NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Lunch and Learn:

Best Practices for Immunizations: Respiratory Illnesses

Speakers:
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October 15, 2025

Today’s Agenda

- 2024-2025 Respiratory Season Data
- Current disease levels in NC
- Timing and administration of vaccines
- Flu vaccines
- COVID-19 vaccines
- RSV vaccines
- Storage and handling recommendations
- Resources

Lunch and Learn Objectives

By the end of this presentation, you should be able to:

- ☑ Understand current respiratory disease levels in NC.
- ☑ Describe 2025-2026 vaccine recommendations for Flu, RSV and COVID-19.
- ☑ Know the steps for ordering vaccine within your clinic.
- ☑ Utilize and share updated immunization resources with clinic staff, parents and patients.

2024-2025 Respiratory Vaccine Data

Coming Soon: Respiratory Vaccine Dashboards

COVID-19 Vaccine Administration Summary

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Overview | Demographics

This page shows COVID-19 doses administered and reported in the North Carolina Immunization Registry (NCIR)

Doses Administered: Any COVID-19 dose reported in North Carolina Immunization Registry (NCIR) with a vaccination date within the 2025-2026 season (August 2025 to present).

Individuals Vaccinated: Represents individuals with at least one dose of COVID-19 vaccine during the 2025-2026 season.

Estimated Coverage: Calculated with administrations only reported to the North Carolina Immunization Registry (NCIR). Therefore, data on this dashboard represents the minimum number of people vaccinated in North Carolina.

For season specific data, use filter to compare uptake and coverage. → Year: 2024-2025

Statewide Totals

9.70%

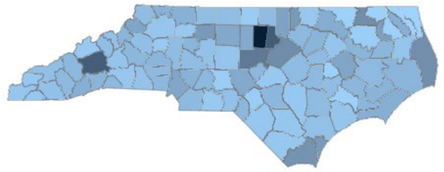
Individuals received a COVID-19 vaccine during the **2024-2025** season.

1,071,593

COVID-19 doses administered during the 2024-2025 season.

Estimated County Coverage

County population coverage for individuals who have received a COVID-19 vaccine during the 2025-2026 season.



Flu Vaccine Administration Summary

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Overview | Demographics

This page shows flu doses administered and reported in the North Carolina Immunization Registry (NCIR)

Doses Administered: Includes any flu dose reported in North Carolina Immunization Registry (NCIR) with a vaccination date within the vaccination season selected below.

Individuals Vaccinated: Represents individuals with at least one dose of flu vaccine during the vaccination season selected.

Estimated Coverage: Calculated with administrations only reported to NCIR. Therefore, data on this dashboard represents the minimum number of people vaccinated in North Carolina.

For season specific data, use filter to compare uptake and coverage. → Year: 2023-2024

Statewide Totals

22.25%

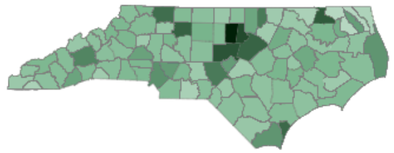
Individuals received a flu vaccine during the **2023-2024** season.

2,539,101

Flu doses administered during the **2023-2024** season.

Estimated County Coverage

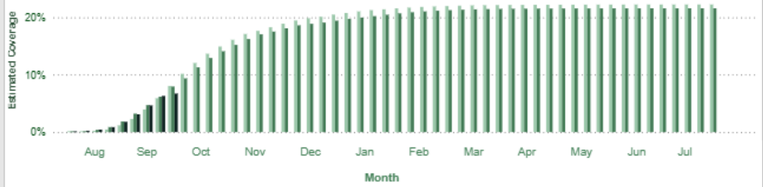
Percentage of people vaccinated for flu in each county during the selected season.



Year-to-Date Estimated Coverage by Week

Estimated coverage by week for 2023-2024, 2024-2025, and 2025-2026.

Year ● 2023-2024 ● 2024-2025 ● 2025-2026



*Data pulled from NCIR as of **10/04/2025**.*

RSV Adult Vaccine Summary

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Overview | Demographics

This page shows adult RSV doses administered and reported in the North Carolina Immunization Registry (NCIR).

Eligible Age Groups
- Everyone aged 75+
- 50-74-year-olds* who are at increased risk** of severe RSV disease

**The eligible criteria changed in August 2025 from 60-74-year-olds to 50-74-year-olds at increased risk to RSV illness.*
***Visit CDC's RSV Vaccines for Adults page for more increased risk criteria.*

Doses Administered: Includes any RSV dose, within the eligible age groups, reported in the North Carolina Immunization Registry (NCIR) with a vaccination date from 2023 to present.

Individuals Vaccinated: Includes all individuals with an RSV adult administration reported into the North Carolina Immunization Registry (NCIR) since 2023.

Estimated Coverage: Vaccination coverage is calculated as the estimated percentage of the population that has been appropriately immunized.

***Note:** Adult RSV is **not** currently an annual vaccine, therefore, estimated coverage and individuals vaccinated include any dose recorded since 2023 and is **not** reported on a seasonal basis.*

Select an age group to compare uptake and coverage. → Select an age group: 75+ Year Olds

Statewide Totals

31.10%

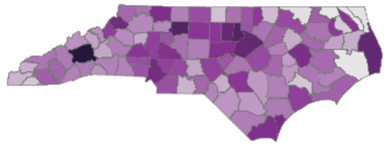
75+ Year Olds have received an RSV vaccine since 2023.

256,910

Doses administered to **75+ Year Olds** since 2023.

Estimated County Coverage

County population coverage for individuals who received an RSV vaccine within the eligible population.



RSV Maternal and Pediatric Immunization Summary

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Overview | Demographics

RSV (Respiratory Syncytial Virus) is the leading cause of infant hospitalization in the U.S. Immunizations can help protect infants from getting very sick from RSV.

This page shows RSV maternal and pediatric doses administered and reported in the North Carolina Immunization Registry (NCIR)

2024-2025 Pediatric and Maternal RSV Recommendations:
- **Pregnant People***: Everyone who was pregnant from September through January during 32-36 weeks of pregnancy .
- **Pediatric Doses****: All infants who were less than 8 months from October through March, and if their mother did not receive RSV vaccine during pregnancy .

**Pregnant People: Only one dose of the maternal RSV vaccine for a pregnant person is recommended. If a mother received the vaccine in a previous pregnancy, she should not get another dose in a future pregnancy.*

***Pediatric Doses: Some children 8-19 months who are at increased risk for severe RSV illness are eligible to receive monoclonal antibodies but are not included in the dashboard visualizations. 1,845 additional doses were administered during the 2024-2025 season to children between 8-19-months who are considered high risk to severe RSV. Visit CDC's RSV Infants and Young Children page for increased risk criteria.*

See CDC's Immunizations to Protect Against Severe RSV table for more recommendation information.

Doses Administered: Any maternal or pediatric dose reported in the North Carolina Immunization Registry (NCIR) from September 2024 through April 30th 2025.

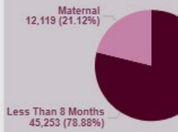
Individuals Vaccinated: Maternal and pediatric (less than 8 months) individuals who have received RSV immunization during the specified authorization date.

Estimated Coverage: Vaccination coverage is calculated as the estimated percentage of the population that has been appropriately immunized.

Statewide Totals

41.37%

Infants have received protection from RSV through either: maternal vaccination or monoclonal antibody* administration Since September 2024.

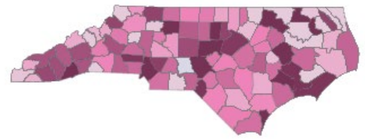


57,372

Total doses have been administered for infant protection from RSV.

Estimated County Coverage

Percentage of infants protected from RSV in each county during the 2024-2025 season.



