

VACCINES FOR CHILDREN (VFC) NEWS BULLETIN

ISSUE 1: JANUARY 2023



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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](mailto:ChicagoVFC@cityofchicago.org)

PERINATAL HEPATITIS B PREVENTION - TESTING AND PEP

This month we will detail testing and postexposure prophylaxis at birth. The timely postexposure prophylaxis (PEP) of the infants born to hepatitis B surface antigen (HBsAg) positive persons (HBsAg+) is highly effective in preventing perinatal hepatitis B virus (HBV) transmission. According to the CDC, when PEP is administered appropriately, it is 94% effective.

Testing

Last month, we talked about the importance of screening all pregnant persons during an early prenatal visit. Pregnant persons with clinical hepatitis, and those whose behaviors place them at high risk for HBV infection (e.g., recent, or current injection-drug use, having had more than one sex partner in the previous six months or an HBsAg+ sex partner, having been evaluated or treated for a STI) should be tested again at the time of admission to the hospital or birthing facility for delivery.

Postexposure Prophylaxis

All 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). 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.

According to the CDC: HBIG is generally used as an adjunct to hepatitis B vaccine in infants born to HBsAg+ persons and in certain other postexposure prophylaxis situations. HBIG can strengthen protection for an infant until a response to vaccination is accomplished.

Note: If a pregnant person's HBsAg status is unknown, testing should be performed on admission for delivery, and a single antigen hepatitis B vaccine should be administered to the infant within 12 hours of birth. If the pregnant person is determined to be HBsAg-positive, the infant should receive HBIG as soon as possible, but no later than age 7 days. Because infants with birth weights $< 2,000$ grams may mount a less strong response to vaccination, these infants should receive both the single-antigen hepatitis B vaccine and HBIG, if the pregnant person's HBsAg status cannot be determined within 12 hours of birth.

PERINATAL HEPATITIS B PREVENTION - TESTING AND PEP, CONTINUED

CDC has two great algorithms for birthing hospitals illustrating these procedures to prevent perinatal HBV transmission when maternal HBsAg test results are available and unavailable.

Administering PEP is a legal requirement under Public Health Code Section 690.451 b) 4), Infants born to mothers who are hepatitis B surface antigen (HBsAg) positive should receive hepatitis B vaccine and hepatitis B immune globulin (0.5 mL) within 12 hours after birth, both by intramuscular injection, but at different sites. 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).

Reporting of PEP

Following delivery, hospitals are required to report births to HBsAg+ persons via the Adverse Pregnancy Outcomes Reporting System (APORS). APORS reports should always include as much patient demographic information as is available, along with the date and time of administration for both HepB vaccine and HBIG. If you have questions about reporting in APORS, contact DPH.APORS@Illinois.gov.

Reporting of HBsAg+ Persons Reminder

Additionally, Chicago providers must fulfill their other reporting requirement by providing contact information for the patient, along with demographics, and HBsAg test date via I-NEDSS (preferred) or CDPH's secure online reporting form [here](#) (again, this is a legal requirement). You'll need: patient name, contact info, demographics, Hep B test date and test result.

In February, we will take a closer look at HepB vaccine series for infants and children. If you have any questions, please contact Shelby Daniel-Wayman at shelby.daniel-wayman@cityofchicago.org.



MEET CDPH VFC STAFF

There are many people who are working with you and behind the scenes on Chicago's VFC program. Here are two key members!



Diana Balbarin

Role: Certified Adult Nurse Practitioner

Time w/ CDPH: 2 years

Favorite part of the job: The variety my role entails as an educator, vaccinator, coordinator and more!



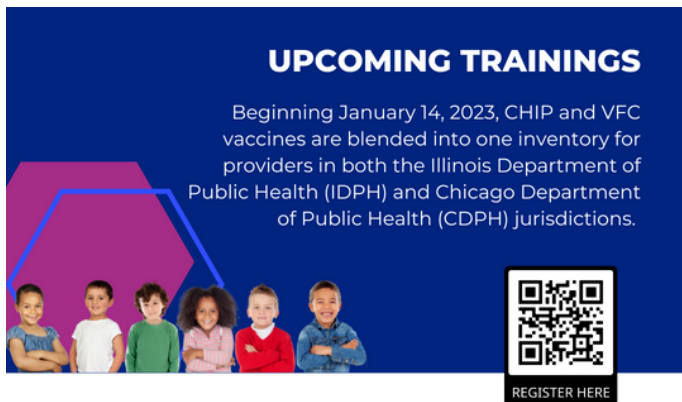
Jackie Tiema

Role: Director of Public Health Operations/Immunization Program Director

Time w/ CDPH: 2 years


Favorite part of the job: Supporting and connecting with Chicago vaccinators.

