**Minutes**

**Massachusetts Department of Public Health**

**Massachusetts Vaccine Purchasing Advisory Council (MVPAC) Meeting**

**Note:** These minutes are still considered draft until they are reviewed and approved by the MVPAC at their next regularly scheduled meeting on October 9, 2025.

Date: Thursday, June 12, 2025
Time: 4-6 PM
Location: Massachusetts Medical Society, 860 Winter Street, Waltham, MA 02451

**Attendees**

***MVPAC Members***

***In-Person***

Jenny Chiang, MD, MS, FAAFP

Lloyd Fisher, MD, FAAP

Angela Fowler, MD, MPH

Robbie Goldstein, MD, PhD, Chair

Hemant Hora, MD FACP

Benjamin A. Kruskal, MD, PhD, FAAP, FIDSA

Everett Lamm, MD, FAAP

David P. Norton, MD, FAAP

Zi Zhang

***Virtual***

Vandana Laxmi Madhavan, MD, MPH, FAP

**Additional Attendees**

***In-Person***

Susanna Bächle, PhD

Rattana Bip

Bill Dailenes

Kim Daly, DNP

Sue DeRemer, RPh

Kim Fredericks, MBA

Andrea Kelley-Putnam

Alexi Kimura, PharmD

Warren Lent

Ali Lydon, MBA

Larry Madoff, MD

Cynthia McReynolds, MBA

Andrew Rennekamp, PhD

Sandra Ribeiro, MPH

Sherry Schilb, MBA

Pejman Talebian

Tim Temple

***Virtual***

Tess Bub

Brooke Cardoso

Luke Cunniff

Tegan Evans

Jorge Fernandez

Laurie Martins

Kathleen Talbot

Lina Vasershtein

Pamela Worthington

Colin Young

**Welcome**

Dr. Goldstein welcomed attendees to the Massachusetts Vaccine Purchasing Advisory Council (Council) meeting. In-person attendees introduced themselves. Virtual attendees introduced themselves via Zoom chat and their names were read by Ms. McReynolds.

**DPH Updates/Announcements**

To comply with Massachusetts Open Meeting Law, Mr. Talebian confirmed that going forward the following updated meeting procedures would be required for Council meetings:

* To ensure a meeting quorum, Council members must confirm their attendance in advance of a scheduled meeting as meetings can not be held without a quorum.
* At each meeting, the Council will vote to approve the meeting minutes from the previous Council meeting. Draft minutes will be posted online in advance of a meeting and will be finalized by vote at the meeting.

**Review of the current immunization landscape including recent federal actions on COVID19 vaccine**

Dr. Goldstein noted that at its last meeting (3/13/25), the Council discussed its commitment to and its role in ensuring that the Massachusetts immunization program would remain strong.

He added that we are living in a moment of significant changes where we do not have all the answers. There have been changes since the March 2025 Council meeting, especially in the last three weeks. The inner workings of the federal government have been playing out in real time. There has been a change in the Federal Drug Administration (FDA) framework for COVID-19 vaccinations, and an atypical process for updating Centers for Disease Control and Prevention (CDC) immunization recommendations.

This week all seventeen (17) members of the Advisory Committee on Immunization Practices (ACIP) were fired, and the reappointed membership (currently 8) will be meeting later this month to vote on important decisions.

Dr. Goldstein noted that it is the Council’s responsibility to keep an open mind about what is happening, to analyze the data as it is presented to the ACIP, to think like an ACIP member, and to use this body to have its own discussion and deliberation.

Dr. Cody Meissner, a Council member, has been named to the newly formed ACIP. Dr. Goldstein noted that Dr. Meissner has shown a commitment to the science, a commitment to evidence, a commitment to vaccine policies that protect the commonwealth, and protect people across this country. He is hopeful that additional members like Dr. Meissner will be added to the ACIP.

The full ACIP membership, how its proceedings will work, and how data will be utilized is unknown at this time.