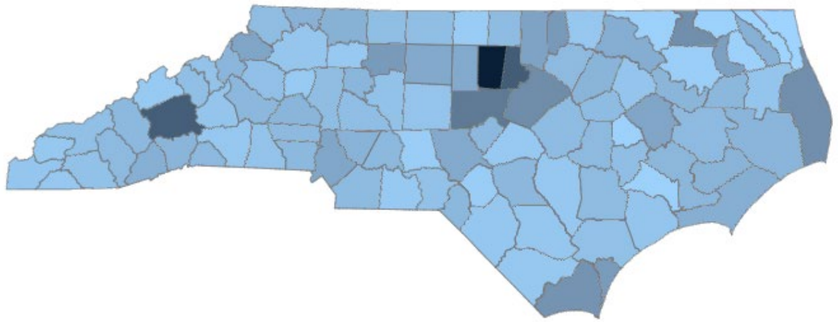
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

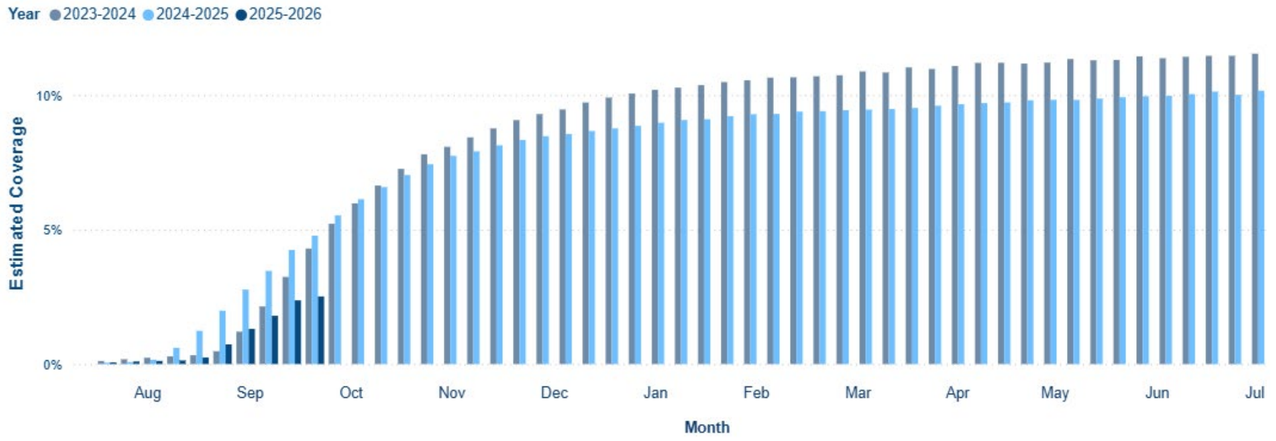
COVID-19 Vaccine Update

- **9.7%** of individuals 6 months or older received a COVID-19 vaccine during the 2024-2025 season

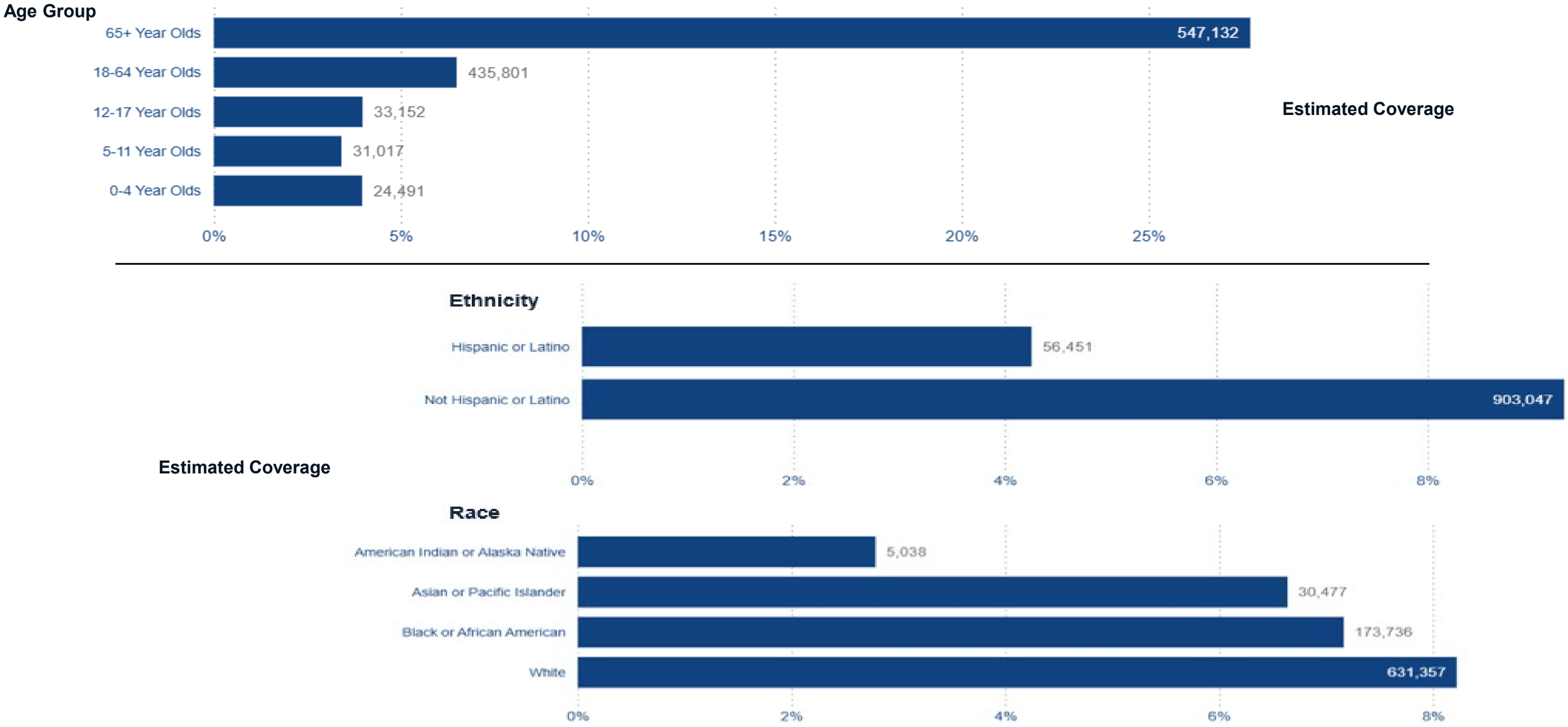
- **1,071,593** doses administered

Estimated County Coverage for the 2024-2025 Season





COVID-19 Vaccine Update- Demographics

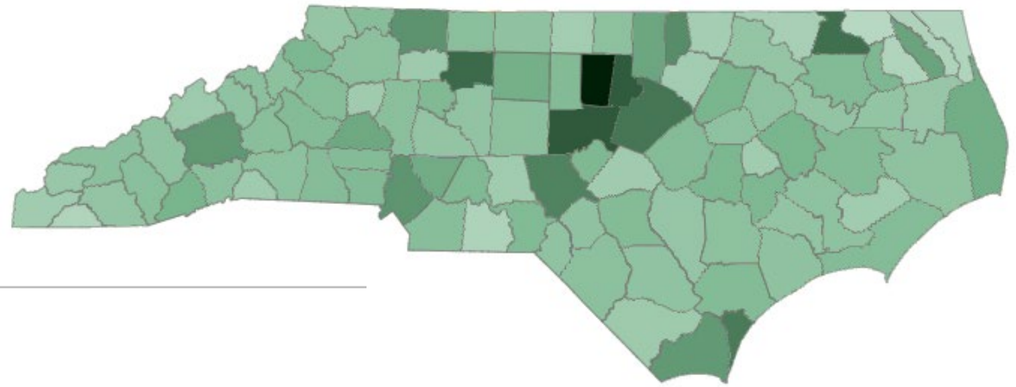


Flu Vaccine Update

- Based on doses reported in NCIR, at least **21.6%** of individuals received a flu shot
- **2,461,573** doses administered

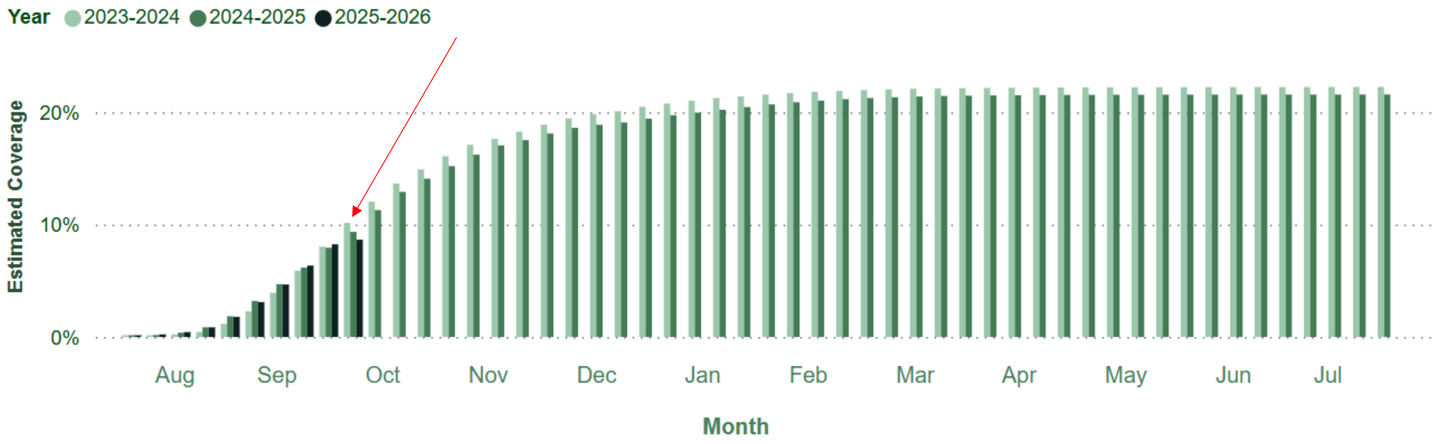
Estimated County Coverage

Percentage of people vaccinated for flu in each county during the selected season.

