

VACCINES FOR CHILDREN (VFC) NEWS BULLETIN

ISSUE 2: FEBRUARY 2024



IN THIS ISSUE:

- **[VFC Satisfaction Survey - Please Complete!](#)**
- [Important Vaccine Updates](#)
- [Hepatitis B - CDPH's Program](#)
- [RSV Administration Errors](#)
- [Facts about DNA in Vaccines and More!](#)

CONTACT CDPH VFC

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

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

General VFC Inbox
ChicagoVFC@cityofchicago.org

PERINATAL HEPATITIS B - CASE MANAGEMENT PROGRAM

Hepatitis B virus (HBV) infection in a pregnant person poses a serious risk to their infant at birth, but it is a preventable disease. In babies who are exposed to a mother/birthing individual with HBV, early intervention can stop HBV transmission. CDPH's case management (CM) program helps ensure that a baby exposed to HBV finishes the course of treatment necessary to prevent HBV infection. CDPH's case managers will follow HBsAg+ pregnant individuals and exposed infants. They may reach out to your clinics for lab results and/or to confirm HBV vaccination dates. As a reminder, information sharing with CDPH's CM team is HIPAA covered under disease surveillance needs – it does not require a release of information form. We appreciate your clinic's cooperation on this! You can reach the CM team at 312-746-6114.

Screening:

- All pregnant persons shall be tested for HBsAg (hepatitis B surface antigen) at the first prenatal visit, preferably during the first trimester. If the individual has not previously been screened, a triple panel should be used (HBsAg, anti-HBs, and total anti-HBc). Screening should occur during [every pregnancy](#).
- Pregnant persons with new or continuing risk factors for HBV infection (e.g. injection drug use or a sexually transmitted infection) should be screened at the time of admission to a hospital or other delivery setting as well.

Interpreting Results & Initial Actions:

- If pregnant person is HBsAg-negative, their infant should be vaccinated for HBV within 24 hours of birth.
- If pregnant person is HBsAg-positive, follow up with HBV DNA viral load testing and report case to CDPH via [REDCap](#).
- If pregnant person has discrepant HBsAg results during the same pregnancy (i.e. a positive test followed by a negative test), see the [CDC flowchart](#).
- If pregnant person is HBsAg-positive and not on anti-virals in the second trimester, check/recheck HBV DNA at 26-28 weeks; if HBV DNA \geq 200,000 IU/mL treat at 28-32 weeks until birth.

PERINATAL HEPATITIS B - CASE MANAGEMENT PROGRAM

PEP Recommendations:

All infants, regardless of the HBsAg status of the birthing parent, should receive a complete hepatitis B vaccine series. Infants born to HBsAg-positive people should receive hepatitis B immune globulin (HBIG) and single-antigen hepatitis B vaccine in separate limbs at birth (≤ 12 hours after birth). Additionally, the vaccine series should be completed with an additional two or three doses (this is dependent on the infant's birth weight) starting one month after birth. [Here](#) is a chart from the CDC with more details. HepB vaccine or HBIG given alone are 75% and 71% [effective in preventing perinatal HBV transmission](#), respectively; their combined efficacy is 94%.

Administering PEP is a legal requirement under [Public Health Code Section 690.451 b\) 4](#)). Additionally, failure of the hospital to administer PEP when indicated is a sentinel event reportable to the Joint Commission. Refusal of PEP on the part of the parent after being informed of its importance may be considered medical neglect and should be reported to the Illinois Department of Children and Family Services (DCFS).

Reminder

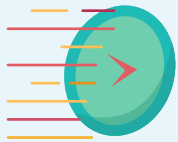


Health care providers are required to refer pregnant women who are HBsAg-positive within 7 days after receipt of the test result to the local health department for case management. Chicago providers can fulfill this reporting requirement by providing contact information for the patient, along with demographics, and HBsAg test date via CDPH's [secure online reporting form on REDCap](#) (no username required). This is especially important if providers use a commercial lab.



THE FACTS ABOUT DNA IN VACCINES

There have been multiple instances of leaders speaking out about their concerns for the presence of DNA fragments in COVID-19 vaccines. As explained by [Your Local Epidemiologist](#), part of this conversation is true: all vaccines do, in fact, contain DNA fragments. This is because vaccine production requires the use of cells, which contain DNA. However, there is no need for concern about the inclusion of these components in vaccines. It is biologically impossible for random DNA fragments to integrate into our genes and therefore cannot cause harm such as cancer or autoimmune disease. Dr. Offit with the Children's Hospital of Philadelphia (CHOP) also offers a [video explanation](#) for why there is no cause for concern. Additional information can also be found through CHOP's resources on [COVID-19 vaccines](#) and [DNA as an ingredient in vaccines](#).



