Minutes
Massachusetts Department of Public Health
Massachusetts Vaccine Purchasing Advisory Council (MVPAC) Meeting

Date: Thursday, October 9, 2025
Time: 4-6 PM
Location: Massachusetts Medical Society, 860 Winter Street, Waltham, MA 02451

Attendees

Council Members

In-Person

Council Members:
Lloyd Fisher, MD, FAAP
Angela Fowler, MD, MPH
Robbie Goldstein, MD, PhD
Hemant Hora, MD, FACP
Benjamin Kruskal, MD, PhD, FAAP, FIDSA
Everett Lamm, MD, MHCDS, FAAP
David Norton, MD, FAAP
H. Cody Meissner, MD
Vandana Laxmi Madhavan, MD, MPH, FAAP

Virtual

Jenny Chang, MD, MS, FAAFP
Monica Smolinski
Zi Zhang

Additional Attendees

In-Person

DPH

Rattana Bip
Larry Madoff, MD
Lynn Squillace, JD, MPH
Pejman Talebian, MA, MPH
Sherry Schilb, MBA
Mark Szalyga, MBA
Ken McGibney, MBA
Tim Temple

Virtual

Ingrid Bassett, MD
Marla Campbell, PharmD
Luke Cunniff, MA
Bill Daileanes
Kimberly Daly, DNP
Sue DeRemer, RPh
Drew Gess, MA
Ali Lydon, MBA
Cynthia McReynolds, MBA
Mary Beth Miotto, MD, FAAP
Andrea Kelley Putnam
Sandra Ribeiro, MPH
Brooke Cardoso
Jack Crawford
Mitchell Finkel
Alexi Kimura
Alison Kuznitz
Brett Lown
Laurie Martins
Joshua Prudent
Andrew Rennenkamp
Eman Seyal
Kathleen Talbot

Welcome and Introductions

Dr. Goldstein welcomed meeting attendees.

In-person attendees introduced themselves. Virtual attendees introduced themselves.

Approval of 6/12/25 MVPAC Meeting Minutes

Mr. Talebian noted that due to a change in operating procedures, going forward, the Council will review and approve minutes from the previous meeting at each Council meeting.

Draft minutes will be circulated to Council members and posted in advance of the meeting on the MVPAC website.

The minutes from the June 12, 2025, Council meeting were reviewed.

Council member edits to the minutes included:

- Dr. Kruskal suggested that in the section, "Review of the current immunization landscape including recent federal actions on COVID19 vaccine," this sentence should be edited to read: "This week all seventeen (17) members of the Advisory Committee on Immunization Practices (ACIP) were fired, and the ~~reappointed~~ **newly appointed** membership (currently 8) will be meeting later this month to vote on important decisions."
- Dr. Lamm made a motion to approve the minutes with the edit noted above. Dr. Fisher seconded the motion.
- Mr. Talebian polled Council members by name.
- The motion passed.

DPH Updates/Announcements

Commissioner Goldstein noted that this agenda item would follow Council review and deliberation of revisions to its operating procedures.

Revisions to Operating Procedures – Review and Deliberation

Mr. Talebian noted that previous updates to Council Operating Procedures were made a decade ago.

The current operating procedures have been reviewed with DPH legal counsel. Two documents were streamlined into one document.

The proposed revisions are in keeping with the current authorizing statue for the Council and open meeting laws.

Mr. Talebian reviewed the proposed changes (sent previously to Council members with proposed changes/comments):

- The Council name was updated from Massachusetts Vaccine Purchasing Advisory Council to Massachusetts Vaccine **Program** Advisory Council to be consistent with the current statute.

- Article 1 – Name, Purpose **and Scope** - This section has been streamlined, pointing to language directly from the authorizing statute.

    - The section beginning with the sentence, "MVPAC may also consider the following additional factors when making its recommendations;" - This section summarizes the separate guiding principles document which has been eliminated. The only modifications are adding "effectiveness" in #1 and adding #6.
    - Wording suggestions for this section:

        - Dr. Kruskal suggested that the first sentence be updated to read: "Safety, efficacy and effectiveness data based on available data from peer-reviewed literature and the US Food and Drug Administration (FDA), the US Centers for Disease Control and Prevention (CDC), and/or national medical professional societies **guidelines and recommendations** [add];
        - Provider and patient issues including ease of storage and administration in the provider office and patient and **provider preference** [add] relative to dosing schedules, routes of administration, and vaccine tolerance/adverse events;

- Article 2 – minor changes were made to this section to be in line with statute.
    - Section 3 – Conflict of Interest –
    - This section was expanded just slightly to include some additional resources and removed a section regarding the voluntary disclosure statement.
    - Also eliminated the requirement that someone with a conflict is not allowed to participate as it is allowable so long as in compliance with state ethics commission guidance. Individuals can still volunteer to abstain from voting/participating in a specific topic.
    - Language also was added to confirm that the State Ethics Commission is the authority. Contact information for the State Ethics Commission also was added.

