do you have the materials to collect specimen for measles testing?

What is your after-hours testing plan? We do not recommend sending residents to the ER for testing

MMR Vaccine

2 doses of measles-containing vaccine as part of routine childhood immunization schedule

- First dose at 12-15 months of age
- Second dose at 4-6 years of age

Infants aged 6 through 11 months should receive one dose of MMR vaccine before international travel or to areas with known outbreaks domestically

At least one dose of MMR is recommended for adults who do not have evidence of immunity, but some adults will need 2 doses

https://www.cdc.gov/measles/vaccines/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fvpd%2Fmmr%2Fpublic%2Findex.html

Presumptive Evidence of Immunity

Written documentation of adequate vaccination

Laboratory confirmation of disease

Laboratory evidence of immunity

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/vaccines/pubs/surv-manual/chpt07-measles.html

Where to Test for Measles

Immediate notification of Communicable Disease Branch (919-733-3419) is required regardless of where testing is performed

State Lab of Public Health

- Preapproval required, decision based on risk level
- Fast (<24hr) results
- Expedited reference testing if needed (MeVA testing for vaccine strain, genotyping

Commercial Lab

- Must still notify on suspicion of measles
- Should be used for lower risk individuals

Measles
Specimen Collection and Shipment

North Carolina State Laboratory of Public Health

The Communicable Disease Branch must approve testing for Measles at the North Carolina State Laboratory of Public Health (NCSLPH) prior to specimen collection. All Measles specimens submitted to the NCSLPH must meet the testing criteria. This Measles guidance applies only to testing at the NCSLPH. Contact the NCDHHS Communicable Disease Branch (919-733-3419, available 24/7) immediately if Measles is suspected. Contact NCSLPH (919-733-3937) for testing guidance prior to specimen collection.

Specimen Collection

- **Real Time PCR (RT-PCR) Detection of Measles**
  Detection is most successful ≤ 3 days of rash onset and may be successful up to 10-14 days after onset.

  Nasopharyngeal (NP) Swab (Preferred) *or* Oropharyngeal (OP) Swab Collection
  - Collect in Viral Transport Media (VTM) or Universal Transport Media (UTM)
  - Use a synthetic tipped, sterile swab of appropriate size with a plastic or metal shaft
    (Do not use calcium alginate or wood shaft swabs)

  Urine
  - Collect 10 mL of urine in a sterile container
  - Pair with swab specimen

- **Serologic Testing**
  If RT-PCR is negative or not done, a serum specimen collected 3-10 days after symptom onset is recommended.

  Serum Collection
  - Collect 2-3 mL of serum in a plastic, screw-capped vial

  Samples that are hyper-lipemic, hemolyzed or bacterially contaminated will be rejected

- **Label the Specimen Vial Completely**
  Specimen Type
  Patient Name
  Date of Birth
  Date of Collection

- **Store Specimens Properly Until Shipment**
  - Refrigerate at 2-8˚C for shipment within 24 hours
  - Freeze ≤ -70˚ C for storage longer than 72 hours

- **Completely Fill Out the Correct Forms**
  - RT-PCR Swab/Urine: Virology submission form
  - Serum: Special Serology form & CDC DASH form

Specimen Shipment

- **Specimen collection supplies and packaging and shipping supplies can be ordered online from**
  NCSLPH Online Supply Ordering System
- **All specimens shipped via commercial courier must meet**
  Category B, UN3373 requirements
- **Call NCSLPH Molecular Virology Lab to coordinate sample shipment at 919-733-3937**
- **Specimens MUST be received cold/frozen**
  - Specimens received <72 hours after collection must be shipped on frozen ice packs and received cold (2-8ºC).
  - Specimens received >72 hours after collection must be shipped and received frozen on dry ice.
- **Label the package completely:**

  Attention: Virology/Serology Unit
  North Carolina State Laboratory of Public Health
  4312 District Drive
  Raleigh, NC 27607-5490

- **Only NP VTM will be tested at NCSLPH**
  UTM and alternate specimen types are sent out to other reference laboratories.

Result Reporting

Results are posted electronically to the NCSLPH Clinical and Environmental Lab Results website associated with the submitter's EIN number. Visit the NCSLPH website for account setup and tutorials.

