

VACCINES FOR CHILDREN (VFC) NEWS BULLETIN

ISSUE 4: APRIL 2024



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VFC Forms, Policies, Program Updates
www.chicagohan.org/vfc

COVID-19 Vaccine Information
www.chicagohan.org/covid-19-vaccine

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MEASLES IN ILLINOIS

As of April 8, 2024 [59 measles cases have been reported in Illinois](#), with 55 of those being in Chicago, 1 each in Suburban Cook and Lake counties, and 2 in Will County. We, along with IDPH, have resources and guidance to help your clinics navigate the measles outbreak.

- [Health Alert for Health Care Facilities](#): Guidance on identifying and managing measles symptoms, infection control measures, and testing.
- [Updated Measles Health Advisory](#): The latest health advisory from IDPH provides details on the current measles outbreak in Illinois and offers more precise instructions for measles swab collection and submission.
- **Reporting**: There is a [new process](#) for reporting and testing suspected cases of measles in Chicago. You must complete an [online form](#) to report suspected cases and request testing - this replaces the previous method of reporting to 311. Do not call 311 or 312-743-9000 to report.
- [Advisory for Perinatal Providers](#): This clinical guidance provides details on managing pregnant individuals exposed to measles and their newborns.
- **Measles in Migrant Shelters**: A [new policy](#) is in place for residents of the Halsted Street shelter in Pilsen. Everyone who recently received a first dose of their MMR vaccine should receive a second dose 28 days later. This aligns with CDC vaccine recommendations during an outbreak.

Residents can refer to our [recent news webpage](#) for the most up-to-date information on this evolving situation.

Resources

- Public Health Communications Collaborative: [Measles Outbreak Messaging](#)
- Measles Updates for Clinicians: Recognition, Reporting, and Responses: [Slides](#) & [Recording](#)
- AAP Webinar: [Identifying Measles in the Pediatric Setting](#)

WHAT YOU CAN DO ABOUT MEASLES NOW

Please run a reminder/recall report to identify any patients who are due or overdue for their MMR vaccine. This will help ensure these patients are notified and can get vaccinated as soon as possible. We have created a short (under ten minutes) video tutorial on how to create and use these reports in I-CARE, available [here](#).

Thank you for all you do to keep our Chicago communities healthy and safe!

NEW I-CARE FEATURES

Coverage Level Denominators

IDPH has updated the I-CARE coverage level denominators to reflect changes in vaccination patterns during the COVID-19 pandemic. Now, the denominator will exclude patients with only a Hepatitis B birth dose and include those with two or more valid shots, with specific criteria for different age groups. It is important to refresh patient lists before running reports to ensure accurate data for decision-making and immunization rate calculation at each site. [Refer to this SIREN](#) to learn what reports are impacted.

New I-CARE Forecasting Software: Immunization Calculation Engine (ICE)

As of March 16, [I-CARE started utilizing ICE](#), which supports immunization evaluation and forecasting in alignment with Advisory Committee on Immunization Practices (ACIP) recommendations. ICE integrates with I-CARE and supports routine immunizations for children, adolescents, and adults. ICE assesses a patient's immunization records and formulates immunization recommendations accordingly.



PERINATAL HEPATITIS B - CASE MANAGEMENT PROGRAM

Post-vaccination serology testing (PVST) for infants who have been exposed to HepB: According to the [CDC](#): PVST is recommended for infants and children born to persons with hepatitis B infection. PVST is essential for these exposed infants to assess for response to vaccine and the need for revaccination, as well as to rapidly identify infants with HBV infection for management. PVST serologic testing to confirm immunity and/or HBV infection consists of both:

- Hepatitis B surface antigen (HBsAg) **and**
- Hepatitis B surface antibody (anti-HBs) (quantitative and/or qualitative)

Note: Tests for antibodies to hepatitis B core antigen (anti-HBc) should not be ordered. Passively acquired maternal anti-HBc might be detected in infants born to HBV-infected mothers up to age 24 months.

PVST should occur between 9–12 months of age or 1–2 months after vaccine series completion if the series is delayed. Performing PVST early can provide inaccurate results, as antibodies from HBIG administered at birth can cause false positives on anti-HBs testing and vaccination can cause transient HBsAg positivity. Delaying PVST beyond this window may lead to false negative anti-HBs results, as anti-HBs concentrations decline following successful vaccination and result in unnecessary revaccination. The image below from the [Illinois Department of Public Health \(IDPH\)](#) summarizes how to interpret PVST results.

