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For attendance, please type in your name and organization in the chat.

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2025 PCMH Learning Network Well Child and Adolescent Well Care Visits Sprint Session #4

October 29, 2025

Pittsburgh Regional Health Initiative

Robert Ferguson, MPH, Chief Policy Officer, Pittsburgh Regional Health Initiative

Continuing Education Information

In support of improving patient care, this activity has been planned and implemented by the University of Pittsburgh and The Jewish Healthcare Foundation. The University of Pittsburgh is jointly accredited by the **Accreditation Council for Continuing Medical Education (ACCME)** and the **American Nurses Credentialing Center (ANCC)**, to provide continuing education for the healthcare team. **1.0 hours are approved for this course.**

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Learning Objectives

- ✓ Discuss the forecasted supply and guidelines for vaccines for children and adolescents
- ✓ Describe examples of how PCMHs have effectively integrated developmental screening and follow-up into their workflows

Vaccine Guidance: 2025-2026 Respiratory Disease Season

Julie Myers, MPH, Public Health Program Manager, Division of Vaccine Operations and Provider Services, Pennsylvania Department of Health, Bureau of Immunizations



Pennsylvania
Department of Health

10/29/2025

2025-2026 Respiratory Disease Season

Julie Myers, MPH
Bureau of Immunizations

Contents

Today we will cover:

- **Current recommendations for the 2025-2026 respiratory disease season**
- **Immunization supply and availability**
- **Limiting vaccine waste**



**Current
Recommendations
for the 2025-2026
Respiratory
Disease Season**



2025-2026 Recommendations

- The Vaccines for Children (VFC) Program follows the recommendations of the Advisory Committee on Immunization Practices that are adopted by the Centers for Disease Control and Prevention (CDC).
- CDC has provided 2025-2026 recommendations for Covid, Flu, and RSV.



Recommendations: Covid

- On August 27, 2025 the FDA authorized the 2025-2026 Covid vaccine.
- ACIP met on September 18 and 19, 2025 and voted on recommendations for the vaccine.
- CDC has adopted those recommendations, and Covid vaccine became available for VFC and 317 ordering on October 6, 2025.
- There has been no change to eligibility for VFC and 317-funded Covid vaccine.
- Current Covid recommendations can be found in the [Notes section](#) of CDC's Child and Adolescent and Adult Immunization Schedules.
- Anyone can still receive a Covid vaccine if, through shared-clinical decision making, the patient and medical provider feel it is appropriate.
- CDC emphasizes the importance of the Covid vaccine particularly for individuals with [underlying conditions](#), which includes a wide range of conditions like diabetes and asthma.



Recommendations: Covid cont.

- On September 22, 2025 the Governor issued a [press release](#) containing recommendations to provide clear, evidence-based guidance to ensure vaccines remain accessible for Pennsylvanians who want them.
- PADOH has released [general guidance on immunizations](#) and a [COVID-19 Vaccine Frequently Asked Questions \(FAQ\)](#).
- PADOH recommendations are consistent with those from trusted U.S. professional medical societies, including the: American Academy of Pediatrics, American College of Obstetrics and Gynecology, and American Academy of Family Physicians.



Who should get the Covid vaccine?

Ages 6 – 23 months:
All children.

Ages 2 – 18 years:
Those at high risk for severe disease, who live in a long-term care facility or other congregate setting, have never been vaccinated, or have household member(s) at high risk for severe disease.
Healthy children may also be vaccinated.

Ages 19 – 64 years:
All adults including those with high risk for severe disease, at high risk for exposure, or are household contacts for those at high risk for severe disease.

Ages 65 years and older:
All Adults.

Pregnant People:
All who are pregnant, contemplating pregnancy, or have recently been pregnant, and those who are lactating.

Immunocompromised individuals:
Should have a conversation with their health care provider about the need for additional doses and when to receive them.



Recommendations: Flu

- There has only been one change to flu vaccine recommendations.
- ACIP has recommended the removal of Thimerosal from all U.S. flu vaccines, and [CDC adopted that recommendation](#) for the VFC program.
- [According to the CDC](#), Thimerosal is a mercury-based preservative that has been used for decades in the United States in multi-dose vials of medicines and vaccines.
- There is no evidence of harm caused by the low doses of thimerosal in vaccines, except for minor reactions like redness and swelling at the injection site.
- There are two types of mercury: methylmercury and ethylmercury.
- At high exposure levels methylmercury, which can be found in some fish, can be toxic to people.
- Ethylmercury, the kind used as a preservative in vaccines and other medicines, is cleared from the human body more quickly than methylmercury, and is therefore less likely to cause any harm.