QUICK AND IMPORTANT UPDATES & REMINDERS

- ✔ With an increased supply of nirsevimab, use these [administration guidelines](#).
- ✔ Combat vaccine misinformation with a [new toolkit](#) from ICAAP.
- ✔ HFS [rate changes](#) for the administration of COVID-19 vaccines.
- ✔ When COVID-19 vaccines expire, remember to take steps to [return them](#) whenever possible.
- ✔ VFC providers in Chicago are required to [meet private inventory requirements](#) for COVID-19 vaccines by March 31, 2024.
- ✔ EUA-labeled Paxlovid distributed by the U.S. government will remain authorized for use until March 8, 2024. To align with this update, the return date for EUA-labeled Paxlovid with an expiry of December 2023 or later has been extended to February 29, 2024.

MODERNA PEDIATRIC COVID-19 VACCINES RETURNABLE

As of January 9, 2024, [Moderna started allowing a 100% return policy](#) for its COVID-19 vaccines for children under 12, applicable to doses privately purchased. This initiative aims to boost vaccination rates amid rising infections and hospitalizations, addressing the challenge providers face in predicting exact dose needs and encouraging a healthy stock without worrying about unused inventory.

V-SAFE MONITORING

V-Safe is now monitoring the updated 2023-2024 COVID-19 and Respiratory Syncytial Virus (RSV) vaccines. This includes the updated COVID-19 vaccines for persons over the age of six months as well as the RSV Vaccines for adults over the age of 60 and pregnant people. Visit the [V-Safe webpage](#) for more information about enrollment criteria for the vaccines that are being monitored.

MORBIDITY AND MORTALITY WEEKLY REPORT (MMWR) ON 2024 VACCINE SCHEDULES

This past October, the Advisory Committee on Immunization Practices (ACIP) approved the 2024 Recommended Child and Adolescent Immunization Schedule for ages 18 years and younger. The 2024 schedule introduces changes to its cover page, tables, notes, and appendix, along with the addition of a new addendum section summarizing real-time ACIP recommendations in between annual updates. Health care providers are encouraged to use the complete set of resources to effectively identify recommended immunizations to ensure children and adolescents receive timely and appropriate vaccinations.

The schedule is accessible on the [CDC's website](#), and healthcare providers are reminded to check [ACIP vaccine recommendations](#) for detailed guidance on product use. Read more about specific changes made to each section in the recently published [MMWR](#).

RSV PRODUCT ADMINISTRATION ERRORS

[The CDC and FDA continue to receive reports](#) of the Pfizer (Abrysvo) or GSK (Arexvy) RSV vaccines being administered in error to young children and reports of the GSK RSV vaccine (Arexvy) being administered in error to pregnant people. These errors should be reported to [VAERS](#).

- For [children](#) who are [eligible](#) to receive nirsevimab but received an Abrysvo or Arexv RSV vaccine in error, administer a dose of nirsevimab.
- For [pregnant people](#) who have received Arexvy in error, do not administer Abrysvo. The infant of this person can receive nirsevimab per the guidelines.
- Abrysvo is to be administered September 1 to January 31. Before administering Abrysvo after January 31, providers should encourage patients to check with their insurance about coverage.



Arexvy & Abrysvo RSV vaccines are only for adults (A is for “adult”)



Infants should only receive Beyfortus (B is for “baby”)

RESERVING NIRSEVIMAB DOSES FOR 2024/2025

According to an article published by AAP on February 2, 2024: From February 5 through April 30, 2024, clinicians can work with Sanofi (via their representative or [Beyfortus.com](#)) to forecast their needs for the 2024-'25 season. This forecast tool will consider the estimated number of newborns a practice sees monthly, anticipated immunization rates for those births, and the percentage of publicly insured patients. Clinicians are not required to participate in the reservation program. The normal ordering window for non-participants will be September 2024 through February 2025 via [vaccineshop.com](#). For more information, see the full article [here](#).

UPCOMING WEBINARS

February 21 at 12PM: Vaccine Hesitancy and Misinformation with Robert Frenck, MD, FAAP



Scan the QR code or visit illinoisAAP.org/events to register.

WE NEED YOUR INPUT! PLEASE TAKE THE VFC SATISFACTION SURVEY

So that we can learn more about the experiences of Chicago vaccinators and how to support you in the upcoming year - please complete [this survey](#).

