

# VACCINES FOR CHILDREN (VFC) NEWS BULLETIN

**ISSUE 3: MARCH 2024**



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## **CONTACT CDPH VFC**






VFC Forms, Policies, Program Updates  
[www.chicagohan.org/vfc](http://www.chicagohan.org/vfc)

COVID-19 Vaccine Information  
[www.chicagohan.org/covid-19-vaccine](http://www.chicagohan.org/covid-19-vaccine)

General VFC Inbox  
[ChicagoVFC@cityofchicago.org](mailto:ChicagoVFC@cityofchicago.org)

## PERINATAL HEPATITIS B - CASE MANAGEMENT PROGRAM

All infants, regardless of the HBsAg status of the birthing parent, should receive a complete hepatitis B vaccine series. Primary vaccination generally consists of three intramuscular doses administered on a 0-, 1-, and 6-month schedule. However, the timing and number of doses is dependent on the HBsAg status of the birthing parent, birth weight of the infant, and if single-antigen or combination vaccines are used. Hepatitis B vaccination within 12 hours after birth is particularly important for infants exposed to hepatitis B virus (HBV) as postexposure prophylaxis (PEP). The chart below outlines the vaccination schedule for infants exposed to HBV. For infants born prematurely and/or with a birth weight of less than 2,000 grams, the schedule will be adjusted slightly to incorporate a 4th dose (see footnotes). You can also view [IDPH’s Guide for Caring for Infants Born to Hepatitis B-Infected Mothers](#) for additional information.

AGE	Single-antigen hepatitis B vaccine (Engerix-B® or Recombivax HB®)	Combination hepatitis B vaccine (Pediatrix®)
 Birth <sup>1</sup> (Within 12 hours)	Hepatitis B immune globulin (HBIG) AND Hepatitis B vaccine dose #1	Combination vaccine is not approved for the birth dose. See single-antigen guidance.
 1 – 2 Months <sup>2</sup>	Hepatitis B vaccine dose #2	Hepatitis B vaccine dose #2
 4 Months	No vaccine needed	Hepatitis B vaccine dose #3
 6 Months	Hepatitis B vaccine dose #3	Hepatitis B vaccine dose #4
 9 – 12 Months <sup>3</sup>	Postvaccination serologic testing Hepatitis B Surface Antigen (HBsAg) AND Hepatitis B Surface Antibody (anti-HBs)	Postvaccination serologic testing Hepatitis B Surface Antigen (HBsAg) AND Hepatitis B Surface Antibody (anti-HBs)

<sup>1</sup> HBIG should be administered within 12 hours of birth; however it can be administered up to 7 days after birth if the mother’s HBsAg laboratory result is unavailable at delivery.

<sup>2</sup> Low birth weight infants (less than 2,000 grams or 4.4 lbs.) should receive 4 doses of hepatitis B vaccine. The schedule is: HBIG & hepatitis B vaccine within 12 hours of birth, hepatitis B vaccine at 1 month, 2 months and 6 months of age. The Pediatrix® schedule is HBIG & single-antigen hepatitis B vaccine within 12 hours of birth, followed by Pediatrix® doses at 2, 4 and 6 months of age.

<sup>3</sup> Blood for the PVST should not be collected before 9 months of age AND must be drawn a minimum of 30 days after final hepatitis B vaccine dose, if infant is completing the hepatitis B series after the recommended intervals.

All VFC providers should report hepatitis B vaccine administration in I-CARE. Additionally, if an infant is transferred to you, please ensure an immunization history is collected. The CDPH case management team may call or fax requests for vaccination records – please respond in a timely manner. All HBV-exposed infants also require post vaccination serologic testing about two months after their final vaccination dose so their care doesn’t stop at vaccination completion (more on that next month).

