

# VACCINES FOR CHILDREN (VFC) NEWS BULLETIN

**ISSUE 8: AUGUST 2023**



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**SCHOOL**

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- Flu Vaccines and More!

## **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)

## COVID-19 VACCINE UPDATES

An updated monovalent COVID-19 vaccine with an XBB-lineage of the Omicron variant will be available on the commercial market this fall. Here are the presentations that will be available:

Brand	Description	Age
Moderna	Single Dose Vials (SDVs)	6 months-11 years
Moderna	Single Dose Vials (SDVs)	12+ years
Pfizer	3-Dose Mult Dose Vials (MDVs). Should be ordered in quantities of 30 doses	6 months- 4 years
Pfizer	Single Dose Vials (SDVs)	5-11 years
Pfizer	Single Dose Vials (SDVs)	12+ years
Novavax	5-Dose Multi Dose Vials (MDVs). Should be ordered in quantities of 50 doses	12+ years

In anticipation of this transition, ordering for bivalent COVID-19 vaccine closed on August 1, 2023. If you do not have enough bivalent COVID-19 vaccine to serve your patients through the end of September, please reach out to [COVID19vaccine@cityofchicago.org](mailto:COVID19vaccine@cityofchicago.org) for assistance locating extra doses.

**All VFC providers will be required to provide COVID-19 vaccines upon commercialization. VFC COVID-19 vaccine pre-book survey is here: [2023-24 COVID-19 Pre-book](#). It will be open until **Wednesday, September 6th.****



### STAY UPDATED

Join us for bi-weekly updates on Fridays. Webinars hosted by the Illinois Chapter, American Academy of Pediatrics (ICAAP) will cover clinical updates, COVID-19 commercialization, reporting, etc. The next webinar is August 18 at 12pm. Register through QR code or at [illinoisAAP.org/events](https://illinoisAAP.org/events).



## MENVEO 1-VIAL PRESENTATION IS COMING TO VFC

A single dose vial presentation of the meningococcal vaccine, MENVEO, was approved by the FDA in October 2022. This presentation is expected to be available to VFC providers to order starting on September 1, 2023. In the meantime, staff should keep an eye on their current stock of meningococcal vaccine and consider ordering only what is absolutely necessary so they can place orders for single-dose vials once available. See additional education on this new presentation from GSK on the last two pages of this bulletin.

## FLU VACCINE STRATEGY

Respiratory virus season is quickly approaching! **Remember, it is a requirement for Chicago VFC providers to carry flu vaccine.** If you have not ordered flu vaccine for this year yet, please use the pre-booking survey [here](#) or reach out to [ChicagoVFC@cityofchicago.org](mailto:ChicagoVFC@cityofchicago.org) if pre-booking has closed. It is expected that flu vaccine shipments will start in mid-month this month. Once you receive your vaccine, consider these strategies for flu vaccine administration...

- Start administering flu vaccine once you receive it - do not wait for the updated COVID-19 vaccines. You can co-administer!
- Offer flu vaccine for children coming in for their back-to-school appointments. They might not return later just for their flu vaccine!
  - Children 6 months through 8 years who require two doses should receive the first dose as soon as vaccine is available.
  - Vaccinations given during August can be considered for children of any age who require only one dose.
- Do not rely on patients visiting a pharmacy for their flu vaccine, Illinois pharmacies do not offer the VFC program and we want to ensure VFC-eligible children are getting vaccinated at **no cost**.

## SOME KIDS AREN'T COMPLETING THEIR MULTIDOSE VACCINE SERIES

A recent study published in Pediatrics examined how many toddlers aged 19-35 months in the U.S. complete their full, recommended vaccine series. The vaccines included in the study were: DTaP, Hib, HepB, PCV, IPV, MMR, and VAR. The researchers found that only 73% of toddlers finish all these vaccine series. 10% of toddlers never initiate the vaccines, while 17% (over 1 in 6 children) start the series, but never complete it.

Of the 17% that never completed their series, researchers found that the most common reason why was due to structural barriers. Many parents face obstacles such as moving to a new area, changes in health insurance, changes in routine schedule, and other events that prevent them from ensuring their child/children completes their recommended vaccines. Researchers further examined socio-demographic factors related to having incomplete series and found that children living in a lower income household or rented home were more likely to have an incomplete series. Black children were more likely to be missing a vaccine dose in a series than White children.

Having an incomplete vaccine series puts children, their families, and their communities at risk. Strategies to help reduce structural barriers to vaccination like flexible scheduling, reminder systems, and participation in the VFC program can help reduce these barriers and ensure children are healthy and protected.

Read the AAP article [here](#) or the full study [here](#).



## VFC TRAINING REMINDER

If you have not completed the 2023 Regional VFC Training, you are over due. Because of this, you may notice that your vaccine ordering privileges have been suspended. **In order to restore your ordering privileges:** Two staff members from your VFC site must complete the training, available [here](#).

