

VACCINES FOR CHILDREN (VFC) NEWS BULLETIN

ISSUE 2: FEBRUARY 2023



IN THIS ISSUE:

- Routine Immunization Coverage
- Perinatal Hepatitis B Prevention - Vaccination
- Future COVID-19 Vaccine Plans
- Expiration of Multi Dose Vials 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](mailto:ChicagoVFC@cityofchicago.org)

VFC/CHIP BLENDED VACCINE INVENTORY

On 1/14/23, Illinois (including Chicago) switched to a blended inventory of VFC & CHIP vaccines. ICAAP hosted a webinar with IDPH and CDPH to detail these changes. If you have questions about this blended inventory, check out the webinar recordings and additional resources [here](#).

NATIONAL VACCINE COVERAGE AMONG KINDERGARTENERS CONTINUES TO DECREASE

During the 2021-22 school year, national vaccine coverage among kindergarten students dropped 1%, from 94% to 93%. This is in addition to the drop that occurred during the 2020-2021 school year from 95% to 94%. In the most recent school year, the exemption rate was only 2.6%. These decreases are likely related to missed well-child visits during the COVID-19 pandemic shutdowns and may be indicative of expanding vaccine hesitancy and misinformation fueled by COVID-19 vaccine concerns. Fortunately, vaccination coverage levels by age 24 months have not experienced a decrease, though disparities are seen based on race, health insurance status, and area of residence (rural, urban, etc.). In order to increase vaccination rates, the AAP suggests a strong provider vaccine recommendation, implementing reminder recall strategies, and promoting the Vaccines for Children (VFC) program, to ensure that un- and underinsured kids have access to all recommended vaccines. Helpful resources are also available through the CDC's Let's RISE initiative.

EXPIRATION FOR VACCINES IN MULTI-DOSE VIALS

Please remember that inactivated polio vaccine (IPV) and some other vaccines in multi-dose vials (MDVs) can be used through the expiration date printed on the vial and are not subject to the beyond use date (BUD). You can refer to manufacturer instructions and package inserts to determine if your vaccine inventory should follow the beyond use date or expiration date. Following these guidelines will help prevent unnecessary vaccine wastage. You can learn more and review the package inserts [here](#).



INFLUENZA-ASSOCIATED PEDIATRIC DEATHS IN THE US

As we move further away from the onset of the COVID-19 pandemic, pediatric flu deaths continue to increase. 91 influenza-associated pediatric deaths have been reported so far from the 2022-2023 season, compared to 45 total deaths reported in the 2021-2022 season. Vaccination is essential to preventing pediatric flu deaths. Although this year's flu season is coming to an end, CDPH will conduct their annual prebook in June/July 2023.

FUTURE COVID-19 VACCINE PLANS

The Food and Drug Administration's (FDA's) Vaccine and Related Biological Products Advisory Committee (VRBPAC) met on 1/26/23 to discuss the future of COVID-19 vaccines.

Ultimately, the committee voted in favor of harmonizing the strain composition of all COVID-19 vaccines (primary series and boosters). This means that all COVID-19 vaccines administered would be bivalent, if authorized by the CDC. The committee also wants to simplify the dosing schedule, but no recommended changes were voted on. Finally, the possibility of applying the annual flu vaccine model to COVID-19 vaccines was discussed, but again, no formal votes were cast regarding this process. The Center for Disease Control and Prevention's (CDC's) Advisory Committee on Immunization Practices (ACIP) will meet to discuss COVID-19 vaccines on February 24th, where some of these topics may gain additional movement. You can also learn more about these topics from a webinar recording and Q&A with Your Local Epidemiologist, Katelyn Jetelina.

MENINGITIS B VACCINATION

As of 2019, only about 22% of 17-year-olds had received at least 1 dose of the MenB vaccine. Meningitis B can be fatal or result in severe permanent outcomes such as seizures or limb loss. Providers should participate in shared clinical decision making with their patients aged 16-23 to determine if they should receive the MenB vaccine.

PERINATAL HEPATITIS B PREVENTION - VACCINATION

Last month, we reviewed the testing and postexposure prophylaxis (PEP) requirements for infants born to hepatitis B surface antigen (HBsAg) positive persons. In addition to PEP, infants born to HBsAg+ persons should also receive a single-antigen hepatitis B vaccine within 12 hours of birth. This month, we will review the full hepatitis B vaccination schedule, the effectiveness of the vaccine, and related reporting requirements.