## PERINATAL HEPATITIS B - CASE MANAGEMENT PROGRAM CONTINUED

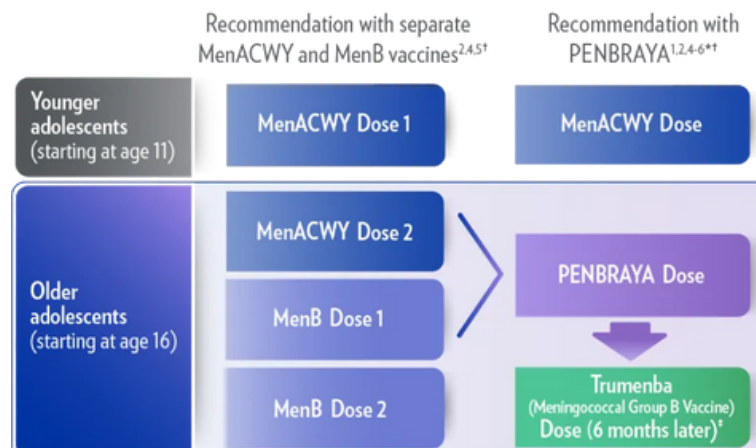
Without PEP, about [40%](#) of infants born to HBV-infected mothers in the United States will develop chronic HBV infection, approximately one-fourth of whom will eventually die from chronic liver disease. Providers should continuously educate parents on this risk as well as the purpose and effectiveness of vaccination for infants born to HBsAG+ mothers and birthing individuals (MBIs). The CDC has [slide sets](#) and [handouts](#) that will help you discuss hepatitis B with your patients.

**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](#).**

## PENTAVALENT MENINGOCOCCAL VACCINE CONSIDERATIONS

[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.

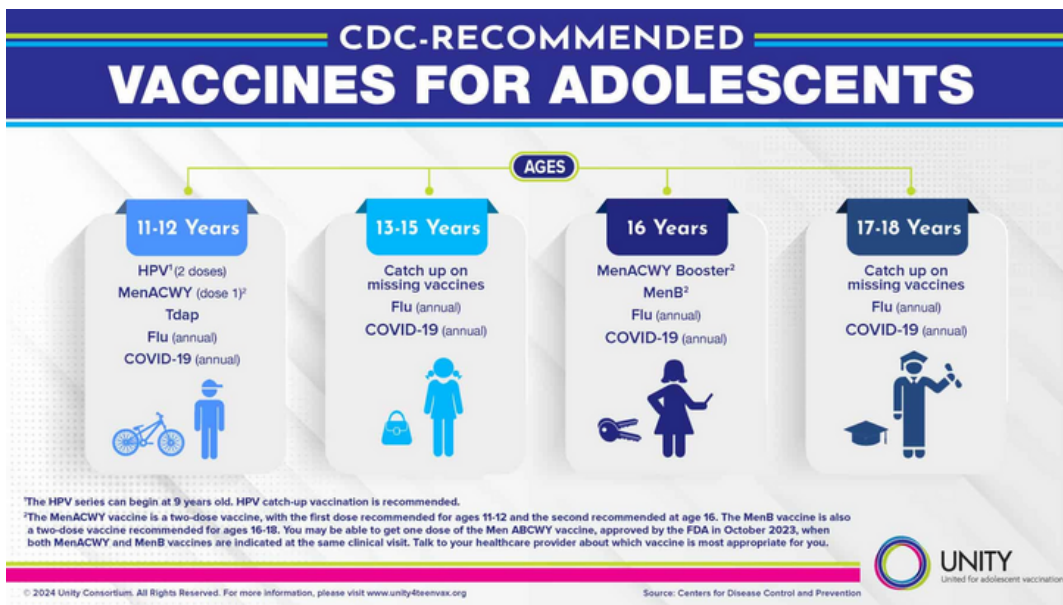
Alternatively, starting at age 16, Penbraya may be administered, followed with a dose of Trumenba (MenB vaccine), 6 months later. When Penbraya is administered, it **must** be followed by Trumenba and not other MenB vaccine products. You can review the recommended meningococcal vaccine schedule [here](#).



## ADOLESCENT IMMUNIZATION ACTION WEEK

Save the date! Adolescent Immunization Action Week (AIAW) is April 1-5, 2024.