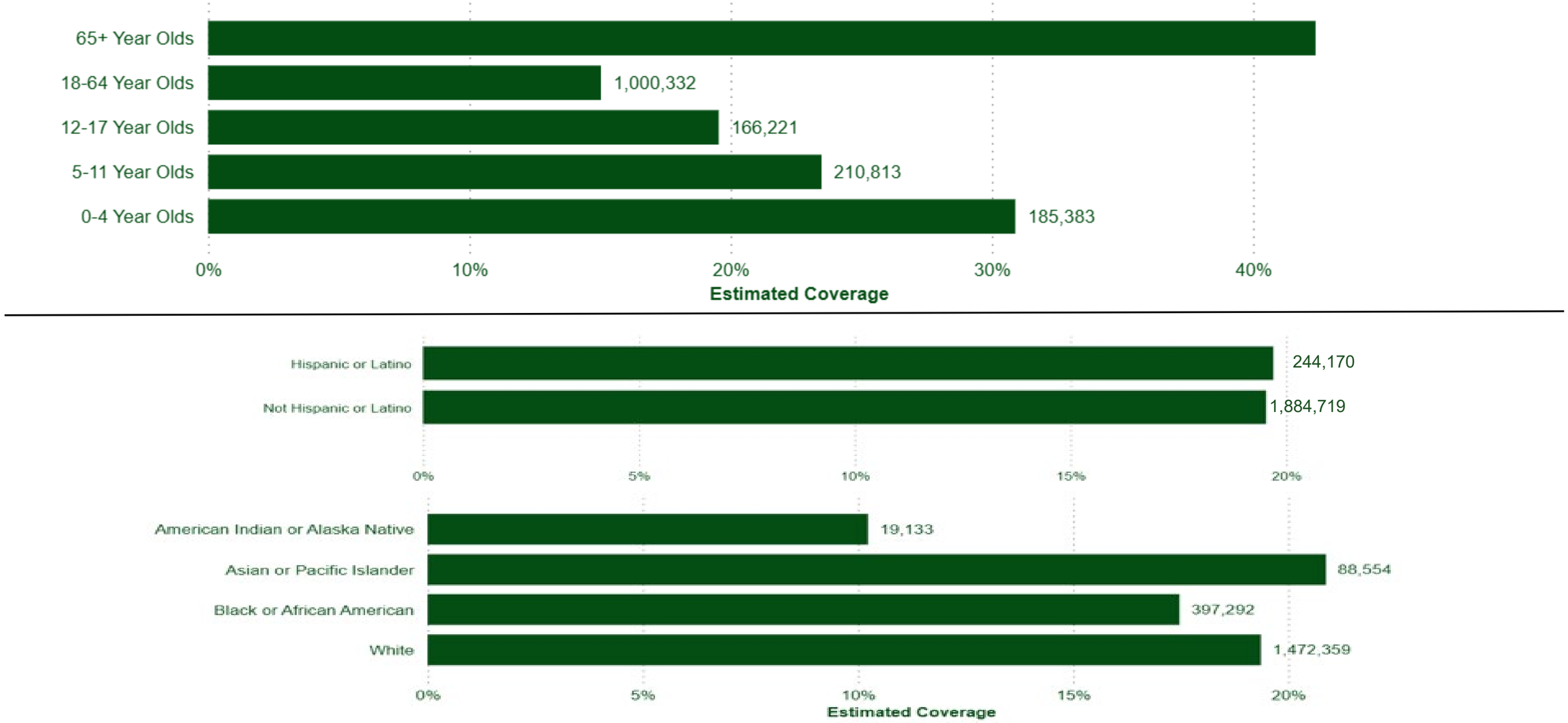


Year-to-Date Estimated Coverage by Week

Estimated coverage by week for 2023-2024, 2024-2025, and 2025-2026.



Flu Update- Demographics

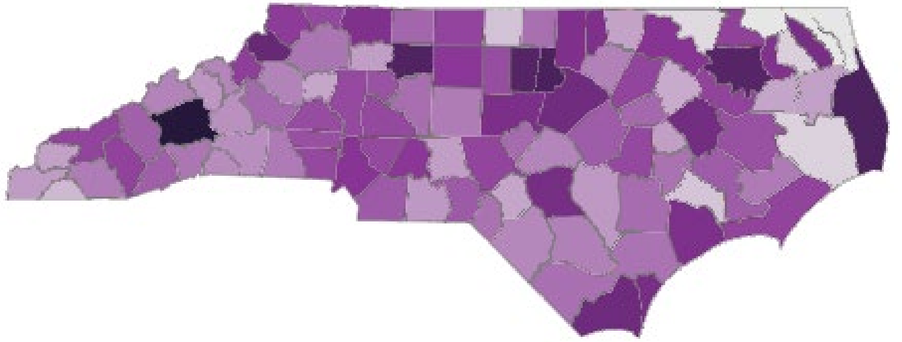


RSV Adult Vaccine Update

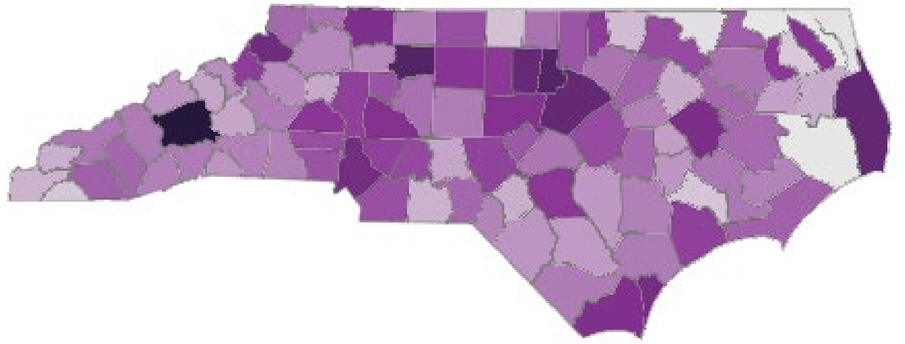
- **8.62**% of the 60-74 population have received an RSV vaccine