Training must be completed individually. Each person must create an account, complete the modules, submit a post-test, and course evaluation.

See pages 3-5 of [the May 2023 VFC new bulletin](#) for instructions on how to access the training and reach out to Monica Del Ciello at [mdelciello@illinoisap.com](mailto:mdelciello@illinoisap.com) if you have any additional questions.

## NATIONAL IMMUNIZATION AWARENESS MONTH & BACK-TO-SCHOOL

August is National Immunization Awareness Month *and* back-to-school month for Chicago Public Schools (CPS). To recognize this busy month, ICAAP has developed a toolkit to help you promote routine vaccinations. In the toolkit, you'll can find...

- 2023/2034 CPS Immunization Requirements
- Information on allowable exemptions in IL
- Handouts for patients and families
- Social media images and post copy to share out on your professional or personal accounts!

 [Download the Toolkit](#)



## PROTECTING YOUR VACCINE SUPPLY IN SEVERE WEATHER

This summer, we've seen a number of severe weather events in Illinois and across the US. These various weather-related issues like fires, floods, tornadoes, and extreme heat may lead to power outages. To safeguard the vaccine supply for patients and fiscal responsibility, it's crucial to take necessary precautions. Immunize.org offers resources to assist clinical staff in evaluating [vaccine storage](#) and implementing [emergency procedures](#) in the office. Some of the tips include:

1. *Assign a vaccine storage “master” and a back-up person to handle storage issues when the “master” is unavailable.*
2. *Use visual cues to remind staff which vaccines go in the freezer and refrigerator.*
3. *Ensure the temperature monitoring device is set accurately to record vaccine temperatures every 30 minutes.*
4. *In case of temperature deviations, assign someone to follow the protocol to save vaccines, especially for offices participating in the Vaccines for Children (VFC) program.*
5. *Follow the first in, first out rule for vaccine usage and check for expired vaccines.*
6. *Put signs by electrical outlets indicating, “DO NOT UNPLUG” or “DO NOT STOP POWER.” Read the full article [here](#).*



## UPCOMING EVENTS

- ICAAP Immunizations Webinar: Vaccine Policy & Advocacy
  - Tuesday, August 15th at 12PM
- Bi-weekly COVID-19 Commercialization Updates
  - Friday, August 18 at 12PM
  - Friday, September 1 at 12PM
  - Friday, September 15 at 12PM
- Illinois Vaccinates Against COVID-19 (I-VAC) Virtual Bootcamp
  - Thursday August 24th from 8:00AM – 12:30PM





## NEW MONOCLONAL ANTIBODY TO PROTECT INFANTS FROM RSV

In an article published by the AAP: *A new monoclonal antibody to protect infants and high-risk toddlers from respiratory syncytial virus (RSV) is expected to be available this fall, following approval by the CDC. The approval came shortly after the CDC’s Advisory Committee on Immunization Practices (ACIP) provided an enthusiastic recommendation while acknowledging there are logistical hurdles like cost to overcome.*

*“This is a spectacular advancement. It’s going to help families and offices keep kids out of the hospital,” said ACIP member Jamie Loehr, M.D., FAAFP, a family physician. “ ... There will be growing pains, but I don’t want to lose sight of how important this advancement is.”* Read more from the AAP [here](#).



## STORAGE & HANDLING OF COVID-19 VACCINES

Remember storage and handling varies by manufacturer and formulation. Please ensure you are familiar with the requirements, which can be reviewed [here](#).

PFIZER		MODERNA		NOVAVAX	
ULT FREEZER (-90°C TO -60°C) <sup>b</sup>	18 months	ULT FREEZER (-90°C TO -60°C)	DO NOT STORE	ULT FREEZER (-90°C TO -60°C)	N/A
FREEZER (-25°C TO -15°C)	DO NOT STORE	FREEZER (-50°C TO -15°C) <sup>a</sup>	Until expiration	FREEZER (-25°C TO -15°C)	N/A
REFRIGERATOR (2°C TO 8°C)	10 weeks	REFRIGERATOR (2°C TO 8°C)	30 days	REFRIGERATOR (2°C TO 8°C) <sup>a</sup>	Until expiration date
ROOM TEMPERATURE (8°C TO 25°C) including any thaw time	12 hours prior to first puncture	ROOM TEMPERATURE (8°C TO 25°C) including any thaw time	24 hours	ROOM TEMPERATURE (8°C TO 25°C) including any thaw time	N/A
AFTER FIRST PUNCTURE (2°C TO 25°C)	Discard after 12 hours	AFTER FIRST PUNCTURE (2°C TO 25°C) <sup>b</sup>	Pink cap: Discard after 8 hours Dark blue cap: Discard after 12 hours	AFTER FIRST PUNCTURE (2°C TO 25°C)	6 hours

# MENVEO 1-VIAL PRESENTATION

## What you should know

### Fewer preparation steps than MENVEO 2-vial presentation

- MENVEO 1-vial presentation does not require reconstitution

### Save fridge space

- Twice as many doses in the same carton size

### Same price and CPT code

- MENVEO 1-vial presentation will be offered at the same price as MENVEO 2-vial presentation
- The CPT code will remain the same (90734)

MENVEO 1-vial presentation is approved for use in individuals aged 10 through 55 years<sup>1</sup>

Safety and effectiveness of the one-vial presentation of MENVEO in children aged younger than 10 years have not been established.