What we know currently is that vaccine trials capture real world experience. Healthcare entities know the benefits and risks of vaccination.

Massachusetts has an established process for approving vaccines to be added to its program. This process will remain and will inform DPH’s work to understand how Massachusetts fits into the complicated federal landscape.

The current Massachusetts immunization program is loosely tied legally and through regulation to the ACIP/CDC. Program changes might require amending Massachusetts laws and regulations which is currently under consideration by the Department.

Dr. Goldstein noted that it is important to build public trust, especially in communities which have been damaged by government entities. He added that he uses his position whenever he can to talk about the benefits of vaccination. He issued a call to action to Council members to talk with fifteen (15) people every day about the efficacy and safety of vaccines.

While there is work to do together to build back public trust, the Massachusetts system works and investment in this system will continue.

Dr. Fisher thanked Dr. Goldstein and noted that parents on both sides of the vaccine spectrum are struggling. There are parents who are vaccine hesitant, and there are parents who are terrified of losing access to vaccines and want to bring their children in early for vaccines. Dr. Fisher added that he tells parents that nothing will be changing and the rest of the immunization schedule will remain. He asked if there was a statement that DPH can distribute which would help practices in spreading a message of stability.

Dr. Goldstein thanked Dr. Fisher and noted that he would bring this request back to the Department (DPH).

**Presentations on MenABCWY Vaccine Presentation**

Information on PenbrayaTM, Pfizer’s meningococcal Groups A, B, C, W, and Y (MenABCWY) vaccine, has been presented at a previous meeting.

Since the March Council meeting, in April, the ACIP recommended the use of Penmenvy (meningococcal Groups A, B, C, W, and Y vaccine) for active immunization to prevent invasive disease caused by Neisseria meningitidis serogroups A, B, C, W, and Y in individuals 10 through 25 years of age. As of this meeting, the CDC has not formally adopted this recommendation. Deliberation for this vaccine should assume that while it currently is not part of the Vaccines for Children (VFC) Program, it will be available at some point.

**Presentation from Pfizer on its MenABCWY Vaccine Presentation**

Dr. Bächle presented about Penbraya, Pfizer Vaccines’ MenABCWY vaccine. She introduced Dr. Talbot, who was joining the meeting virtually.

Dr. Bächle noted that information about this vaccine was presented previously at the January 2024 Council meeting.

Dr. Bächle reviewed the following:

* Safety and prescribing information
* Contraindications
* Adverse side effects: pain at injection site, headache
* Components
* Three clinical trials
	+ Safety profile
	+ Immunogenicity
	+ 2 doses of the Penbraya MenABCWY vaccine were non inferior to 1 dose of MenACWY in MenB naïve patients.
	+ 2 doses of MenABCWY were non-inferior to 2 doses of meningococcal factor H binding protein (fHbp)
* The October 2023 recommendation was formally adopted by the CDC in April 2024 (publication in the *Morbidity and Mortality Weekly Report*).

There were no questions from Council members following the presentation.

**Presentation from GSK on its MenABCWY vaccine presentation**

Dr. Kimuri presented about Penmevy, GlaxoSmithKline’s (GSK) MenABCWY vaccine. She noted that the presentation was being made at the Council’s request.

Dr. Kimuri reviewed the following:

* Invasive meningococcal disease (IMD) is an uncommon but rapidly progressing and potentially devastating disease.
* GSK has three approved meningococcal vaccines: Menveo (MenACWY), Bexsero (MenB) and Penmevy (MenABCWY). Penmevy combines the antigenic components of Menveo and Bexsero.
* Age-based recommendations for these vaccines.
* The scientific rationale for and potential benefit of a pentavalent vaccine
	+ Improve vaccination coverage rate to meet the greatest need.
	+ Simplify immunization schedule.
	+ Reduce healthcare costs due to fewer visits.
	+ Reduce the overall burden of pain and discomfort.
	+ Improve convenience and compliance.
* Phase 3 study overview including study populations.
	+ Successful criterion for non-inferiority was met for all four groups in studies.
	+ Penmenvy was non-inferior to Menveo in MenACWY-naïve and MenACWY-experienced patients. Penmevy was non-inferior to Menveo against each of the serogroups, A, C, W, Y.
	+ Side effects were generally mild to moderate, with a mean duration of less than 4 days.
	+ Side effects occurred at similar rates after Penmevy and Bexsero and at higher rates than after Menveo.
	+ There was no increase in adverse events after a second dose of Penmenvy
* CDC age-based recommendations for meningococcal vaccines.