- **29.9%** of the 75+ population have received an RSV vaccine

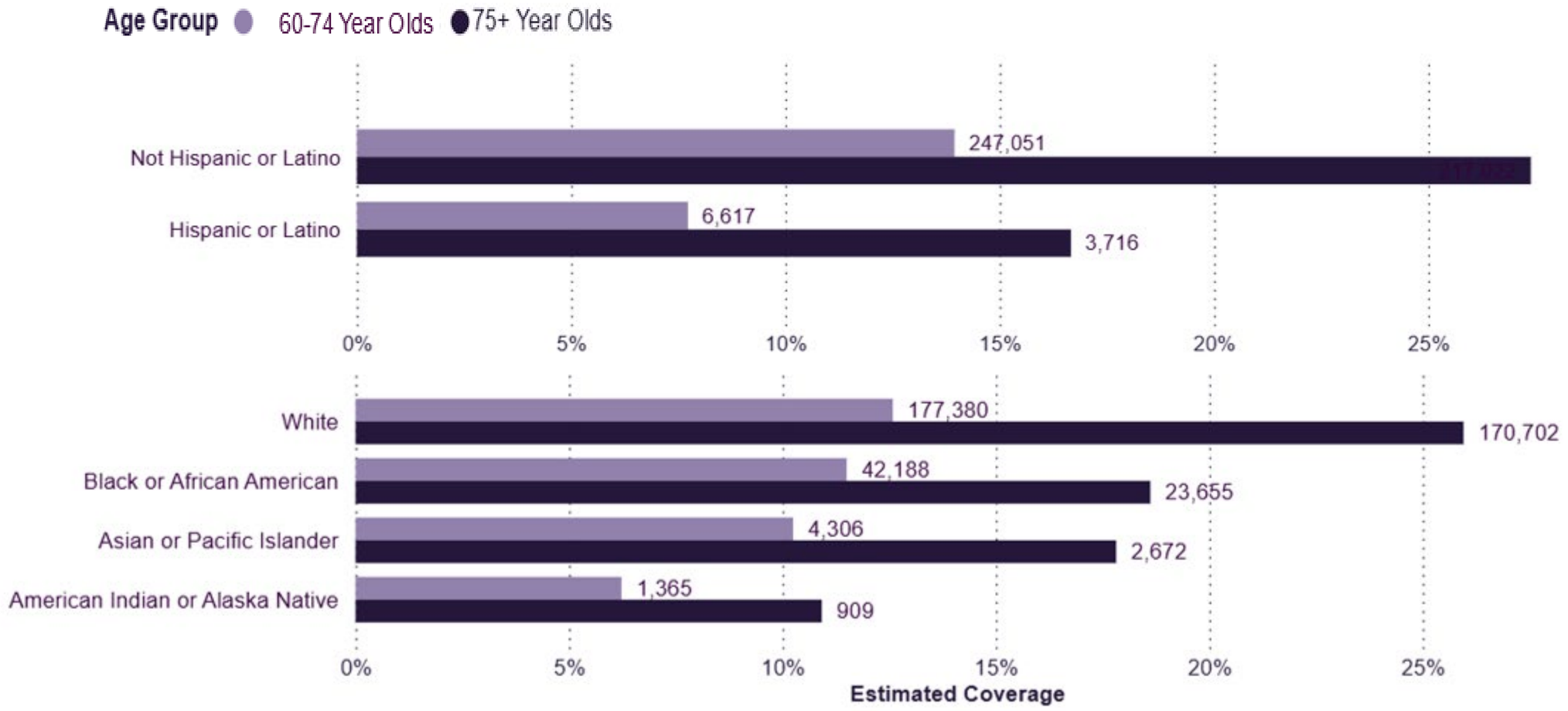
60+ RSV Vaccination Coverage



75+ RSV Vaccination Coverage



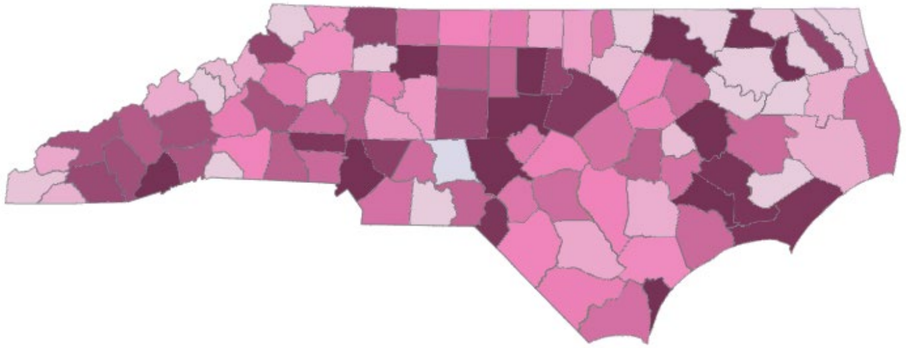
RSV Adult Vaccine Update

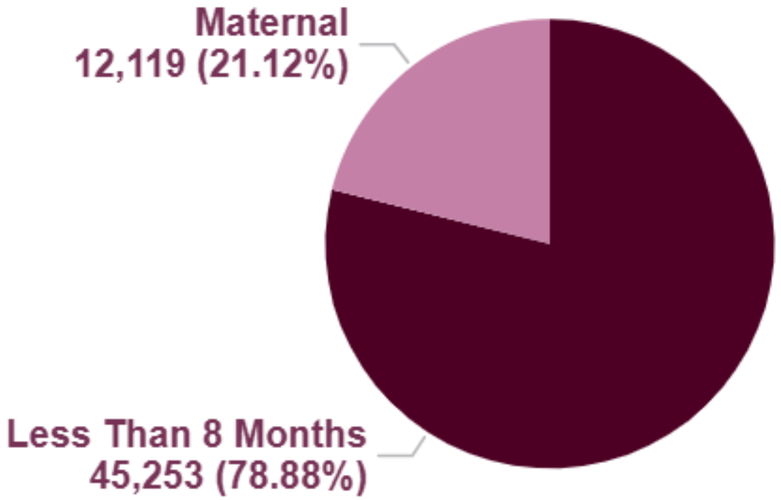


RSV Pediatric and Maternal Vaccine Update

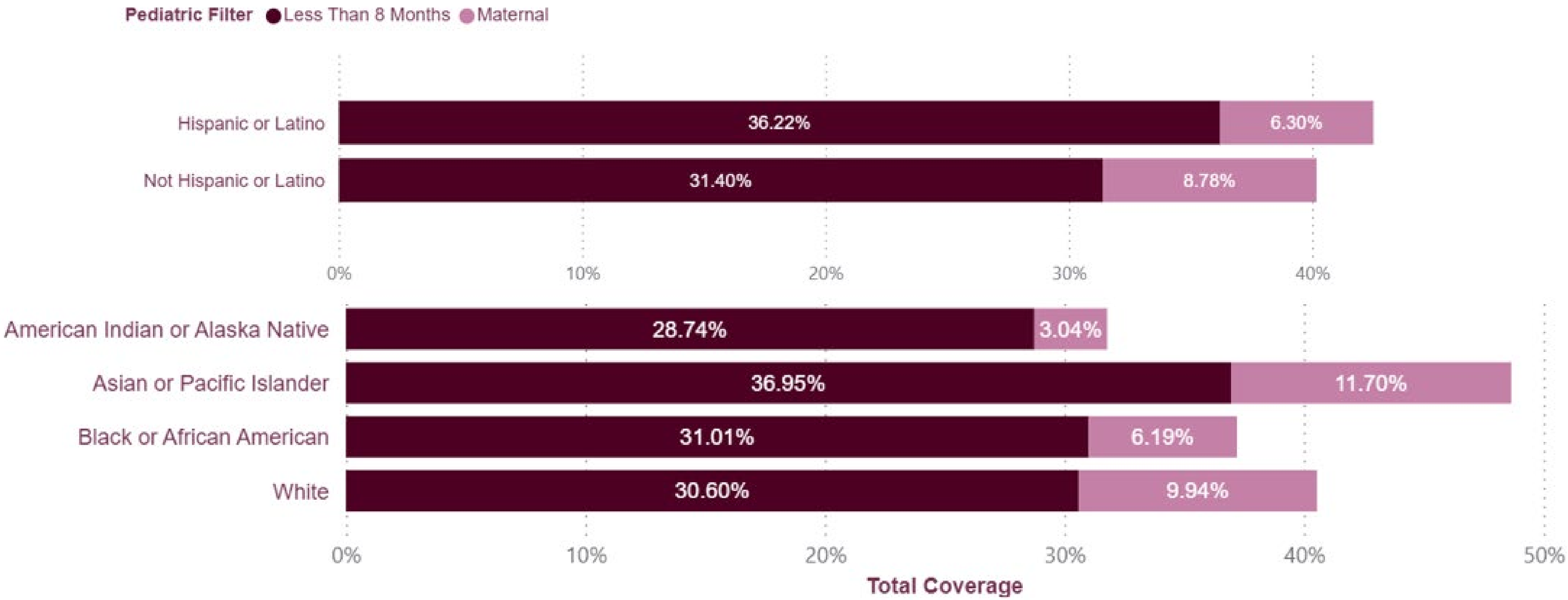
- Since September 2024, **41.37%** of infants (less than 8 months) have received protection from RSV through either:
  - maternal vaccination or monoclonal antibody administration

- **57,372** total doses administered for infant protection from RSV





RSV Pediatric and Maternal Vaccine Update

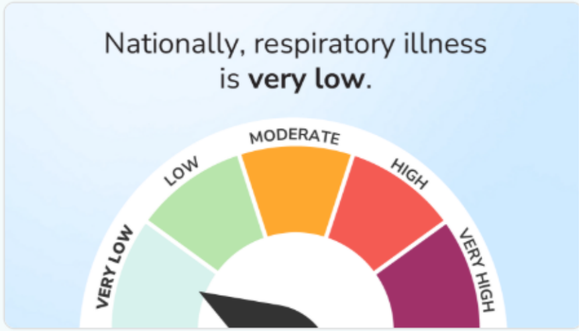


Current Disease Levels & Timing of Vaccines

Respiratory Disease Levels in NC

WHAT TO KNOW

- As of September 26, 2025, the amount of acute respiratory illness causing people to seek health care is at a very low level.
- COVID-19 activity has peaked and is declining in many areas of the country, but emergency department visits and hospitalizations are elevated nationally.
- Seasonal influenza activity and RSV activity is low.