Hepatitis B Vaccination

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. Infants who weigh <2,000 grams and are born to a birthing parent who is HBsAg-positive or whose HBsAg status is unknown should receive a total of four doses, with an additional dose generally given at 2 months. For all infants, the last dose of the series should not be administered before age 6 months.

Typically, the first dose (using a single-antigen vaccine) should be administered within 24 hours of birth if the birthing parent is HBsAg-negative and within 12 hours of birth if the birthing parent is HBsAg-positive. If the birthing parent is HBsAg-negative and the infant weighs <2,000 grams, the first dose should be delayed and administered at chronological age 1 month or hospital discharge (whichever is earlier and even if weight is still <2,000 grams). Infants who did not receive a birth dose should begin the series as soon as possible.

A detailed hepatitis B vaccination schedule, including guidance for the single-antigen vaccine, the combination vaccine, and for infants <2,000 grams can be found in the table below and the catch-up schedule [here](#).



REMINDER

Chicago providers are required to refer HBsAg positive pregnant women to their local health department for case management. Chicago providers can fulfill this requirement by completing [CDPH's secure online reporting form](#).



PERINATAL HEPATITIS B PREVENTION - VACCINATION, CONTINUED

Table: Hepatitis B vaccine schedules for infants, by infant birthweight and maternal HBsAg status

Birthweight	Maternal HBsAg status	Single-antigen vaccine		Single-antigen + combination vaccine [†]	
		Dose	Age	Dose	Age
≥2,000 g	Positive	1	Birth (≤12 hrs)	1	Birth (≤12 hrs)
		HBIG [§]	Birth (≤12 hrs)	HBIG	Birth (≤12 hrs)
		2	1–2 mos	2	2 mos
		3	6 mos [¶]	3	4 mos
				4	6 mos [¶]
	Unknown*	1	Birth (≤12 hrs)	1	Birth (≤12 hrs)
		2	1–2 mos	2	2 mos
		3	6 mos [¶]	3	4 mos
				4	6 mos [¶]
Negative	1	Birth (≤24 hrs)	1	Birth (≤24 hrs)	
	2	1–2 mos	2	2 mos	
	3	6–18 mos [¶]	3	4 mos	
			4	6 mos [¶]	
<2,000 g	Positive	1	Birth (≤12 hrs)	1	Birth (≤12 hrs)
		HBIG	Birth (≤12 hrs)	HBIG	Birth (≤12 hrs)
		2	1 mos	2	2 mos
		3	2–3 mos	3	4 mos
		4	6 mos [¶]	4	6 mos [¶]
	Unknown	1	Birth (≤12 hrs)	1	Birth (≤12 hrs)
		HBIG	Birth (≤12 hrs)	HBIG	Birth (≤12 hrs)
		2	1 mos	2	2 mos
		3	2–3 mos	3	4 mos
		4	6 mos [¶]	4	6 mos [¶]
	Negative	1	Hospital discharge or age 1 mo	1	Hospital discharge or age 1 mo
		2	2 mos	2	2 mos
		3	6–18 mos [¶]	3	4 mos
				4	6 mos [¶]

Abbreviations: HBIG = hepatitis B immune globulin; HBsAg = hepatitis B surface antigen.

* Mothers should have blood drawn and tested for HBsAg as soon as possible after admission for delivery; if the mother is found to be HBsAg positive, the infant should receive HBIG as soon as possible but no later than age 7 days.

[†] Pediarix should not be administered before age 6 weeks.

[§] HBIG should be administered at a separate anatomical site from vaccine.

[¶] The final dose in the vaccine series should not be administered before age 24 weeks (164 days).

Source: [Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisor Committee on Immunization Practices](#)

Vaccine Efficacy

The hepatitis B vaccine is 80-100% effective in preventing infection in those who receive the complete series. As of 2019, it is estimated that the hepatitis B vaccine has contributed to a 69% decrease in hepatitis B cases, compared to before the vaccine was available. Illinois has one of the lowest rates of reported acute hepatitis B virus infection in the country, at 0.3/100,000 population. As of 2019, Chicago saw a rate of reported infection of about 1.2/100,000 population.

Reporting of Vaccinations

VFC providers should report all hepatitis B vaccine doses into I-CARE. Additionally, if an infant exposed to hepatitis B was transferred to a provider's practice, the provider should collect and maintain a record of previous hepatitis B vaccine doses administered and provide these records to CDPH's Hepatitis B Case Manager upon request.