	Immune to HBV No additional HepB doses needed		Susceptible to HBV Additional HepB doses needed		Infected with HBV Report results to Public Health	
Test	HBsAg	anti-HBs	HBsAg	anti-HBs	HBsAg	anti-HBs
Result	Negative	Positive	Negative	Negative	Positive	Negative

*Records of both HBsAg and Anti-HBs tests must be faxed to the CDPH Perinatal Hepatitis B Case Manager at 312-746-6388. Additionally, HIPAA allows information sharing with the local health department for disease surveillance and disease control – it does not require a release of information form.

Reminder: Health care providers are required to refer pregnant individuals who are HBsAg-positive within seven days after receipt of the test result to the local health department for case management. Chicago providers can fulfill this reporting requirement by providing contact information for the patient, along with demographics, and HBsAg test date via [CDPH’s secure online reporting form](#).

UPCOMING EVENTS

- April 17 at 12PM: Webinar on HPV Vaccinations - Trends and Updates
- April 18 at 12PM: Preventing Sudden Unexpected Infant Death: Turning Data into Action
- May 6 at 8AM: In-Person VFC Training - **LAST CHANCE TO ATTEND**
- May 15 at 12PM: Webinar on Summer Travel Immunizations



Illinois Vaccinates Against COVID-19 (I-VAC) Quality Improvement Project Join by April 27!

Benefits of participating:

- Improve knowledge of best practices for office systems and care strategies to promote vaccine administration and uptake.
- Network and problem solve with others.
- Earn American Board of Pediatrics Part 4 Maintenance of Certification (MOC) credit as well as continuing medical education credits.

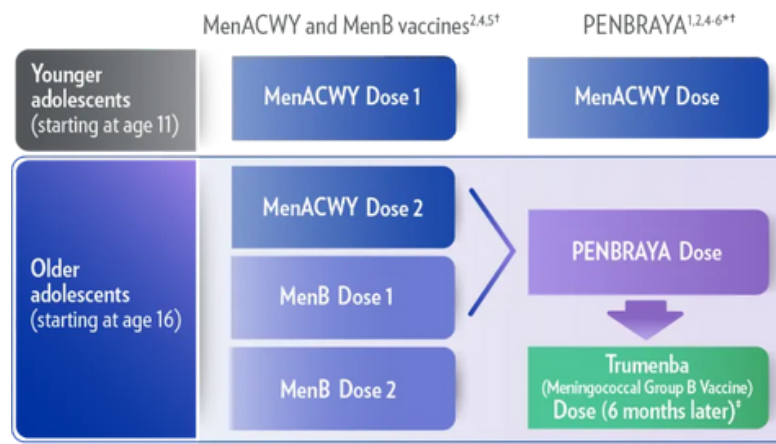
PENTAVALENT MENINGOCOCCAL VACCINE CONSIDERATIONS

Penbraya is now available to order through CDPH's VFC program.

[Penbraya](#) is a pentavalent (MenABCWY) meningococcal vaccine approved for use in adolescents 16 years of age and older. Penbraya allows the full meningococcal vaccine series to be completed in three injections instead of four. A MenACWY dose is recommended for everyone starting at age 11. Starting at age 16, this may be followed by an additional MenACWY dose and 2 MenB doses. Alternatively, starting at age 16, Penbraya may be

administered, followed with a dose of Trumenba (MenB vaccine) 6 months later.

When Penbraya is administered, it **must** be followed by Trumenba and not other MenB vaccine products. You can review the recommended meningococcal vaccine schedule [here](#).



VFC RE- ENROLLMENT

2024 re-enrollment is required and is now open! Please complete your site’s re-enrollment as soon as possible. For information on how to complete the 2024 re-enrollment process, please follow this [guidance](#). The steps you need to complete in I-CARE are as follows:

1. Navigate to the VFC tab and click the Enrollment tab.
2. Click “Add 2024 Re-Enrollment”.
3. Update Provider Type, Vaccines Offered, and Facility NPI.
4. Sign and upload Provider Agreement and Policy Acknowledgement Forms and check all boxes.
5. Update staff information:
 - a. Medical Director
 - b. VFC Primary Coordinator
 - c. VFC Back-Up Coordinator
 - d. Technical Support
 - e. List additional contacts

Please note, the two CDC training courses: WB4723 (Storage and Handling training) & WB4724 (You Call the Shots) are required by the CDC as a part of re-enrollment, and *are in addition* to the in-person VFC trainings.