North Carolina State Laboratory of Public Health (SLPH) Specimen Collection and Shipment Guidance

https://www.dph.ncdhhs.gov/epidemiology/communicable-disease/ncslph-measles-specimen-collection-and-shipment-guidancepdf/open

Post-Exposure Prophylaxis

- Contact the NC Communicable Disease Branch's On-Call Epidemiologist line at 919-733-3419 (24/7) or your TATP nurse consultant for guidance regarding appropriate PEP
- NC Communicable Disease Branch will assist the LHD with determining which contacts are recommended to have vaccine and/or IG for PEP
- For post-exposure prophylaxis (PEP):
  - MMR vaccine must be administered within 72 hours of exposure for maximum effectiveness
  - Immunoglobulin (IG) may be administered for persons at high risk for complications, including pregnant women without evidence of immunity and severely immunocompromised persons. IG must be administered within 6 days of exposure

Immunoglobulin (IG) Procurement

- **State-supplied IG is limited**
  - Contact the NC Communicable Disease Branch to determine if IG is recommended and to submit a request
  - The NC Communicable Disease Branch will contact the North Carolina Immunization Branch to provide vaccine and/or IG as available and appropriate
- **Private procurement**
  - LHDs should have a plan to procure IG if state-supplied is not available
    - Check with your local hospital to verify if IG is kept on-hand
    - Work with your distributors to purchase IG, if necessary

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**
- **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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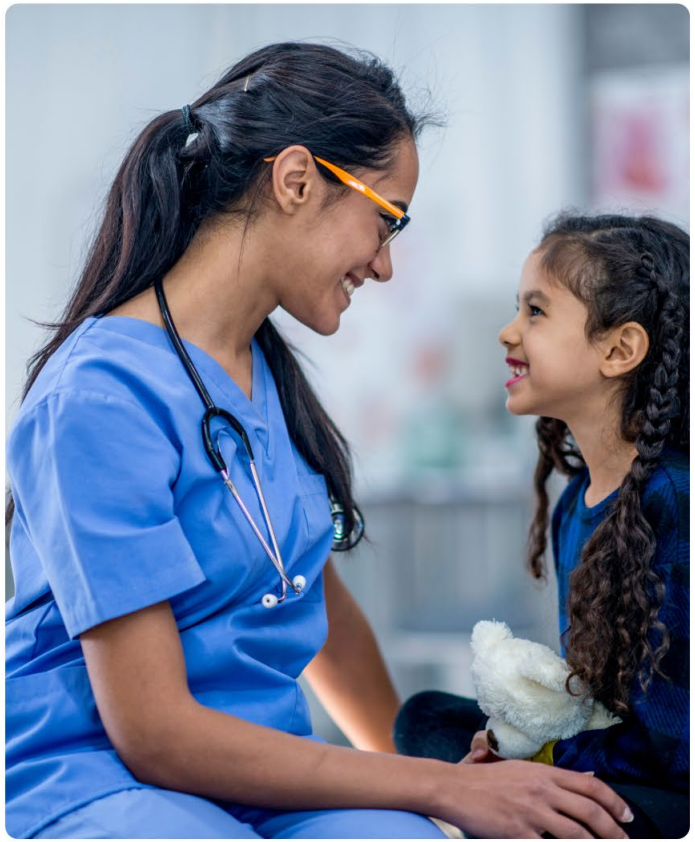
LOCAL HEALTH DEPARTMENT WEBINAR

April 8, 2025

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

A VIAL IN EVERY FRIDGE



General Updates & Reminders

Stop Work Notice for SFY25 Agreement Addenda (AA)

(NCDHHS) officially notified LHDs of Stop Work Orders for the following Agreement Addenda (AA):

- **AA716** – CDC COVID-19 Vaccination Program
- **AA720** – Seasonal Influenza Vaccine for Farmworkers

Reason for Stop Work:

- Federal funding for these agreements has been **terminated** as of **March 24, 2025**.
- Notification from Federal Partners received on **March 25, 2025**.

Action Required:

- **Cease all activities, purchases, and commitments** under these contracts.
- Direct **subrecipients** to comply with this order.
- Costs incurred **after March 24, 2025**, will **not be reimbursed**.

NCIR SYSTEM

- **No Impact to Current Immunization System**

Our existing system remains fully operational and continues to support immunization data as usual.

- **Ongoing Progress for the New System**

We are continuing to work on modernizing the registry.

- **We Are Here to Serve You**

Your immunization needs and data security remain a top priority.