Dr. Kimuri also noted that ACIP is considering an update to meningococcal vaccination schedule, with options for revisions including:

* Potential removal of the recommendation for MenACWY vaccination at 11-12 years.
* Potential change in recommendations for MenB vaccines to a routine or risk-based recommendation for those living in congregate settings, plus permissive language for anyone seeking protection.
* Potential change in the recommended interval between the two doses of Men-B containing vaccines (dose 1 at age 16 and dose 2 at 17-18).

There were no questions from Council members following the presentation.

**Deliberation regarding inclusion of MenABCWY in the universal immunization program**

Mr. Talebian presented the following options for deliberation:

* + 1. The state should only supply the Pfizer MenABCWY vaccine (Penbraya).
		2. The state should only supply the GSK MenABCWY vaccine (Penmenvy).
		3. The state should offer provide choice and supply both Pfizer and GSK MenABCWY vaccines.
		4. The state should maintain its current formulary and not supply either vaccine.

**Discussion**

The GSK MenABCWY vaccine is not currently on the CDC contract.

At this time, it is unknown when the ACIP will deliberate on the current meningococcal vaccine recommendations.

Dr. Fisher: A challenge given the current immunization schedule could be stocking up to three vaccines, while only saving one shot. Additionally, monovalent MenB vaccines are currently supplied for VFC-eligible children only. It might be odd to supply these vaccines and then go back to a monovalent vaccine. Vaccine uptake probably would increase.

Should we wait and see if ACIP will deliberate on this at its June meeting? Ideally, the ACIP would update its meningococcal vaccine recommendation to administration of MenACWY vaccine and would add meningococcal B vaccine as a recommendation.

Dr. Chiang: Can Massachusetts move forward on a recommendation without an updated ACIP recommendation?

Dr. Goldstein: Because of insurance reimbursement, it is a bit more complicated for the Council to make recommendations allowing a different schedule without an updated ACIP recommendation.

Dr. Chiang: Is fiduciary responsibility part of the deliberation?

Mr. Talebian: Cost is not usually an issue, as the VFC program, along with the Massachusetts Vaccine Trust Fund, cover the cost of pediatric immunizations and most vaccine decisions in the past have been fairly cost neutral.

Dr. Fisher: Deviating from current ACIP recommendations also could affect school immunization requirements.

Dr. Chiang: What are the Massachusetts MenACWY and MenB immunization rates?

Mr. Talebian: For 7th grade, the rate is greater than 80%. This drops off to 75% at high school entry. While the MenB vaccination rate is 20%, it is not reportable at the school level. (Note: MenB vaccine is not universally state-supplied; the CDC recommendation is for shared clinical decision making).

Dr. Chiang: What are the Massachusetts infection rates?

Mr. Talebian: Infection rates are extremely very rare in Massachusetts.

Dr. Fowler: In 2023-2024, there was an increase in Men Y disease which included adults between the ages of 30 and 56.

Dr. Madhavan: Regarding a possible change in pentavalent doses in adolescents - it is a challenge getting adolescents to come in. Pre-anticipating uptake, could there be lower uptake in this population? Would it be a challenge to get other kids started?

Dr. Norton: Given the current uncertainty, there has been some talk about relying on the recommendations of the American Academy of Pediatrics (AAP) and its Red Book Committee. Has the AAP discussed this?

Dr. Fisher: I am not aware of public comments about this from AAP.

Dr. Goldstein: If necessary, the AAP may review current recommendations.