IN-PERSON VFC TRAININGS

Thank you to everyone who attended the second in-person training on April 1. Congratulations to the sites that won vaccine coverage awards! If you did not attend, there is still time to register to attend a [required training](#).



High pediatric vaccine coverage: Erie Family Health Center



High adolescent vaccine coverage: Rush Health Center at Crane High School



High HPV coverage: Erie Family Health Center and Rush Health Center at Crane High School

RESPIRATORY VIRUS SEASON

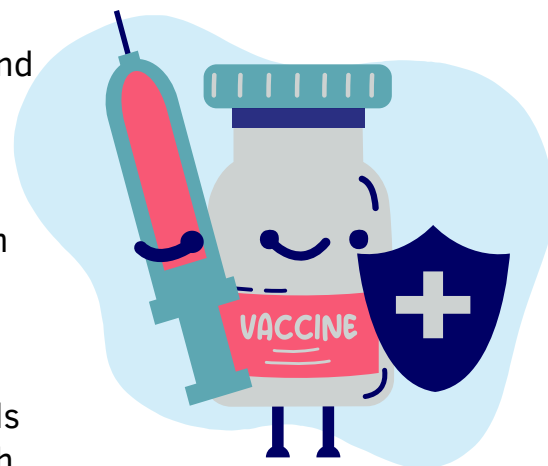
The 2023-24 flu season is continuing, with [influenza activity still elevated](#), but decreasing nationally. Influenza-associated hospitalizations increased this season compared to other “post-COVID” seasons, but outpatient visits and pediatric mortality have declined comparatively. A recent [Morbidity and Mortality Weekly Report \(MMWR\)](#) summarized the effectiveness of the 2023–24 influenza vaccine. Here are the highlights:

- Pediatric protection against outpatient visits was 59% to 67% and 52% to 61% against influenza-associated hospitalization.
- For adults, effectiveness against outpatient visits ranged from 33% to 49% and from 41% to 44% against hospitalization.
- Vaccinations were especially protective against influenza B which ranged from 64% to 89% for pediatric patients and from 60% to 78% for all adults.

Administration of nirsevimab is seasonal and to be given between October 1 and March 31. Therefore, you should suspend the administration of nirsevimab and plan to resume in October 2024. Administration of Abrysvo (the RSV vaccine for pregnant persons) ended January 31 and will resume September 1. All remaining VFC doses of Abrysvo and nirsevimab have expiration dates that will allow them to be used for parts or all of the next RSV season. Please store any remaining doses within your units at the proper conditions.

INFLUENZA VACCINES FOR THE 2024-2025 SEASON

The American Academy of Pediatrics (AAP) is [recommending flu vaccination](#) for everyone 6 months and older in the 2024-2025 season, with updated trivalent vaccines. The change from quadrivalent to trivalent vaccines is due to decreased circulation of influenza B/Yamagata viruses, thus the removal of that strain from the vaccine. Trivalent vaccines for next season will also include an updated influenza A (H3N2) component, aligning with the [World Health Organization recommendations](#). AAP expresses no preference towards a seasonal flu product, as they all offer substantial health benefits and protection against severe illness.



QUICK AND IMPORTANT UPDATES & REMINDERS

- ✔ You should only accept written records as proof of vaccination. Learn more from immunize.org.
- ✔ As of March 11, Pfizer has changed the diluent pack size for CDC orders of Pfizer COVID-19 Vaccine (2023-2024 Formula) for ages 6 months - 4 years. It will now be provided in a 25-pack. Review how to use vaccines with diluents [here](#).
- ✔ The [Illinois School Vaccination Coverage Dashboard](#) is now available and shares valuable insights into vaccine coverage trends across the state.
- ✔ Learn how to reframe the conversation around child and adolescent vaccines with a [toolkit](#) from the Frameworks Institute and recent webinar [recording](#).
- ✔ The AAP will be publishing an updated [Red Book](#) in May.

APRIL IMMUNIZATION AWARENESS WEEKS

April 1 - 5: Was Adolescent Immunization Action Week. Watch a recording of the UNITY™ Consortium's Let's Chat: Young Adults as Vaccine Advocates webinar [here](#).

April 22 - 29: National Infant Immunization Week: This week highlights the importance of protecting children 2 years and younger from vaccine-preventable diseases. Find resources from the [CDC](#).

April 24 - 30: World Immunization Week: This week, which overlaps with National Infant Immunization Week, underscores the importance of vaccine accessibility for people of all ages all around the world. Learn more from the [World Health Organization](#).