Recommendations: RSV

Infants:

Infants younger than 8 months born during or are entering their first RSV season if the pregnant parent did not receive RSV vaccine during pregnancy, or if the RSV vaccination status is unknown, or the infant was born within 14 days of parent receiving RSV vaccination.

Pregnant People:

Should get a single dose of the RSV vaccine, Pfizer's Abrysvo, during weeks 32 through 36 of pregnancy sometime between September through January.

Adults:

Should get a single dose of any FDA-licensed RSV vaccine for all adults ages 75 and older and adults ages 50 – 74 at increased risk of severe RSV.



Effectiveness: RSV monoclonal antibody

According to [CDC's Morbidity and Mortality Weekly Report \(MMWR\)](#), before the introduction of universal RSV immunization recommendations for infants in 2023:

- RSV was the leading cause of hospitalization among U.S. infants.
- An estimated 58,000–80,000 RSV-associated hospitalizations and 100–300 RSV-associated deaths annually among U.S. infants and children under age five years.
- Most infants hospitalized with RSV have no known risk factors for severe RSV. Thus, all infants are at risk for severe RSV disease.

RSV monoclonal antibody products, Nirsevimab (Beyfortus) and Clesrovimab (Enflonsia):

- Can reduce a baby's risk of being hospitalized from RSV by 57% in the first six months after birth.
- Reduces the risk of severe RSV disease by about 80%.
- There is no preferential recommendation between Nirsevimab and Clesrovimab.



When to administer?

Respiratory Disease Season is approximately October through March.

- Covid and Flu – September through March (and can continue as long as viruses are in circulation).
- Abrysvo – September through March to pregnant people between 32-36 weeks gestation.
- Nirsevimab or Clesrovimab – September through March.



**2025-2026
Immunization
Supply and
Availability**



VFC and 317 Covid Supply

Between 10/6/2025 – 10/16/2025, the Pennsylvania Immunization Program distributed:

- Moderna Spikevax (6m – 11yr) 5,180 doses
- Moderna Spikevax (12y+) 3,530 doses
- Novavax Nuvaxovid (12y+) 60 doses
- Pfizer Comirnaty (5y – 11y) 720 doses
- Pfizer Comirnaty (12y+) 2,400



VFC and 317 Flu Supply

Between 8/22/2025 – 10/16/2025, the Pennsylvania Immunization Program distributed:

- Seqirus Fludac 350 doses
- GSK Fluarix 8,350 doses
- Seqirus Flucelvax 56,280 doses
- GSK Flulaval 72,020 doses
- AstraZeneca FluMist 5,420 doses
- Sanofi Fluzone 66,350 doses



Self-administered FluMist

AstraZeneca completed a rigorous approval process including extensive testing to offer FluMist that members of the public can order from an online pharmacy and administer at home.

- Currently, this is only available to those who are privately insured. Most private health plans are already covering this, and AstraZeneca anticipates full coverage by private health plans.
- The online pharmacy is responsible to review eligibility for everyone intended to receive the FluMist. They are also responsible to know every jurisdiction's VFC eligibility criteria to ensure VFC-eligible patients do not receive FluMist through this process.
- Extensive cold chain testing was preformed to help ensure individuals will receive viable vaccines. Every shipment includes a temperature monitoring device. Every shipment also includes prepaid postage and packaging to return nonviable doses.
- AstraZeneca had to demonstrate that the cold chain could be maintained for 60 hours. Their testing demonstrated 68 hours. All shipments should arrive within 48 hours giving individuals a window of 20 hours before cold chain failure.



Self-administered FluMist cont.

- The online pharmacy has a robust text message reminder system in place to help ensure individuals are prepared to receive their delivery and to confirm if the intended recipients administered their FluMist dose.
- The online pharmacy is responsible to report all doses administered to the appropriate jurisdiction's Immunization Information System.
- Extensive user testing was also done with members of the public to ensure FluMist could be administered properly by those with no medical training. There are also How-to videos available to assist individuals.



