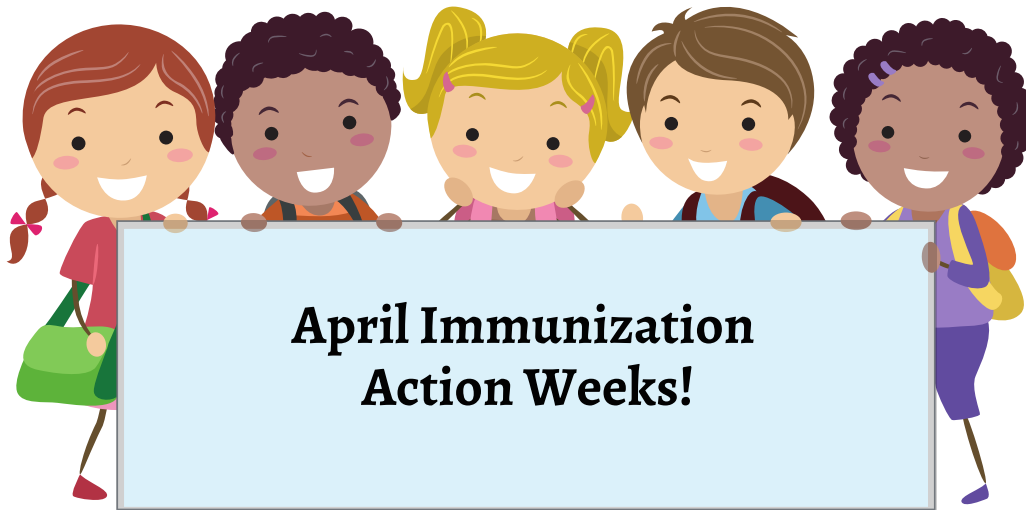


VACCINES FOR CHILDREN (VFC) NEWS BULLETIN

ISSUE 4: APRIL 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)

ROTARIX: LIQUID FORMULATION

ROTARIX is now approved in its liquid formulation for Rotavirus. The FDA approved it back in November 2022 as an oral-dosing applicator-only presentation. This two-dose vaccine will increase convenience by alleviating the need for reconstitution prior to administration. In line with the CDC and ACIP, the vaccine is approved for use in infants 6 weeks old with the max age of the first dose being 18 weeks and the final dose being offered no later than 8 months of age. This new formulation is currently available to order through the VFC program. **Providers should remember to update the products they are using in their EMRs.**

With the new ROTARIX liquid formulation, there will be two variations of the drug available on the market for use until 2025 when the older - lyophilized formulation will retire. The NEW Rotarix liquid formulation will have different dosing and administering requirements, including:

- Single 1.5 mL dose, no reconstitution.
- Prefilled oral dosing applicator with a plunge stopper.
- Keep in original package to protect from light.

For best practices and to avoid vaccine errors, use up current ROTARIX lyophilized formulations, which require reconstitution, prior to using the new liquid formation. Educate staff on how to prepare and administer the various ROTARIX formulation(s) in stock and refer to the [CDC](#) for further information.



PFIZER BIVALENT BOOSTER FOR CHILDREN UNDER 5

A bivalent booster dose of the Pfizer COVID-19 vaccine is now available to more children under the age of 5. Children 6 months to 4 years of age who previously completed a 3-dose monovalent Pfizer-BioNTech primary series, can receive a booster bivalent booster at least two months after receiving their last dose. Children in this age group who received a primary series consisting of two monovalent doses and one bivalent Pfizer COVID-19 vaccine are **NOT** eligible for a booster. You can see this update outlined in [AAP's reference guide](#).

Please keep in mind:

- Monovalent Moderna products are set to expire 4/9/23.
- Pfizer monovalent products will be the only option for primary doses in those under 12 (and are also set to start expiring in May 2023).
- Keep an eye out for more guidance.

VFC RE-ENROLLMENT AND TRAINING



VFC re-enrollment is due by April 15th! Check out our webinar [recording](#) and [slides](#) to help ensure you have completed all re-enrollment requirements. The required annual training will also be available in late April or early May - stay tuned for more details on how to participate!



EVERY APPOINTMENT A VACCINE APPOINTMENT

You don't have to wait until the fall to make sure your patients have received all their required vaccines! Make every visit a vaccine visit by making a strong recommendation at well visits, new problem visits, and even sports physicals!