- Article 3 – Section 2 – Attendance - Open meeting law does allow remote participation which will count towards quorum.
    - This is new language for the Council. Council members can join remotely and be counted towards the quorum.
    - Deliberation – while the preference is for members to attend meeting in-person, the possibility to join remotely will be allowed. Deliberation lends itself better in-person and there has been good in-person participation through the years.
    - There was agreement that in-person attendance by members is preferred, but remote attendance can be an option.
    - The format for future meetings (meeting versus webinar) will be reviewed.
    - Section 6 – physical presence is not required to vote
    - Section 7 – as noted previously, draft minutes will be circulated and posted publicly. Draft minutes will be officially adopted at the next Council meeting.

After discussion, there was a motion by Dr. Kruskal to accept the Operating Guidelines as edited. The motion was seconded by Dr. Homa.

Mr. Talebian polled Council members.

The motion passed.

Review of the current immunization landscape including recent federal actions

Commissioner Goldstein reviewed the current immunization landscape including recent federal actions.

He noted that there has been uncertainty over the past few months about what would happen, including how updated recommendations would be implemented across the federal immunization program, and how this would play out in Massachusetts and in the Massachusetts pediatric vaccine program.

State-level work has focused on the consistency of the pediatric vaccine program and what can be done to keep it running. The goal is for pediatric healthcare providers to not experience changes and to be able to lean on the program when having conversations with parents and patients.

There was a lot of uncertainty at the end of August about updated COVID vaccines. DPH took action in the following ways:

- Collaborative work with the Division of Insurance. Health plans would be required to cover any vaccines recommended by DPH. Massachusetts was one of the first states to do this.
- Board of Registration in Pharmacy – protections to pharmacists would be expanded to give vaccines to children as young as five years as long as they are recommended by the Commissioner. This protection was paired with a Standing Order written by the Commissioner.
- An additional Standing Order was created to include Local Boards of Health (LBOHs).
- The Northeast Public Health Collaborative (NEPHC) was established. NEPHC activities: vaccine recommendations (COVID-19 vaccine recommended for everyone 6+ months, especially those at high risk), emergency preparedness, disease surveillance, gathering of data.

Commissioner Goldstein concluded that Council members and healthcare providers will be a critical role during the respiratory illness season in recommending and promoting the benefits of immunization to Massachusetts residents.

Discussion:

- Dr. Fisher thanked the Commissioner for the updates and noted that for those in the trenches, a standing order to pharmacies is a huge win for Massachusetts residents. He noted that he was concerned about whether there would be easy access to COVID vaccines. Provider offices would be overwhelmed without pharmacy support, especially if a prior authorization was required.
- Regarding CDC's recommendation for shared clinical decision making for COVID vaccines– Dr. Fisher noted that physicians are already going over the risk and benefits of immunization and distributing a Vaccine Information Statement (VIS) prior to administering the vaccine. The documentation of this process is informed consent.

- CDC is not requiring documentation of a shared clinical decision-making conversation. Massachusetts requirements align with the VFC and national standards.
- Dr. Meissner noted that pharmacists can administer vaccines and they are not usually physicians.

- Dr. Madhavan also thanked DPH for its leadership. She noted that it is very important to contextualize the risks of respiratory illnesses and to reach out where there are pockets of under immunization and vaccine hesitancy.
- Commissioner Goldstein noted the importance of working with LBOHs who are critical to reaching these populations in their communities.

Presentation from Merck on their RSV monoclonal clesrovimab (ENFLONSIA™)

Dr. Daly presented about Merck's respiratory syncytial virus (RSV) monoclonal antibody, clesrovimab (ENFLONSIA™). Clesrovimab is indicated for the prevention of RSV lower respiratory tract disease in neonates and infants who are born during or entering their first RSV season.

Clesrovimab was approved by the Food and Drug Administration (FDA) in June 2025.

It was recommended by Advisory Committee on Immunization Practices (ACIP) in June 2025.

Dr. Daly presented data from two clinical trials, the Clever 004 trial and the SMART trial.

She reviewed the clesrovimab dosing schedule and ordering process, noting:

- Clesrovimab is the first and only RSV option administered to infants using the same dose regardless of weight.
- Clesrovimab should be administered once starting from birth for infants born during the RSV season. For infants born outside of the RSV season, clesrovimab should be administered prior to the start of their first RSV season.
- Clesrovimab has a 30-month shelf life. Purchased doses may be used for the next RSV season for infants entering their first RSV season.
- The ordering process is simple to help meet practice needs.