VFC RSV Supply

Between 8/1/2025 – 10/16/2025, the Pennsylvania Immunization Program distributed:

- Sanofi Beyfortus (Nirsevimab) 11,800 doses

Between 10/2/2025 – 10/16/2025, the Pennsylvania Immunization Program distributed:

- Merck Enflonsia (Clesrovimab) 135 doses



Insurance Coverage

VFC and our Adult 317 program offer all these products for eligible individuals.

To ensure families face no new financial barriers, the [Pennsylvania Insurance Department confirmed](#) that private insurance companies operating in the Commonwealth will continue to cover all immunizations previously recommended by ACIP in 2024 from now through the end of 2026.

- Covid - Most private plans, MA, Medicare Part B, and CHIP
- Flu - Most private plans, MA, Medicare Part B, and CHIP
- RSV - Most private plans, MA, Medicare Part D, and CHIP

Please note, Medicare Part D is not part of original Medicare Part A and B and must be joined separately to obtain coverage. Not all patients with Medicare will have coverage for immunizations covered by Part D.



Limiting Vaccine Waste



Guidance: Limiting Vaccine Waste

- Administration data is required to be reported in the Pennsylvania Immunization Electronic Registry System (PIERS) for all Pennsylvania Immunization Program supplied immunizations. This allows our providers to see how many doses of each immunization they administered the previous respiratory disease season to inform their ordering for the current season.
- Staff review provider population before approving orders.
- Providers must reconcile their inventory in PIERS before every order or once a month.
- Staff track all vaccine waste and returns. Excessive waste can trigger an education visit to provide technical assistance to align ordering with use.
- The Pennsylvania Immunization Program also implement new processes or education to address waste trends (example: storage unit doors being left open).



Limiting Vaccine Waste cont.

- Encourage providers to reach out regarding vaccines that will expire before use to help facilitate vaccine transfer to enrolled provider who will be able to use them.
- Providers are required to have up to date emergency plans that all vaccine staff know and can readily access.
- Excessive vaccine waste is one of the red flags that triggers an unscheduled storage and handling visit.
- Ongoing waste after education and technical assistance can trigger our noncompliance Standard Operating Procedure, which can lead to forceful disenrollment and a fraud and abuse investigation.
- Encourage and help to facilitate minimum order sharing between providers with small populations.



MINIMUM ORDER SHARING

Vaccine Storage Without Original Packaging



Pennsylvania
Department of Health

Options for Storing Vaccines Outside of Original Packaging

Overview

Vaccines should always be stored in their original packaging whenever possible as most are light sensitive. Failure to properly store vaccine results in compromised vaccines.

ACCEPTABLE CIRCUMSTANCES

There are limited circumstances that prevent vaccines from being stored in their original packaging including:

- Storage in purpose-built, vending style vaccine storage units
- Providers who split boxes of vaccines to help minimize waste due to small patient populations
- Permissible borrowing that adheres to the Pennsylvania Immunization Program borrowing policy
- Vaccine transport
- Single dose vaccine orders that are not shipped in a cardboard box

ACCEPTABLE STORAGE

Commercially available pharmaceutical products designed for light and moisture control for vaccine, antibody, and medication viability preservation should be used whenever possible. Acceptable storage options for the above circumstances include:

- Purpose-built, vending style vaccine storage units
- Purpose-built vaccine storage bags
- Mylar bags
- Brown paper bags
- Opaque envelopes
- Opaque plastic bags or clear plastic bags lined with opaque paper



This guidance is available on the [Pennsylvania VFC Resources and Forms webpage](#).



Resources

[PADOH General Immunization Guidance](#)

[PADOH Respiratory Virus Dashboard](#)

[CDC Respiratory Illnesses Data Channel](#)

Covid

[PADOH COVID-19 Vaccine Frequently Asked Questions](#)

Flu

[Influenza Vaccination Coverage and Intent for Vaccination, Adults 18 Years and Older, United States](#)

[Influenza Vaccination Coverage and Intent for Vaccination, Adults 18 Years and Older, United States](#)

RSV

[Respiratory Syncytial Virus \(RSV\) Vaccination Coverage, Pregnant Women, United States](#)





Pennsylvania
Department of Health

10/29/2025

Discussion: questions, comments, and concerns

Julie Myers, MPH, ra-pavfc@pa.gov

PCMH Peer-to-Peer Learning Discussion: Developmental Screening and Follow Up

Discussion Questions

How did your practice build developmental screening (ASQ, PEDS) into routine well-child visits at 9, 18, and 30 months, and what made it sustainable?