PERINATAL HEPATITIS B PREVENTION - FOLLOW-UP FOR NON-RESPONDERS

Last month, we reviewed post-vaccination serology testing (PVST) for infants who have been exposed to hepatitis B (HepB). This month, we will review the steps that should be taken when this testing demonstrates that the infant has not responded to vaccination.

PVST is recommended for infants born to HBsAg-positive women and women whose HBsAg status is unknown. If both the anti-HBs result and HBsAg result from PVST are negative, this suggests that the individual is neither infected with HepB, nor protected by vaccination. In this case, a single dose of HepB vaccine should be administered and PVST should be repeated in 1-2 months. Infants whose anti-HBs remains <10 mIU/mL following the booster dose should complete a second series by receiving two additional doses of HepB vaccine, following the recommended schedule. Alternatively, based on family preference, infants found to not be protected by the initial series may instead be revaccinated with the full second 3-dose series and retested 1–2 months after the final dose of vaccine. If no response is shown after the second 3-dose series is completed, no further vaccination is recommended.



Infants who do not respond to the initial hepatitis B vaccination series should be reported to the CDPH Perinatal Hepatitis B Case Manager by fax at 312-746-6388. Records of subsequent postvaccination serology testing should be faxed to the same location.



You are required to refer pregnant women who are HBsAg positive within seven days after receipt of the test result to the LHD for case management. Provide contact information and demographics for the patient and HBsAg test date via I-NEDSS (preferred) or CDPH's secure online [reporting form](#).

HPV: EARLY INITIATION & PROVIDER RECOMMENDATIONS

Studies suggest that early initiation of HPV vaccination may improve series completion. Currently, CDC's Advisory Committee on Immunization Practices (ACIP) recommends beginning the HPV vaccine series at age 11 or 12, while acknowledging that vaccination may begin as early as age 9. By starting to recommend the HPV vaccine at age 9, it is more likely that the two-dose series will be completed by age 13. Additionally, starting the recommendation early gives providers additional visits to discuss the vaccine with their patients and families, thus more opportunities to complete the series. The VFC program allows for HPV vaccine to be administered to patients starting at age 9.

Following AAP guidance, providers should start talking to families about HPV vaccination early, make a strong recommendation, make every visit a vaccine visit, and schedule second dose appointments ahead of time. Check out the webinar [recording](#) and [slides](#) from ICAAP's March immunizations webinar on HPV vaccination.

Note: In December 2022, the World Health Organization has updated its recommendations on the HPV vaccine schedule, allowing for one or two dose series. Read the article [here](#). If the United States adopts these recommendations, rates of completion could be further improved!

YOUR RECOMMENDATION MATTERS

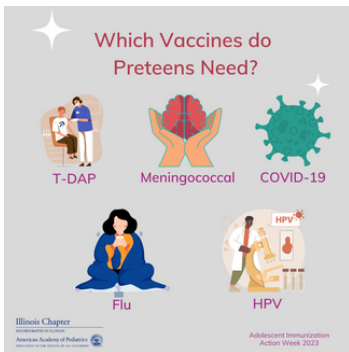


UPCOMING WEBINARS

- April 11: [ACIP Schedule & Routine Vaccinations](#)
- April 13: [I-VAC COVID-19 Vaccine Bootcamp](#)
- May 16: [Preparing for Summer Vacations - Travel Vaccinations](#)

APRIL: FULL OF IMMUNIZATION AWARENESS WEEKS

ADOLESCENT IMMUNIZATION ACTION WEEK



April 3 to 7 is Adolescent Immunization Action Week! This is a good time to remember to make vaccine recommendations a part of every appointment and to find additional resources for yourself and your patients in [this toolkit](#) from the Illinois Chapter, American Academy of Pediatrics.

NATIONAL INFANT IMMUNIZATION WEEK

National Infant Immunization Week is later this month, from April 24 to 30. Among children born in Chicago in 2019, vaccine coverage at 24 months mostly exceeded estimates in the rest of the state and country. While combined 7 series coverage has slowly but consistently increased over the past 10 years, MMR vaccination has steadily decreased in the city. VFC providers have a unique role in making sure recommended vaccines are accessible for every child in Chicago. Check out [ICAAP's website](#) in a few weeks to find a toolkit which will aid you in vaccinating your youngest patients and ensuring that vaccine coverage rates are maintained or increased.

WORLD IMMUNIZATION WEEK

World Immunization Week (April 24 - 30) recognizes the value of immunizations and the role they play in protecting people from vaccine preventable diseases around the world. More from the World Health Organization [here](#).