Discussion:

- Dr. Fisher requested clarification of the schedule for administering clesrovimab.
  - The current indication is for first season only. A trial for a second season indication is ongoing
- Dr. Meissner noted that it is both safe and effective and RSV immunizations are a truly remarkable evolution.
- Dr. Fowler noted that at its June meeting, the ACIP discussed the distinct antigens of both RSV products. Having both options available would guard against any mutations.
- Dr. Lamm asked about high-risk infants whose mothers received Abrysvo® within two weeks of delivery. Is it known when the protection is transferred to the baby?
  - It isn't known how quickly a baby becomes immune after a vaccine protective titer is transferred across the placenta.

- Dr. Fisher noted that a common question he has heard is what happens with babies 6-7 months old whose mother received Abrysvo® in the previous season (March). There is concern that the antibody wore off but the baby is not eligible to be immunized against RSV now. Physiologically it could be a yes, but it isn't indicated.
  - More data is needed to expand the recommendation.
- Dr. Meissner asked about the cost.
  - The cost is $5.00 less than Beyfortus® (nirsevimab) on the CDC price list.

Deliberation regarding inclusion of clesrovimab in the universal immunization program

- Should Enflonsia™ be added to the Massachusetts universal pediatric purchase program?

Mr. Talebian noted that the two RSV products (clesrovimab and nirsevimab) have different indications so that it is not an either/or scenario. He added that nirsevimab was previously recommended by the Council and would continue to be state-supplied.

Dr. Kruskal noted that there is no downside to including both clesrovimab and nirsevimab in the formulary of state-supplied vaccine. A practical issue would be stocking with two different indications.

Dr. Madhavan noted that it would be good to stock both, especially if there were supply issues.

After deliberation, Dr. Norton made a motion to recommend that clesrovimab be added to the formulary of state-supplied vaccines. Dr. Fisher seconded the motion.

Mr. Talebian individually polled Council members.

The motion passed.

Mr. Talebian noted that it may take 1-2 weeks to add clesrovimab to the state ordering system and issue an advisory.

Revisit MenABCWY Discussion from June 2025 Meeting

Commissioner Goldstein noted that at its June meeting, the Council decided to table deliberation of adding MenABWCY vaccines to the formulary of state-supplied pediatric vaccine pending the possibility of updated ACIP recommendations.

Since that meeting, the ACIP meningococcal work group on meningococcal vaccines has been disbanded.

Commissioner Goldstein asked Council members whether the work of the ACIP meningococcal vaccines work group could be leveraged by the Council to do this work on its own. The NEPHC, DPH and professional societies could be part of this effort.

A Council work group could be established to answer these questions and bring back information to the Council. Dr. Goldstein added that doing this would take time. There could be pathway to utilization but it would require a change in how recommendations are made.

Dr. Norton inquired whether NEPHC has discussed the possibility of creating its own work groups. Mr. Talebian noted that this has not been discussed yet.

Dr. Meissner asked how many cases of serogroup B disease occur in Massachusetts adolescents. Dr. Fowler noted that there are 10-15 cases each year in total and not all of the cases are in adolescents.

Dr. Meissner noted that we need to be good economic stewards. Meningococcal disease is a terrible disease but the costs of making a vaccine recommendation must be considered.

Dr. Fisher noted that he is in support of the concept of creating a work group, but noted that the Council has discussed MenABCWY vaccines during the past three Council meetings. He added that stocking multiple products to adhere to interchangeability guidelines can create a challenge for practices. The incremental benefit versus the cost for the affected patient population is small. But meningococcal disease is devastating.

Dr. Fisher also asked whether the Council has access to the ACIP meningococcal disease work group materials/data. Commissioner Goldstein responded that while ACIP work group usually don't publish materials, they can look to see if anything is available.

Dr. Meissner and Dr. Kathy Hsu (DPH), were on the work group previously and may be able to help.

The ACIP review framework is available and can be utilized. Commissioner Goldstein noted that he could share the framework with the Council.

Dr. Lamm noted that we have an obligation for due diligence going forward with the current options.

Discussion regarding future topics for consideration

Mr. Talebian noted the next Council meeting is March 2026.

He noted that the Council is currently meeting three times per year. Given the possibility of an increase in Council work, it might make sense to move to a quarterly meeting.

A poll about the future meeting schedule (day/time, number of meetings) will be circulated to Council members.

Dr. Fisher suggested that future Council meetings be scheduled to align with ACIP meetings.

A vote to adjourn was made and seconded.

The Commission polled the Council.

The motion passed and the meeting was adjourned.

Future Meeting Dates:
Thursday, March 12, 2026
Thursday, June 11, 2026
Thursday, October 8, 2026

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