In partnership with [Unity Consortium](#), we are sharing information with parents and teens to boost adolescent vaccination rates. This is a great time to get your adolescent patients into the office to get them up to date on HPV, Men B, Tdap, Flu & COVID-19 vaccines. For more information, please contact the Chicago VFC Program or visit Unity Consortium's [AIAW webpage](#).



To assist in your vaccine communications with families, utilize the following resources:

- CDPH's [VFC health alert network](#)
- Illinois Chapter, American Academy of Pediatrics (ICAAP) [family immunization resources](#), including two handouts for teens:
  - [Tips for Teens - Talking with Your Parents or Guardians about Vaccines](#)
  - [Tips for Teens- Talking with Your Parents or Guardians about Vaccines - Spanish](#)
- Immunize.org [communication tools, VIS, and more](#)

## MEASLES IN CHICAGO

The recent surge in confirmed measles cases across multiple states has prompted heightened concerns among public health officials. As of March 12, at least eight cases of measles have been identified in Chicago. We are working to identify and notify people of exposures. Measles is a highly contagious and dangerous disease. Assistant Secretary for Health, Admiral Rachel L. Levine, M.D., FAAP, says about measles, "While a majority of children in the United States are up to date with their measles vaccination, there remains a significant portion in need of protection." As threats of the spread of vaccine-preventable diseases are playing out in real-time, we want to make sure you have the most recent information and resources on measles:

- [CDPH Measles Isolation & Testing Recommendations](#)
- [CDPH's most recent news page](#)
- [ICAAP Measles Updates](#) and [Immunization Resources page](#)
- [Have you Ever Diagnosed Measles? - Children's Hospital of Philadelphia](#)
- [Measles one-pager from the AAP](#)



bottom photo from the NHS

## VARICELLA

Nearly 400 cases of [varicella \(chickenpox\)](#) were identified among Chicago residents in 2023. This is the largest number of varicella cases detected by CDPH in any year since 2005 when CDPH began case-based varicella surveillance. Most (81%) cases reported in 2023 occurred in people who have recently arrived in Chicago from the U.S. Southern Border and who are living in congregate settings such as shelters or other respite centers. [Please take these actions:](#)

- Ensure all patients are up-to-date with their varicella vaccines. Two doses are recommended by the CDC with the first dose given between 12–15 months and the second dose between 4–6 years old.
- New arrival children ages 1–4 years, especially if residing in a shelter, should receive 2 doses of varicella vaccine as long as 3 months have elapsed between doses.
- Clinicians who diagnose varicella within healthcare settings should notify their institution's infection prevention team.

## FEBRUARY ACIP MEETING UPDATES

The Advisory Committee on Immunization Practices (ACIP) met February 28 and 29, 2024 to review vaccine data and vote on new resolutions. See below for a summary of the meeting and learn more [here](#).

1. COVID-19: Persons  $\geq 65$  years of age should receive an additional dose of 2023-2024 Formula COVID-19 vaccine.
2. Chikungunya: Chikungunya vaccine recommended for persons aged  $\geq 18$  years traveling to a country or territory where there is a chikungunya outbreak and for laboratory workers with potential for exposure to chikungunya virus
3. Diphtheria, Tetanus, and Pertussis: Td vaccine will be available through the VFC program for use in children  $< 7$  years of age for whom receipt of the pertussis component is contraindicated. Language regarding the tetanus, diphtheria and acellular pertussis (Tdap) booster will also be updated to align with [ACIP recommendations](#).

In addition, flu vaccine effectiveness was reviewed. Flu vaccines have been about 59%-67% effective at preventing hospitalization against any influenza in patients ages 6 months to 17 years of age during the 2023-'24 flu season.

Changes to the meningococcal vaccine schedule can be expected during upcoming ACIP meetings, as [several options for schedule changes](#) were presented during the February meeting. The next ACIP meeting is scheduled for the end of June 2024.