Source: [Respiratory Illnesses Data Channel | Respiratory Illnesses | CDC]

Respiratory illness activity in North Carolina

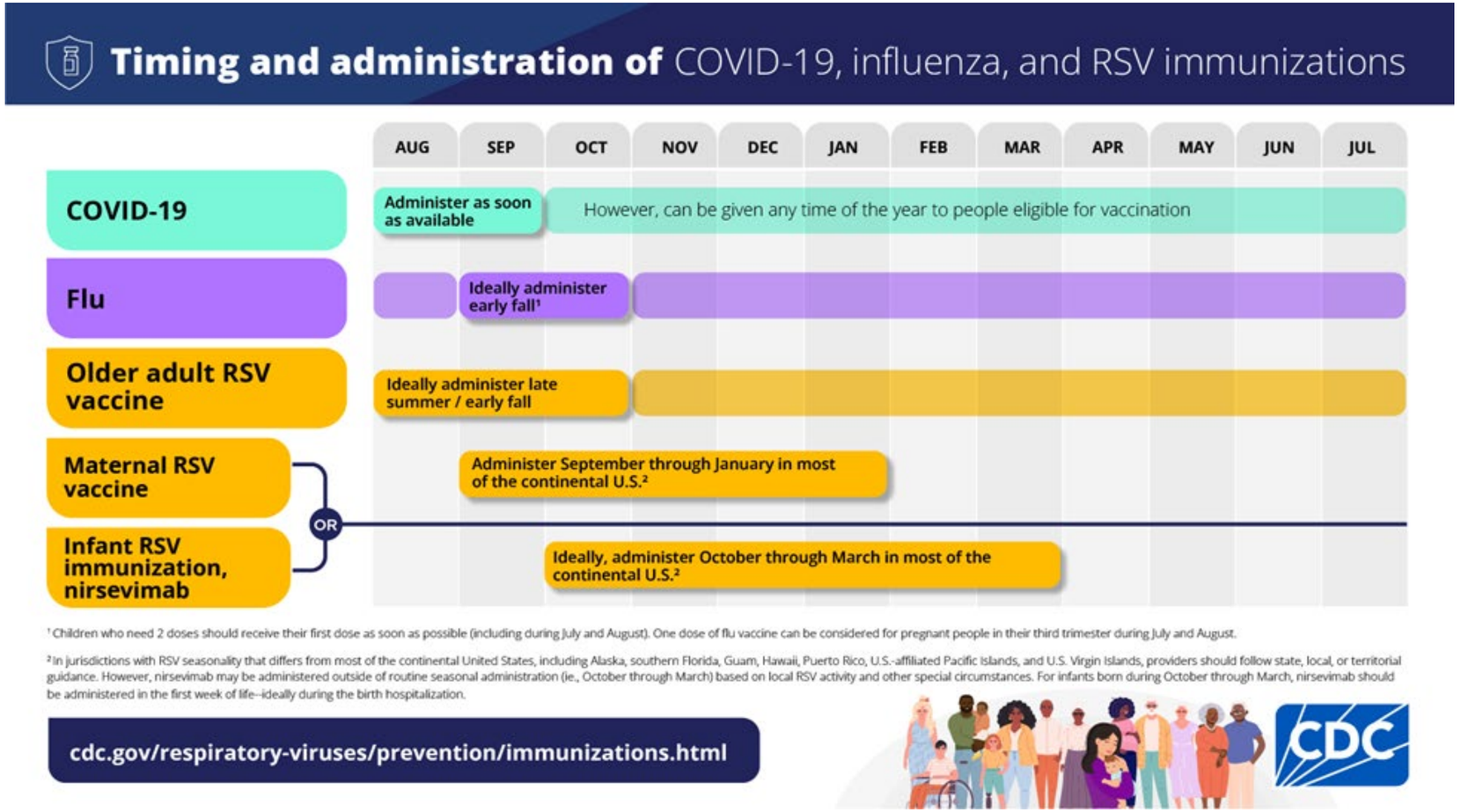
Very Low

What it is: A measure of how frequently a wide variety of respiratory symptoms and conditions are diagnosed by emergency department doctors, ranging from the common cold to COVID-19, flu, and RSV.

Why it matters: Summarizes the total impact of respiratory illnesses, regardless of which diseases are causing people to get sick.

Timing and Administration of COVID-19, Influenza and RSV Immunizations

Flu, COVID-19, and RSV vaccines **may be co-administered** (given at the same visit). They may also be co-administered with other vaccines, in accordance with CDC's general best practices for immunization.



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Flu Vaccines

CDC 2025-2026 Flu Vaccine Recommendations

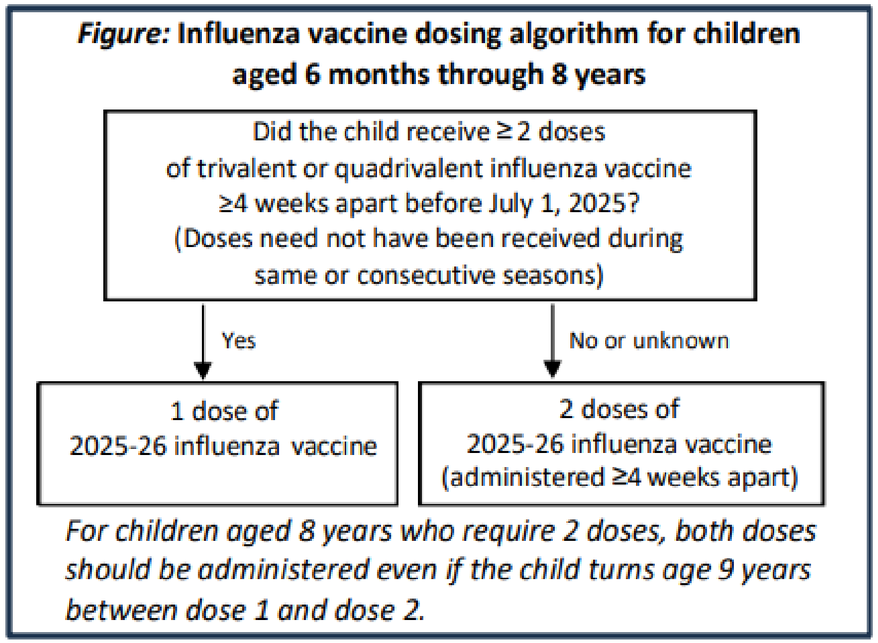
The 2025-2026 CDC Flu Vaccination Recommendations were updated and adopted on June 27, 2025.

Key Points

- **Routine annual influenza vaccination** is recommended for **all persons aged ≥6 months** who do not have contraindications.
- Offer vaccination during **September or October**; continue throughout the season while influenza viruses are circulating.
- Children aged 6 months through 8 years who need 2 doses (Figure) should receive dose 1 as soon as vaccine is available. Determine doses based on **age at first dose** and **previous vaccination history.**
- Persons aged ≥9 years only need one dose.

Vaccine Administration

- **IIV3s** and **RIV3** may be administered simultaneously or sequentially with other live or inactivated vaccines.
- **LAIV3** may be administered simultaneously with other inactivated or live vaccines.
  - If not given simultaneously, then ≥4 weeks should pass between administration of LAIV3 and another live vaccine.



Influenza ACIP Vaccine Recommendations.

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Flu Vaccine Ordering & Returns

- Ordering for flu vaccines for the 2025-2026 season began August 11, 2025.

- NCIP has available several brands of flu vaccine in various presentations, all of which are trivalent and protect against H1N1, H3N2 and one influenza type B virus.

Providers should:

- Place vaccine orders directly through North Carolina Immunization Registry (NCIR).
- Order throughout the flu season to replenish supply, as needed.
- Order adequate private stock vaccine for your patients who are not eligible for state supplied/VFC doses whom you intend to vaccinate.
- Train staff to immediately notify the vaccine coordinator or back-up coordinator when deliveries arrive.
- Check and store vaccines properly upon arrival. Maintaining cold chain is the first step in vaccine inventory management.

Note: Due to recent ACIP recommendations, multi-dose vial flu products will not be available this season through the VFC Program.

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Flu Vaccine Borrowing

CDC is allowing one-directional vaccine borrowing for flu vaccine this season.

This means private vaccine may be used to vaccinate VFC eligible patients and later replaced with VFC vaccine once available. This one-directional borrowing is unique to seasonal influenza vaccine and can be used as a mitigating strategy if private flu stock is received earlier than your VFC doses.

A Vaccine Borrowing Report must be completed when a privately purchased vaccine is administered to a VFC-eligible child.

