

VACCINES FOR CHILDREN (VFC) NEWS BULLETIN

ISSUE 3: MARCH 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)

MEET CDPH VFC STAFF

There are many people who are working with you and behind the scenes on Chicago's VFC program. Meet Gabrielle!



Gabrielle Davidheiser

Role: CDC Public Health Advisor

Time with CDPH: 4 months

Favorite part of the job: Getting to hear about the achievements made by the staff and providers and the good work they do for all Chicagoans.

VFC RE-ENROLLMENT AND TRAINING

The time of year has arrived for VFC re-enrollment and annual training! Follow the steps below to complete your re-enrollment or view our [webinar recording](#) and [slides](#) to get your additional questions answered.

1. Navigate to VFC tab in I-CARE and click Enrollment tab.
2. Click “Add 2023 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.
6. All VFC Coordinators must have I-CARE Access and upload training.
 - a. Vaccine Storage and Handling Training (WB4626)
 - b. Vaccines for Children Program Training (WB4627)
7. Upload Certificate of Calibrations for fridge and freezer.
8. Mark application as “Requested” to be reviewed by VFC team. Await further instructions.



Information about the required annual training will be available at the end of April.

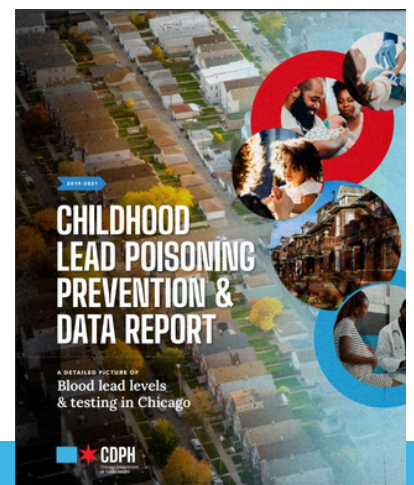
MEETINGS AND UPDATES ON COVID-19 VACCINES

Both the Food and Drug Administration’s Vaccines and Related Biological Products Advisory Committee (VRBPAC) and the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices (ACIP) have demonstrated support for harmonizing primary and booster doses of COVID-19 vaccines. Harmonizing means using bivalent products only. In preparation for this possibility, as monovalent doses expire, they will be phased out. See the table below for anticipated expiration dates and stay tuned for updates regarding the transition to bivalent-only COVID-19 vaccine doses. Some products may be granted lot extensions. **You should continue to follow the current CDC guidelines on which COVID-19 products are to be used and when based on the current vaccine schedules.**

Monovalent Vaccine	Expiration	End of Shipping
Novavax (12+, monovalent)	2/28/23	2/1/23
Janssen (18+, monovalent)	5/6/23	4/9/23
Moderna (Under 6, monovalent)	3/26/23	2/19/23
Moderna (12+, monovalent)	4/2/23	3/5/23
Moderna (6-11. monovalent)	4/9/23	3/12/23
Pfizer (5-11, monovalent)	5/21/23	5/21/23
Pfizer (Under 5, monovalent)	7/2/23	6/25/23
Pfizer (12+, monovalent)	8/6/23	7/3/23

CHICAGO CHILDHOOD LEAD REPORT

CDPH’s Lead Poisoning Prevention and Data Report for 2019-2021 has been released. This report demonstrates significant improvements in testing efforts and blood lead levels among Chicago children. These results are used to determine the efficacy of current efforts and to inform future strategies to eliminate childhood lead poisoning.



2023 IMMUNIZATION SCHEDULE

The 2023 Childhood and Adolescent Immunization Schedule from the Advisory Committee on Immunization Practices (ACIP) is now available. Significant updates include:

- The addition of COVID-19 vaccines.
- New products: Priorix (MMR) and PCV15

Updates to the schedule are released annually and include guidance for catch-up vaccinations. The American Academy of Pediatrics and other leading organizations support these recommendations. Schedules are carefully determined to provide a roadmap for providers and parents to help protect children as best as we can by ensuring vaccines are delivered when an individual's immune system is ready and when protection is needed most.

Test your knowledge on the 2023 vaccine schedule with this quiz from the Children's Hospital of Philadelphia (CHOP).

COVID-19: A LEADING CAUSE OF PEDIATRIC DEATHS

COVID-19 ranked as the eighth leading cause of death between April 2020 and August 2022 for children ages 0-19 in the United States. When looking at only disease-related causes of death (not accidents, assaults, or suicide), COVID-19 becomes the FIFTH leading cause of death in this age group. Although the pediatric COVID-19 mortality rate is low, it is important to understand the impact of COVID-19 in the context of other pediatric deaths. Also remember, it is rare for kids to die from any cause. In the U.S., children continue to be the least vaccinated group against COVID-19, with only 5% of children under five years old and 32% of children 5-11 years old having completed their primary series. 58% of children 12-17 years old have completed their primary series. Providers should continue to recommend that children and families complete ALL COVID-19 vaccines doses. Making this recommendation and being prepared to discuss how vaccination benefits outweigh the risk with parents and guardians is so very important.

PERINATAL HEPATITIS B PREVENTION - POST-VACCINATION SEROLOGY TESTING

Last month, we reviewed the hepatitis B (HepB) vaccination series. This month, we will discuss 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 tests recommended to confirm immunity and/or HBV infection are:

- 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.



PERINATAL HEPATITIS B PREVENTION - POST-VACCINATION SEROLOGY TESTING

The chart below summarizes interpretations/next steps for the results of these tests:

Anti-HBs Result	HBsAG Result	Follow-up Needed?
Positive	Negative	None. Infant is protected.
Negative	Negative	No response. Infant is susceptible to infection. Administer a single dose of HepB vaccine and repeat postvaccination serologic testing 1-2 months later. Infants whose anti-HBs remains <10 mIU/mL following single dose revaccination should receive two additional doses of HepB vaccine to complete the second series, followed by postvaccination serologic testing 1-2 months after the final dose.
Negative	Positive	Infant is infected with hepatitis B. Consult liver specialist.

*Records of both HBsAg and Anti-HBs tests must be faxed to the CDPH Perinatal Hepatitis B Case Manager at 312-746-6388.

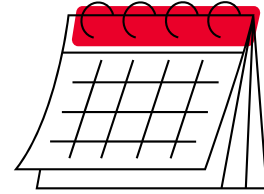


REMINDER

Health care providers are required to refer pregnant women 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 I-NEDSS (preferred) or CDPH's secure online reporting form.

UPCOMING EVENTS

Click the links below to register or visit the [ICAAP Website](#) for a full list of upcoming events.



MARCH
21 ICAAP Immunizations Webinar
[HPV Vaccination](#)

I-VAC Learning Collaborative
[Pediatric Populations](#)

MARCH
21

MARCH
22 ICAAP Bright Smiles from Birth
[March Webinar](#)

[Health Equity and the Impact of Race & Racism
in Adolescent Care](#)

MARCH
24

MARCH
29 Misinformation Special Session: Clinicians,
It's Your Turn
[Session 1](#)

Misinformation Special Session: Clinicians,
It's Your Turn
[Session 2](#)

MARCH
30

APRIL
13 Virtual I-VAC
[COVID-19 Vaccine Bootcamp](#)