CHIP/VFC INVENTORY MERGE



UPCOMING TRAININGS

Beginning January 14, 2023, CHIP and VFC vaccines are blended into one inventory for providers in both the Illinois Department of Public Health (IDPH) and Chicago Department of Public Health (CDPH) jurisdictions.



REGISTER HERE

**Tuesday, January 10th at 12pm OR
Thursday, January 12th at 11am**

Go to illinoisap.org/events to register
or use the QR code above.



Beginning January 14, 2023, CHIP and VFC vaccines are blended into one inventory for providers in both the Illinois Department of Public Health (IDPH) and Chicago Department of Public Health (CDPH) jurisdictions. Join us for a webinar that will address what this means for vaccine ordering and receiving, screening patients for eligibility, recording keeping and inventory practices, and more. Please ensure all staff that works to implement these important vaccine programs attend at least one session. Register [here](#) or scan the QR code. Sessions will be recorded if you cannot attend. They can be viewed at illinoisap.org/immunizations

EFFECTIVENESS OF BIVALENT COVID-19 VACCINES

Recent MMWR reports have demonstrated that the bivalent COVID-19 vaccine is effective in preventing COVID-19 infection and hospitalization, compared to vaccination with only monovalent products. The longer after the most recent dose was received, the more effective the bivalent vaccine is at preventing symptomatic infection. In those 65 and older, a bivalent booster dose provides 73% additional protection against COVID-19 hospitalization compared with past monovalent mRNA vaccination only. As of December 9, 2022, bivalent products have also been authorized for use in those as young as 6 months. Find the dosing and scheduling charts that reflect this update [here](#).

REPORTS OF INCREASED PAROTITIS/SIALADENITIS CASES TESTING NEGATIVE FOR MUMPS IN THE UNITED STATES

Some U.S. jurisdictions have seen an increase in parotitis cases in the past month, identified primarily from Emergency Department (ED) syndromic surveillance. There has not been a concurrent increase in laboratory-confirmed mumps cases, and some parotitis/sialadenitis cases presented with high fever which does not usually occur with mumps but is associated with other etiologies. Together these suggest other non-mumps etiologies maybe the cause of this observed increase.

While not a common symptom of influenza, parotitis has been reported in persons with laboratory-confirmed influenza A(H3N2) virus infections. Other reported infectious causes of parotitis include human parainfluenza viruses, Epstein-Barr virus (EBV), human herpes viruses 6 (primarily HHV 6B), and adenoviruses.

What should you do? • Mumps testing is encouraged in all patients with parotitis, other salivary gland swelling, or mumps complications, regardless of age, vaccination status, and travel history, as well as testing for other possible etiologies. Specimen collection recommendations for mumps can be found [here](#). • Consider including influenza in the differential diagnoses among patients who present with acute parotitis during the 2022-2023 influenza season when influenza A(H3N2) virus infections are dominant, and when respiratory symptoms precede parotitis. For more information visit [here](#).

VALUE OF THE IMMUNIZATION PROGRAM FOR CHILDREN IN THE 2017 US BIRTH COHORT

An AAP study demonstrates that routine childhood vaccinations not only help prevent unnecessary morbidity and mortality, but also have cost-saving impacts. Since 2017 and through 2021, the ACIP-recommended schedule for routine childhood immunization has targeted 14 vaccine-preventable diseases: diphtheria, invasive Haemophilus influenzae type b, hepatitis A, hepatitis B, influenza, measles, mumps, pertussis, invasive Streptococcus pneumoniae, polio, rotavirus, rubella, tetanus, and varicella. Using this recommended schedule and the 2017 birth cohort, it was demonstrated that immunizations prevented over 17 million cases of disease and 31,000 deaths. In addition, estimated vaccines costs of \$8.5 billion were entirely offset by the avoided \$63.6 billion in disease-related costs.

I-VAC ADVISOR OFFICE HOURS

If you have questions about implementation, administration, logistics or anything related to provider COVID-19 vaccines, ask a clinician during Office Hours. These are drop-in hours, you don't need to stay the full hour.



Join on Zoom!
Scan the QR code or visit
bit.ly/ivac-office-hours

WEDNESDAY	JANUARY 11	8:00 AM	DANIEL LAU, MD
WEDNESDAY	JANUARY 18	12:00 PM	EDWARD LINN, MD
THURSDAY	JANUARY 26	8:00 AM	THERESE LUCIETTO, MD
WEDNESDAY	FEBRUARY 1	12:00 PM	LAUREN FORE, MD



CERVICAL CANCER AWARENESS MONTH

January is Cervical Cancer Awareness Month! HPV vaccines are an important tool in helping prevent cervical cancer. A toolkit from the Illinois Chapter, American Academy of Pediatrics has outreach materials to share during this month, and HPV vaccine clinical guidance. It is [here](#).