Flu Vaccines Available for 2025-2026 Season

Vaccine Type	Manufacturer	NDC	Brand	Description	Age	Preservative Free
Pediatric						
Trivalent	AstraZeneca	66019-0112-10	FluMist	0.2mL single dose sprayer, 10 pack	VFC children 2-18 years	Yes
Trivalent	GSK	58160-0912-52	Fluarix	0.5mL single dose syringe, 10 pack	VFC children 6 months - 18 years	Yes
Trivalent	GSK	19515-0904-52	FluLaval	0.5mL single dose syringe, 10 pack	VFC children 6 months - 18 years	Yes
Trivalent	Sanofi	49281-0425-50	Fluzone	0.5mL single dose syringe, 10 pack	VFC children 6 months - 18 years	Yes
Trivalent	Sanofi	49281-0125-65	Fluzone High-dose	0.5mL single dose syringe, 10 pack	VFC children 18 years**	Yes
Trivalent	Seqirus, Inc	33332-0025-03	Afluria	0.5mL single dose syringe, 10 pack	VFC children 36 months - 18 years	Yes
Trivalent	Seqirus, Inc	70461-0025-03	Fluad	0.5mL single dose syringe, 10 pack	VFC children 18 years**	Yes
Trivalent	Seqirus, Inc	70461-0655-03	Flucelvax	0.5mL single dose syringe, 10 pack	VFC children 6 months - 18 years	Yes

†Adult (see below for eligibility)						
Trivalent	GSK	58160-0912-52	Fluarix*	0.5mL single dose syringe, 10 pack	19 years+	Yes
Trivalent	GSK	19515-0904-52	FluLaval*	0.5mL single dose syringe, 10 pack	19 years+	Yes
Trivalent	Sanofi	49281-0425-50	Fluzone*	0.5mL single dose syringe, 10 pack	19 years+	Yes
Trivalent	Seqirus, Inc	33332-0025-03	Afluria*	0.5mL single dose syringe, 10 pack	19 years+	Yes
Trivalent	Seqirus, Inc	70461-0655-03	Flucelvax*	0.5mL single dose syringe, 10 pack	19 years+	Yes

Find our 2025-26 Flu memo here.

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COVID-19 VACCINES

COVID-19 Vaccines Recommendations

- On October 6, 2025, Acting CDC Director Jim O'Neill approved the ACIP COVID-19 vaccine recommendations.
- Vaccination is based on **individual-based decision-making,** with an emphasis that the risk-benefit of vaccination is most favorable for individuals who are at an increased risk for severe COVID-19 disease and lowest for individuals who are not at an increased risk according to the CDC list of COVID-19 risk factors (see https://www.cdc.gov/covid/hcp/clinical-care/underlying-conditions.html)
- CDC has revised COVID-19 Child, Adolescent, and Adult Immunization Schedules

Guidance & Resources

- Administer age-appropriate COVID-19 vaccines; no preference if multiple options are available
- For contraindications and precautions to COVID-19 vaccination, see COVID-19 Appendix
- CDC Shared Clinical Decision-Making Guidance
- CDC COVID-19 Vaccine Schedule and Dosage.
- Standing order Templates for LHD's will be available soon.

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VFC COVID-19 Vaccines Available for 2025-2026 Season

NDC	Manufacturer	Brand	Presentation	Age Group Covered	Storage Guidelines
80777-0113-80	Moderna	Spikevax® 2025-2026 Formula (6m-11y)	0.25mL single dose pre-filled syringe, 10 pack	VFC children 6 mos. - 11 years of age	Frozen (-50°C to -15°C) **or** 60 days refrigerated (2°C to 8°C)
80777-0112-96	Moderna	Spikevax® 2025-2026 Formula (12y+)	0.5mL single dose pre-filled syringe, 10 pack	VFC children 12 - 18 years of age	Frozen (-50°C to -15°C) **or** 60 days refrigerated (2°C to 8°C)
80631-0207-10	Sanofi	Nuvaxovid™ 2025-2026 Formula (12y+)	0.5mL single dose pre-filled syringe, 10 pack	VFC children 12 - 18 years of age	Refrigerated (2°C to 8°C)
00069-2501-10	Pfizer	Comirnaty® 2025-2026 Formula (5-11y)	0.3mL single dose vial, 10 pack	VFC children 5 - 11 years of age	ULC (-90°C to -60°C) **or** 10 weeks refrigerated (2°C to 8°C)
0069-2528-10	Pfizer	Comirnaty® 2025-2026 Formula (12y+)	0.3mL single dose pre-filled syringe, 10 pack	VFC children 12 - 18 years of age	Refrigerated (2°C to 8°C)

2025-2026 COVID-19 Memo

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COVID-19: VFC Requirements and Ordering

- Any remaining 2024-2025 doses on hand are no longer authorized/recommended.
  - **Actions Required:**
    1. **Remove** from storage immediately.
    2. **Record as wasted** in **NCIR** ***(Reason for wastage:*** *Select* ***"Recall".)***
    3. **Return** the doses according to routine NCIP vaccine wastage guidelines.
    4. Administration of non-authorized products is considered a vaccine administration error and must be reported to VAERS.

- **2025 VFC provider stock:** VFC providers are no longer required to routinely stock COVID-19 vaccines but must refer VFC-eligible children to a safety net provider (e.g., Local Health Department) if needed. LHDs should maintain a minimum VFC stock to support referrals.

- Due to uncertain demand of the COVID-19 vaccine, providers will not be penalized for expired or outdated vaccines.

- Only NCIP providers can order the 2025-2026 COVID-19 vaccines for their VFC eligible populations through NCIR.

- NCIP is unable to offer 317 VFA 2025-2026 COVID-19 vaccines this season.

RSV VACCINES

RSV Recommendations for Infants: Nirsevimab (Beyfortus®)

An infant RSV antibody is recommended for infants younger than 8 months of age who are born during or are entering their first RSV season (typically fall through spring) if:

- The mother did not receive RSV vaccine during pregnancy, or
- The mother's RSV vaccination status is unknown, or
- The infant was born within 14 days of maternal RSV vaccination.
- For ages less than 8 months old administer:
  - 50 mg for infants weighing <5 kg [<11 lb]
  - 100 mg for infants weighing ≥5 kg [≥11 lb]

Except in rare circumstances, an infant RSV antibody is not needed for most infants who are born 14 or more days after their mother received RSV vaccine.

RSV Immunization Guidance for Infants and Young Children | RSV | CDC

RSV Recommendations for Children: Nirsevimab (Beyfortus®)

The following children ages 8–19 months are recommended to get nirsevimab 200 mg, administered as two 100-mg injections shortly before or as early as possible during their second RSV season:

- Children with chronic lung disease of prematurity who required medical support
- Children with severe immunocompromise
- Children with cystic fibrosis who have either 1) manifestations of severe lung disease (previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest imaging that persist when stable), or 2) weight-for-length <10th percentile
- American Indian or Alaska Native children

RSV Immunization Guidance for Infants and Young Children | RSV | CDC

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Clesrovimab (ENFLONSIA™)

- Clesrovimab was approved at the June ACIP meeting as another RSV prevention option for infants and became available to order through the NCIP on September 25, 2025.

- ENFLONSIA is indicated for the prevention of respiratory syncytial virus (RSV) lower respiratory tract disease in neonates and infants who are born during or entering their first RSV season and who are not protected through maternal RSV vaccination.

- Clesrovimab is a single 105 mg dose administered intramuscularly (IM) within one week after birth, ideally during the birth hospitalization prior to discharge.

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Clesrovimab (ENFLONSIA™) Recommendations

- Providers should follow CDC's recommended start and end dates for RSV product administration during the 2025–26 season; October 1, 2025 – March 31, 2026.
- Clesrovimab is expected to provide protection against RSV for the duration of the RSV season.
- Review ACIP's recommendations, including the MMWR on use of Clesrovimab for Prevention of Severe Respiratory Syncytial Virus, as well as the package insert for more information.
- Doses obtained through NCIP are for VFC-eligible children only.
- Non VFC-eligible children must receive privately purchased clesrovimab.

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ABRYSVO® for Pregnant Women

- **ABRYSVO®** is recommended for all pregnant women 32-36 weeks and to protect infants from RSV-related lower respiratory tract infections in their first 6 months of life.

  Exception: Women with a history of severe allergic reaction to any component of the vaccine.
- Most infants will likely only need protection from either the maternal RSV vaccine or infant immunization, but not both.
- The RSV season typically runs from fall to early spring, so vaccination is recommended during the fall and winter months (September through January) to align with the peak RSV season.
- If a woman has previously received the RSV vaccine during pregnancy, she is not recommended to receive it again in subsequent pregnancies. Instead, her infant should receive nirsevimab, a long-acting monoclonal antibody, at birth.