- **For NCIR System Development Updates**

Visit New NC Immunization Registry Webpage

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

2025 NCDHHS Vaccines for Children (VFC) Virtual Conference

The 2025 NCDHHS VFC Virtual Conference on March 6, 2025 was a wonderful day of learning for VFC providers.

The recording link for the entire conference is now available.

Access handouts at the above link. This recording is an **educational resource only** and will *not* provide any continuing education credits, contact hours, or fulfill the VFC training requirements for vaccine coordinators.

This resource will:

1. Identify new approaches to promote and deliver immunizations.
2. Apply successful strategies and best practices to your vaccine management.
3. Describe school immunization trends and changes coming to NCIR.

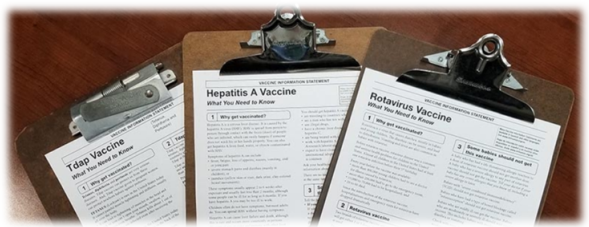
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

VIS Updates

- CDC recently posted revisions of **17 VISs**, dated January 31, 2025.
- VISs have a new CDC logo.
- Links to the 17 revised VISs:

Cholera	Influenza, live	Polio
COVID-19	Influenza, recombinant	RSV
Dengue	MMR	Smallpox/Monkeypox
Ebola	MMRV	Tdap
Hepatitis A	Meningococcal AWCY	Varicella
Hepatitis B	Meningococcal B	

- Federal law allows up to 6 months for a new VIS to be used.
- Dates of Current Vaccine Information Statements (VISs) can help ensure you are distributing the most recent VISs.
- Translations of the newly revised VISs are not available.



Download Current VISs

Additional Resources

- VIS statements page
- VIS FAQ Page

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Expanded Eligibility for Ukrainian IPOL Doses

- **Eligibility for existing doses of Ukrainian IPOL® poliovirus vaccine has been expanded** to include **all uninsured and underinsured adults (NOT VFC-eligible children)**.

- This change only applies to doses currently on-hand.

- To reduce waste, if you still have available doses of IPOL® on-hand, we encourage you to take advantage of the expanded eligibility for these vaccines.

- **For questions and how to contact us:**

Contact the NCIP Help Desk by phone at 1-877-873-6247 or by email.

Ukrainian IPOL Memo

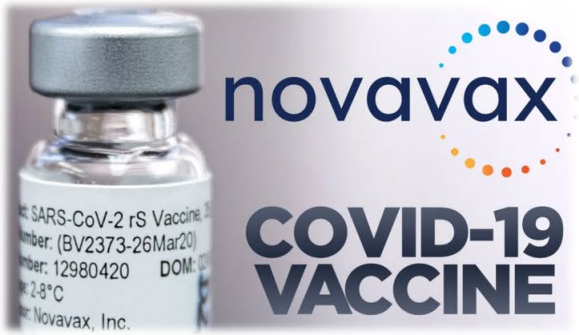
Expanded Eligibility for Ukrainian IPOL Doses

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

COVID-19 Updates

Novavax COVID-19 Update

- CDC is currently distributing Novavax COVID-19 vaccine with an **April 30, 2025 expiration date**. There will be no shelf-life extension.
- CDC will continue to distribute with April expiry doses until approximately 18 days prior to expiry. This means that the current lot will continue to be available for orders through **April 10, 2025**.
- These April expiry doses are the **final Novavax doses** for the 2024–2025 season.
- NCIP Help Desk by phone 1.877.USE.NCIR (873-6247) or email.



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

RSV Updates

Nirsevimab Update

- Nirsevimab (Beyfortus®) (for infants and toddlers) administration and ordering ended **March 31, 2025.**
- Any remaining non-expired nirsevimab after March 31st should be properly stored and marked “do not use” until next RSV season.

Storage and Handling of Nirsevimab

- Nirsevimab should be stored refrigerated between 36°F to 46°F (2°C to 8°C) in the original carton to protect from light until time of use. Do not freeze or expose to heat.

Source: Healthcare Providers: RSV Immunization for Infants and Young Children | CDC

Questions?