Dr. Fisher: Because MenB vaccines are not universally supplied, stocking them requires private purchase, along with the VFC inventory. And MenB vaccines are not interchangeable.

Dr. Fowler: These recommendations are very complicated and for people in the clinic, who have a lot to think about, this can be challenging. Could this deliberation be delayed until ACIP updates its meningococcal recommendations?

Dr. Fisher: Many pediatricians delay the MenB vaccine for peak immunity.

Given that one of the pentavalent vaccines is not currently VFC approved, and the ACIP may update its recommendations for meningococcal vaccine in the near future, Dr Fisher made a motion to defer making a recommendation about adding pentavalent meningococcal vaccines to the state formulary.

Dr. Goldstein asked whether there would be a future time period in which Council deliberation would be undertaken and a recommendation made.

Dr. Fisher noted that since this may be discussed by the ACIP at its June and October meetings, this should be discussed at the next Council meeting (October 9, 2025).

Dr. Chiang: Would adding these vaccines now make patients better? What number is needed to get to that goal?

Mr. Talebian: MenB incidence in Massachusetts is low compared to MenACWY.

Dr. Fisher: There is not a compelling public health crisis for this disease at this time.

Mr. Temple (Pfizer Vaccines): The pentavalent MenABCWY vaccine has been included in the VFC Program for more than a year, and its distribution is well-operationalized across the country. MassHealth has coverage in place for this vaccine.

Dr. Goldstein: Nothing precludes a practice from ordering the pentavalent vaccine now, but it must be paid for by the practice.

Ms. Frederick (GSK): The pentavalent GSK MenABCWY vaccine will be available soon, but its distribution is delayed in the absence of a published ACIP recommendation.

Dr. Kruskal: Everything is dependent on ACIP recommendations. We have started to discuss what happens if ACIP stops making recommendations.

Dr. Hora: This is a similar discussion for COVID vaccines. How are they coded to pay in the system?

Dr. Fowler: The ACIP Meningococcal Vaccines Work Group has determined six different options for updating the meningococcal vaccines recommendations. The current ACIP recommendations are very broad. How would Massachusetts make a decision?

Dr. Fisher: I am hesitant to take action at this time. I would defer this recommendation for six months. There are currently available options for kids to be protected against these diseases.

Dr. Goldstein: I propose that the Council think through amending recommendations at its next meeting.

Dr. Kruskal: It seems to me that as we all are working on this, the more involved organizations speak with each other, the better.

Dr. Goldstein: The Northeast states have been meeting on a regular basis to talk about this. The Vaccine Integrity Project/CIDRAP is working on this. We will not be making a decision in isolation.

Dr. Kruskal: Along with other talking with other states, states should talk with national organizations like the AAP, AAFP and ACP.

Mr. Zhang: How portable are immunization records? It is additional work for low-income families to keep track of vaccines.

Dr. Fisher: Immunization registries are robust. This is a silver lining of the pandemic. Because of interoperability, immunization records can go from electronic health record to electronic health record.

**Dr. Fisher made a second motion that these vaccines not be added to the state program at this time but adding them to the state program will be re-visited at the next Council meeting. If additional information is not available at that meeting, the Council will consider acting at the time.**

**Dr. Fowler seconded the motion.**

**There was Council consensus and the motion was accepted.**

**Discussion regarding future topics for consideration**

As touched on at the beginning of the meeting, future Council meeting agenda items may include reviewing and discussing topics beyond the formulary, such as regulatory and statutory changes and how they would affect the immunization program. The scope of the Council’s discussions may require amendments to its Operating Procedures and/or regulatory framework that DPH legal is reviewing.

If something pressing comes up between meetings, please contact Mr. Talebian.

The meeting was adjourned.

**Future Meeting Dates**

Thursday, October 9, 2025

Thursday, March 12, 2026

MVPAC webpage:

<https://www.mass.gov/service-details/massachusetts-vaccine-purchasing-advisory-council-mvpac>