RSV Maternal ABRYSVO®	Pregnant individuals < 19 years	VFC ONLY	During 32 through 36 weeks gestation; **Seasonal administration (August 15th through January 31st).**
RSV Maternal ABRYSVO®	Pregnant individuals ≥19 years	UNINSURED ADULT USE (317 VACCINES)	**LHD Only**: ♦ Non-Medicaid, uninsured women who are pregnant during flu season, and receiving services at the LHD. Persons enrolled in the Family Planning Medicaid program*** receiving services at the LHD. During 32 through 36 weeks gestation; **Seasonal administration (August 15th through January 31st).**

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RSV Vaccines vs. Monoclonal Antibodies

- ABRYSVO is the only adult RSV vaccine recommended for use in both adults 60 years of age and older, high-risk adults 18- 59 and those who are 32–36 weeks pregnant.
- AREXVY is only approved for adults 60 years of age and older
- *The ONLY recommended immunizing products for infants are the RSV monoclonal antibodies.*
- REMINDER: RSV vaccines (AREXVY or ABRYSVO) are not approved or recommended for use in infants and young children. These RSV vaccines have not been studied in infants and young children; therefore, vaccine safety and effectiveness for this population are unknown.
- Vaccine providers who stock both RSV monoclonal antibody products for use in infants and young children and RSV vaccines for use in adults and pregnant people should be especially diligent in following vaccine administration safety procedures to prevent errors.

Comparison of RSV Products

	Maternal Vaccine (Pfizer's Abrysvo)	Infant RSV Antibody (nirsevimab or clesrovimab)
Who is it recommended for?	Women 32 through 36 weeks pregnant.	Babies (ages <8 months) born to mothers who did not get a maternal RSV vaccine. A small group of young children (ages 8–9 months) at increased risk of severe RSV (nirsevimab only).
How does it work?	Mom passes protection (antibodies) to baby during pregnancy.	Baby receives protection (antibodies) directly.
When is it recommended in most of continental U.S.?	September – January	October – March
Who does it protect from severe RSV?	Baby	Baby
How long does protection last?	Approximately 6 months after birth.	At least 5 months after immunization.
Who should not get it?	Women with a history of severe allergic reaction to any component of the vaccine.	Children with a serious allergic reaction to any component of either infant RSV antibody OR Babies who are already protected because their mother received a maternal vaccine during pregnancy.
Possible side effects	Common side effects: headache, nausea, pain at injection site, and more. Possible risks under further study: hypertensive disorders of pregnancy, including pre-eclampsia (a dangerous high blood pressure condition)	Side effects are usually mild and end quickly (such as pain at the injection site). Hypersensitivity reactions are uncommon but have been reported.
Report adverse events to:	VAERS or call 1-800-822-7967	FDA's Medwatch or call 1-800-FDA-1088

RSV Ordering Guidance and Requirements

VFC providers must carry all ACIP routinely recommended vaccines and maintain sufficient stock.

Ordering Guidance

- Order doses needed for a two-week period.
- Orders will be cut off and reviewed at 9am every other Monday.
- Requests for doses are reviewed to ensure equitable distribution.
- RSV Allocation Request Form

- **ABRYSVO** ordering began July 1; administrations September 1, 2025 – January 31, 2026.
- **Nirsevimab** ordering began August 1; administrations October 1, 2025 – March 31, 2026.
- **Clesrovimab** ordering began September 25; administrations October 1, 2025 – March 31, 2026.

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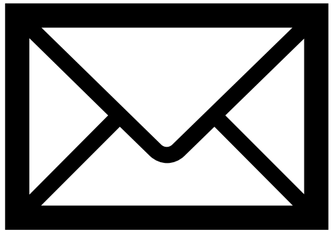
RSV Ordering Communications from NCIP

Be sure to read these communications from NCIP for ordering information and guidance.

- Respiratory Syncytial Virus (RSV) Vaccine Available for Ordering Communications
- Nirsevimab Ordering Communication
- Clesrovimab Available for Ordering Communication



We encourage you to order early to stay fully stocked during the RSV season.

NCIP memos and communications can be found here.

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Storage and Handling Guidance

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Storage and Handling Reminders

- ✓ Check and record vaccine storage temperatures at the start of each workday.
- ✓ Refrigerators should maintain temperatures between 2°C and 8°C (36°F and 46°F).
- ✓ Freezers should maintain temperatures between -50°C and -15°C (-58°F and +5°F).
- ✓ Download and review temperature data weekly.
- ✓ Report all temperature excursions to the help desk at 1-877-873-6247.
- ✓ Refer to the CDC's Storage and Handling Toolkit for more information Vaccine Storage and Handling Toolkit.
- ✓ Non-expired doses from the last RSV season may be used this season.

HANDLE WITH CARE:

Protect Your Vaccine, Protect Your Patients

CDC

- Keep your storage units and vaccines within the appropriate temperature ranges.
- Check and record storage unit min/max temperatures at the start of each workday. If your device does not display min/max temperatures, then check and record current temperature a minimum of 2 times (at start and end of workday).

Refrigerator
Store between 2°C and 8°C (36°F and 46°F)

Vaccine	Product Name
COVID-19*	Comirnaty, Novavax
Dengue	Dengvaxia
DTaP	Daptacel, Infanrix
HepA	Havrix, Vaqta
HepB	Engerix-B, Heplislav-B, RecombivaxHB, Prehevbrio
Hib	ActHib, Hiberix, PedvaxHib
HPV	Gardasil 9
IIV	Afluria, Fluad, Flublok, Flucelvax, FluLaval, Fluarix, Fluvirin, Fluzone, Fluzone High-Dose
IPV	Ipol
LAIV	Flumist
MMR	M-M-R II[1], Priorix
MenACWY	MenQuadfi, Menveo
MenB	Bexsero, Trumenba
Nirsevimab	Beyfortus
PCV15	Vaxneuvance
PCV20	Prevnar20
PPSV23	Pneumovax 23
RSV	Abrysvo, Arexvy
RV1	Rotarix
RV5	RotaTeq
RZV	Shingrix
Tdap	Adacel, Boostrix
Td	Tenivac, TDVax
Combination Vaccines	
DTaP-HepB-IPV	Pediarix
DTaP-IPV	Kinrix, Quadracel
DTaP-IPV/Hib	Pentacel
DTaP-IPV-Hib-HepB	Vaxelis
HepA-HepB	Twinrix
MenABCWY	Penbraya

Freezer
Store between -50°C and -15°C (-58°F and 5°F)

Vaccine	Product Name
COVID-19*	Spikevax, Moderna (EUA)
Var[1]	Varivax
Mpox[1]	Jynneos
Combination Vaccines	
MMRV[1]	Proquad

Ultra-Cold Freezer
Store between -90°C and -60°C (-130°F and -76°F)

COVID-19*	Comirnaty, Pfizer-BioNTech (EUA)

*Comirnaty and Pfizer-BioNTech COVID-19 vaccines in single-dose vials, multidose vials, and plastic manufacturer-filled syringes can be stored between 2°C and 8°C (36°F and 46°F) for up to 10 weeks. Glass manufacturer-filled syringes for persons 12 years of age and older may be stored at refrigerated temperatures until the expiration date.

Spikevax and Moderna COVID-19 vaccines may be stored between 2°C and 8°C (36°F and 46°F) for up to 30 days.

[1]M-M-R II may be stored in the refrigerator or freezer.

[2]Comirnaty glass manufacturer-filled syringes for persons 12 years and older can not be stored at ultra cold temperatures.

[3]Do not freeze diluent. Store at room temperature or refrigerated temperatures.

[4]Jynneos can be stored for 8 weeks at refrigerator temperatures.

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RESOURCES

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

Pfizer & Moderna Vaccine Programs - Patient Assistance Resources

Retail Vax Assistance -Pfizer

Moderna continues its collaboration with Project HOPE and Direct Relief, organizations renowned for their commitment to improving healthcare access in underserved communities. With their deep expertise and established networks, these partners help ensure that vaccines reach those most in need, enhancing our collective impact on public health.

Federally Qualified Health Centers and Free & Charitable Clinics enrolled in these networks can request vaccines at no cost.

COVID-19 Vaccine Access – Moderna

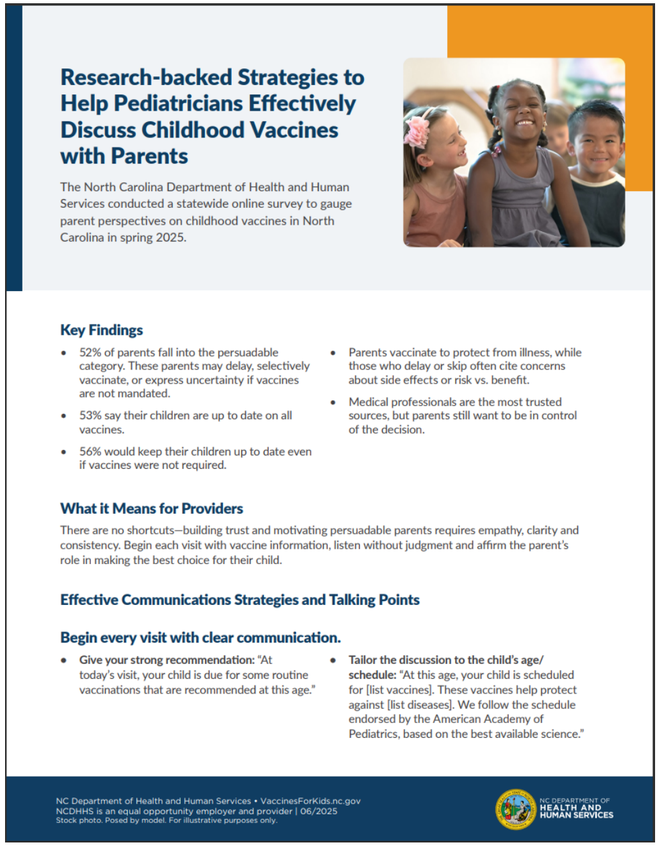
New Resources on Childhood Vaccines: Vaccine Toolkit Launch

The Childhood Vaccines Toolkit is designed to help health care providers and families start a conversation about childhood vaccines.