## HPV VACCINE COVERAGE

A [recent report](#) from the Centers for Disease Control and Prevention (CDC) reveals that 38.6% of children in the United States, aged between 9 to 17 years, had received at least one dose of the Human Papillomavirus (HPV) vaccine by the year 2022. The analysis demonstrates a progressive increase in vaccine uptake with age: starting from 7.3% among 9 to 10-year-olds, escalating to 30.9% within the 11 to 12-year age group, further rising to 48.8% among 13 to 14-year-olds, and peaking at 56.9% in the 15 to 17-year age bracket. Additionally, the report highlights disparities in vaccination rates based on health insurance status, with children covered by private health insurance (41.5%) showing the highest rates of vaccination. In comparison, those with Medicaid presented a 37% vaccination rate, followed by children under other forms of government coverage (30.2%), and the lowest rates were observed among uninsured children (20.7%). HPV vaccination is cancer prevention - make sure to start the conversation with your patients and their guardians early so they have plenty of time to make the decision to vaccinate!

## COUNTERING VACCINE HESITANCY


In light of national routine vaccination coverage decreases in recent years, the [AAP lists strategies](#) to help combat vaccine hesitancy in their latest report. Vaccine hesitancy is the main challenge in vaccine communications and can be influenced by many factors including variable trust in the healthcare system and disparities in vaccine access. To improve effective communication, pediatricians can give a strong vaccine recommendation, use presumptive language to begin the conversation, apply motivational interviewing techniques for those that express hesitancy, and communicate support for the vaccine schedule.


The [report](#) also outlines ethical considerations providers can review and information to support effective communication including vaccine monitoring systems, facts and messages to debunk common myths, proven communication methods, and more.


## IN-PERSON VFC TRAININGS ARE BACK!

Our first VFC training on March 6, 2024 was a huge success! Thank you to everyone who attended and congratulations to the sites that won vaccine coverage awards. If you did not attend, you still have three chances to complete the [required training](#).








 High pediatric vaccine coverage: Advocate Medical Group Evergreen

 High adolescent vaccine coverage: Esperanza Marquette Clinic and Friend Family Health Care Pulaski

 High HPV coverage: Esperanza Marquette Clinic

## QUICK AND IMPORTANT UPDATES & REMINDERS

-  Most Pfizer COVID-19 products can only be stored in the refrigerator for up to 10 weeks. The newer prefilled glass syringe can be refrigerated for up to 6 months. Review all COVID-19 vaccine storage and handling guidance [here](#).
-  Review Vaccine Temperature Monitoring and Storage Equipment guidance through a [new video series](#) from the Public Health Foundation and CDC.
-  Vaccination of pregnant mothers with Abrysvo should stop until September 2024. You can continue to administer nirsevimab through March.
-  March 19, 2024 at 12PM: Join ICAAP for their next immunizations webinar: Adolescent Immunization Action Week: A National Movement to Get Adolescents Up to Date on Immunizations. Register [here](#).
-  March 20, 2024 at 12PM: Webinar on Measles Update for Clinicians: Recognition, Reporting and Response. Register through [this link](#).



# 2024 VACCINES FOR CHILDREN ANNUAL TRAINING

Choose from one of three remaining dates:

**April 1, 2024**

8:00 AM - 12:00 PM

**Malcolm X College**

1900 W Jackson Blvd.

**April 19, 2024**

8:00 AM - 12:00 PM

**Northeastern Illinois  
University**

5500 N St Louis Ave.

**May 6, 2024**

8:00 AM - 12:00 PM

**Malcolm X College**

1900 W Jackson Blvd.

**Who Should Attend:** Two staff members from each VFC site are **required** to attend the training. If you serve multiple sites, you only have to attend the training once.

To register and view the agenda, please scan the QR code or visit [illinoisaaap.org/events](https://illinoisaaap.org/events)



The Illinois Chapter, American Academy of Pediatrics is accredited by the Illinois State Medical Society (ISMS) to provide continuing medical education for physicians. The Illinois Chapter, American Academy of Pediatrics designates this live conference for a maximum of 3.00 AMA PRA Category 1 Credit(s)<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Nurses and Nurse Practitioners can submit Certificates of Attendance to their accrediting board to claim credit for participation in the live conference.