How do you explain the purpose and importance of developmental screening to parents and caregivers?

When a child screens positive, how do you manage follow-up and collaborate with Early Intervention or other community partners to ensure timely support?

How does your practice use data and your electronic health records system to track developmental screenings and monitor performance?

What roles do different members of your care team play in administering, scoring, and following up on developmental screenings?

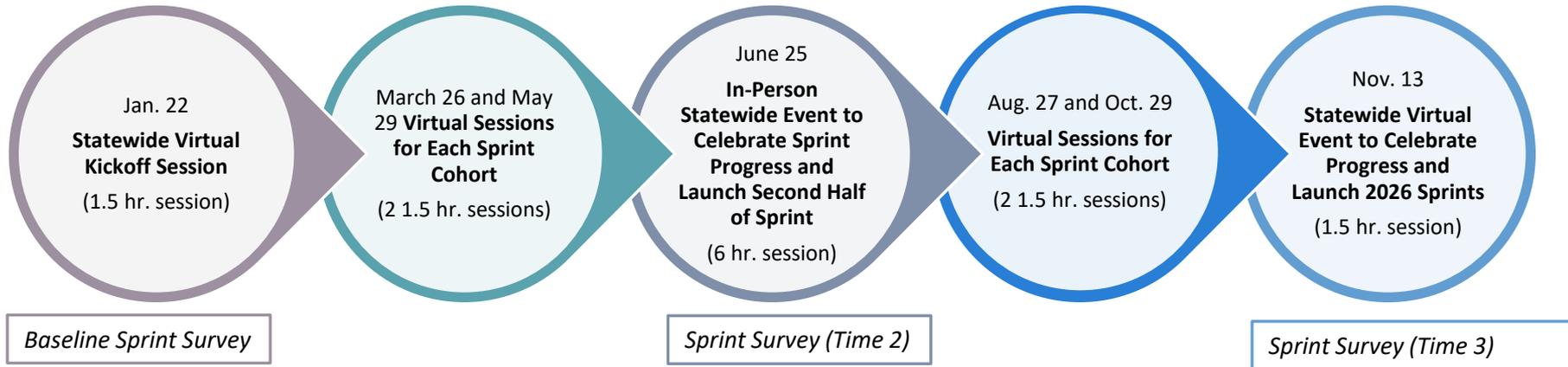
What barriers have you encountered in implementing developmental screenings and / or follow ups, and how has your practice addressed those barriers?

Looking back, what one piece of advice would you give to a practice just beginning to implement developmental screening?

Wrap Up & Session Evaluation

2025 PCMH Learning Network

Session Dates for Well Child and Adolescent Well Care Visits Sprint



Optional Case-Based Learning Sessions on Clinical Topics Offered throughout the Year

End-of-Sprint Surveys

- Surveys were sent Mid-October and due by November 3rd
- Each practice should complete only 1 survey
- Surveys should be completed in consultation with the team that has been working on the sprint
- Even if you missed the mid-year survey, please complete the end-of-sprint survey
- Results will be shared at the November 13th Statewide Wrap Up Session
- Well Child and Adolescent Well Visits Sprint Survey - <https://www.surveymonkey.com/r/LDB2GJ2>



2026 PCMH LN Enrollment

- PCMH 2026 Learning Network will have 3 sprint topics:
 - ❖ Behavioral Health Integration in Primary Care for Adults and Adolescents
 - ❖ Comprehensive Diabetes Care and Health Equity
 - ❖ Perinatal Care in Family and Pediatric Offices
 - ❖ The Pediatric Nursing Care Program, with a focus on multi-disciplinary Pediatric Nursing Care teams, the Family-Centered Plan of Care, and collaborating with Pediatric Complex Care Resource Centers
- Stay tuned for more information and next steps

CEU Process

You will receive a follow up email with links to:

Complete the survey at: <https://www.surveymonkey.com/r/WY89HXX> by Wednesday, November 5th

1. Please be sure to designate which CEU credits you are requesting **CME, CNE, Social Worker or Certificate of Attendance**. If you already have an account with the UPMC Center for Continuing Education, **please be sure the email you enter on the survey matches the UPMC CCE account email that you create**.
2. The UPMC Center for Continuing Education will follow up with you via email after **November 5th** with instructions on how to claim your credits.
 - To prepare, we recommend you create an account with UPMC CCE via this website <https://cce.upmc.com>.



Thank You!