- Includes clear, accurate information to share with families:
  - **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.

- Recommended conversation guides:
  - How to talk to parents about vaccines – English (PDF)
  - How to talk to parents who want to delay vaccines – English/Spanish (PDF)
  - Childhood Vaccinations: Top 14 questions answered with the nuance you may be looking for (PDF)



Research-backed Strategies to Help Pediatricians Effectively Discuss Childhood Vaccines with Parents

The North Carolina Department of Health and Human Services conducted a statewide online survey to gauge parent perspectives on childhood vaccines in North Carolina in spring 2025.

Key Findings

- 52% of parents fall into the persuadable category. These parents may delay, selectively vaccinate, or express uncertainty if vaccines are not mandated.
- 53% say their children are up to date on all vaccines.
- 56% would keep their children up to date even if vaccines were not required.
- Parents vaccinate to protect from illness, while those who delay or skip often cite concerns about side effects or risk vs. benefit.
- Medical professionals are the most trusted sources, but parents still want to be in control of the decision.

What it Means for Providers

There are no shortcuts—building trust and motivating persuadable parents requires empathy, clarity and consistency. Begin each visit with vaccine information, listen without judgment and affirm the parent's role in making the best choice for their child.

Effective Communications Strategies and Talking Points

Begin every visit with clear communication.

- **Give your strong recommendation:** "At today's visit, your child is due for some routine vaccinations that are recommended at this age."
- **Tailor the discussion to the child's age/schedule:** "At this age, your child is scheduled for [list vaccines]. These vaccines help protect against [list diseases]. We follow the schedule endorsed by the American Academy of Pediatrics, based on the best available science."

NC Department of Health and Human Services • VaccinesForKids.nc.gov
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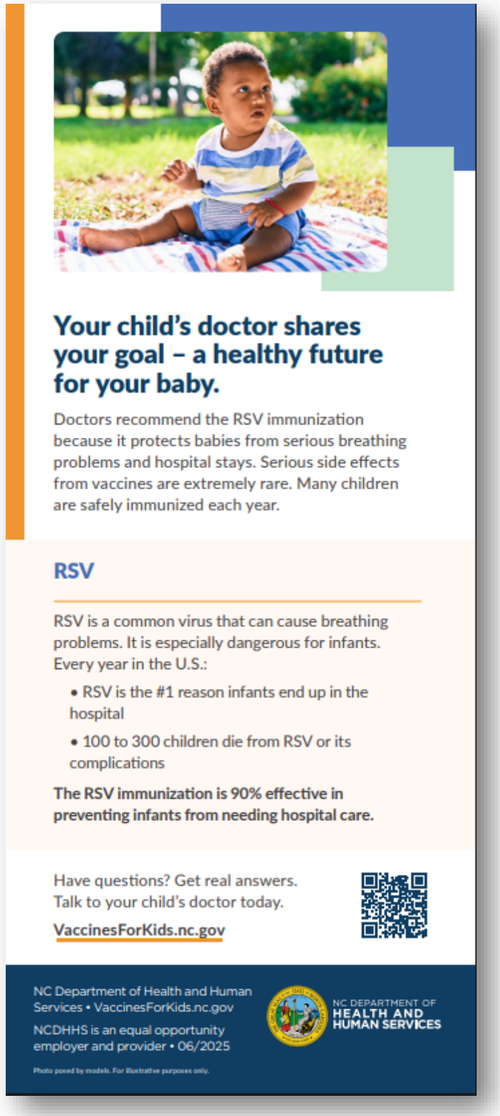
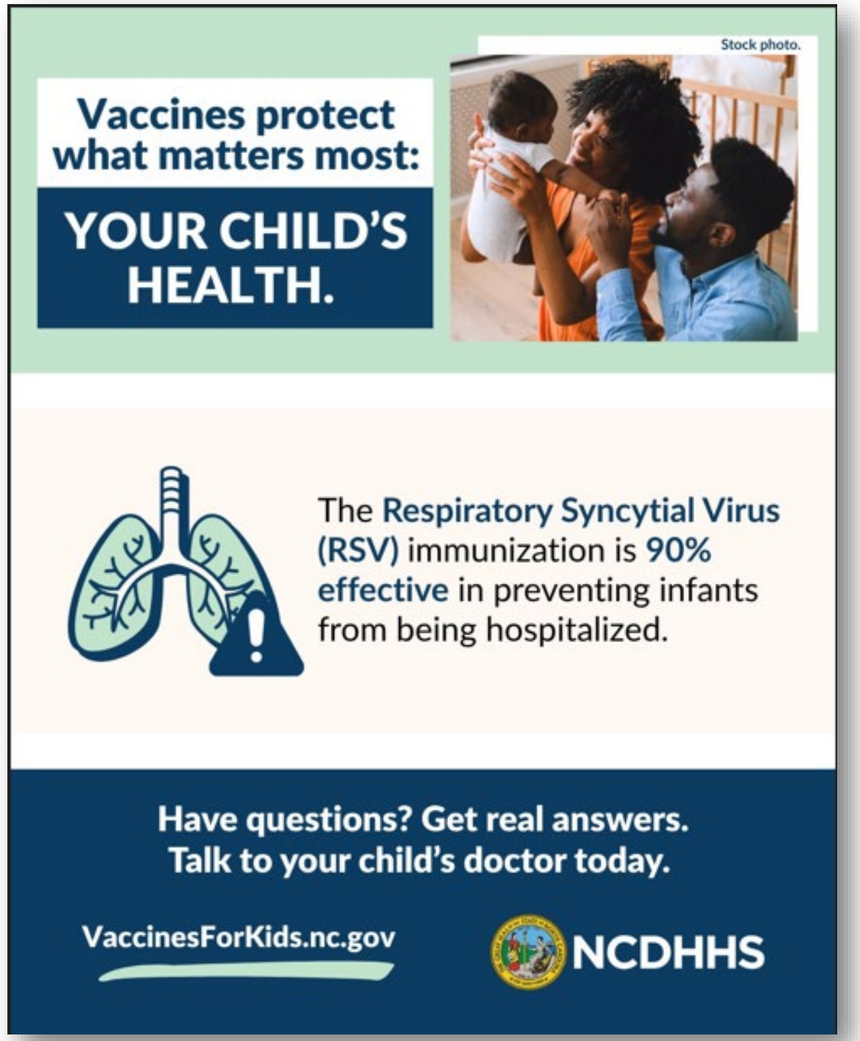
Stock photo. Posed by model. For illustrative purposes only.

Materials for your Clinic



https://www.dph.ncdhhs.gov/media/3708/open



Vaccines social media graphics and captions – English/Spanish (ZIP)

Vaccines Poster – English/Spanish (PDF)

Stay Informed

- Be sure you are receiving and reviewing emails from Vaccineinfo (vaccineinfo@dhhs.nc.gov).
- Vaccineinfo emails go to **primary vaccine coordinators, back–up vaccine coordinators, and medical directors**. If you are not receiving emails, make sure you update staff changes or email changes through the Provider Update Form.
- If someone on your team would like to receive NCIP communications but is **NOT** a **primary vaccine coordinator, back–up vaccine coordinator, or medical director**, they can sign up here: Sign up for NCIP Communications | Division of Public Health.
- **Do Not Unsubscribe** from vaccineinfo@dhhs.nc.gov to ensure you continue receiving NCIP communications.
- If you have unsubscribed mistakenly, fill out the NCIP Resubscribe Form 2025 to continue receiving email updates.

We want your feedback!

Your feedback on this session is very important to us and will be used to improve future offerings.

Click here to tell us what you think!

Questions?

The next Lunch and Learn will be held January 21, 2026. Topic will be "Using the Kindergarten Dashboard and other K-12 Resources".

This presentation has been recorded and will be emailed to all VFC-enrolled providers following this call.

Contact Us:
Contact the NCIP Help Desk at 877-873-6247 or ncirhelp@dhhs.nc.gov.