### INDICATION

MENVEO is a vaccine indicated for active immunization to prevent invasive meningococcal disease caused by *Neisseria meningitidis* serogroups A, C, Y, and W-135 in individuals 2 months through 55 years of age. MENVEO does not prevent *N. meningitidis* serogroup B infections.

### IMPORTANT SAFETY INFORMATION FOR MENVEO

- Do not administer MENVEO to individuals with a severe allergic reaction (eg, anaphylaxis) to a previous dose of MENVEO, to any component of this vaccine, or to any other diphtheria toxoid-containing vaccine
- Appropriate medical treatment must be available should an acute allergic reaction, including an anaphylactic reaction, occur following administration of MENVEO
- Syncope (fainting) has occurred in association with administration of MENVEO. Procedures should be in place to avoid injury from fainting
- Some individuals with altered immunocompetence, including some individuals receiving immunosuppressant therapy, may have reduced immune responses to MENVEO
- Individuals with certain complement deficiencies and individuals receiving treatment that inhibits terminal complement activation (for example, eculizumab) are at increased risk for invasive disease caused by *Neisseria meningitidis* serogroups A, C, Y, and W, even if they develop antibodies following vaccination with MENVEO
- Guillain-Barré syndrome (GBS) has been reported in temporal relationship following administration of another US-licensed meningococcal quadrivalent polysaccharide conjugate vaccine. The decision to administer MENVEO to individuals with a history of GBS should take into account the expected benefits and potential risks

Please see additional Important Safety Information for MENVEO on the reverse side, and the full Prescribing Information by clicking [here](#).

From:



MENVEO 2-vial presentation  
(10 vials = **5 doses**)

To:



MENVEO 1-vial presentation  
(10 vials = **10 doses**)



# IMPORTANT DIFFERENCES BETWEEN PRESENTATIONS



## MENVEO 1-vial presentation

- Approved for use in individuals aged **10 through 55 years**<sup>1</sup>
- Safety and effectiveness in children aged younger than 10 years have not been established
- Supplied in a single-dose vial with a pink cap and does not require reconstitution
- NDC numbers:
  - 10 vials NDC 58160-827-03
  - Outer carton NDC 58160-827-30



## MENVEO 2-vial presentation

- Approved for use in individuals aged **2 months through 55 years** of age<sup>1</sup>
- Supplied as a vial with an orange cap containing the MenA lyophilized conjugate component and a vial with a gray cap containing the MenCYW-135 liquid conjugate component
- The lyophilized conjugate component and the liquid conjugate component must be combined before use to form a single dose of MENVEO
- NDC numbers remain the same:
  - Five vials containing MenA lyophilized conjugate component NDC 58160-958-01
  - Five vials containing MenCYW-135 liquid conjugate component NDC 58160-959-01
  - Outer carton NDC 58160-955-09

Vaccination may not protect all recipients.

### IMPORTANT SAFETY INFORMATION FOR MENVEO (cont'd)

- Apnea following intramuscular vaccination has been observed in some infants born prematurely. A decision about when to administer MENVEO to an infant born prematurely should be based on consideration of the individual infant's medical status and the potential benefits and possible risks of vaccination
- Common solicited adverse reactions among children initiating vaccination: at 2 months of age and receiving the four-dose series were tenderness and erythema at injection site, irritability, sleepiness, persistent crying, change in eating habits, vomiting, and diarrhea; at 7 months through 23 months of age and receiving the two-dose series were tenderness and erythema at injection site, irritability, sleepiness, persistent crying, change in eating habits, and diarrhea; at 2 through 10 years of age who received MENVEO were injection site pain, erythema, irritability, induration, sleepiness, malaise, and headache. Common solicited adverse reactions among adolescents and adults aged 11 through 55 years who received a single dose of MENVEO were pain at the injection site, headache, myalgia, malaise, and nausea. Across all age groups, some events were severe. Similar rates of solicited adverse reactions among adolescents and adults were observed following a single booster dose
- In two clinical studies, there were no notable differences in frequency and severity of solicited adverse reactions in individuals who received MENVEO 1-vial presentation compared to individuals who received the 2-vial presentation
- Vaccination with MENVEO may not result in protection in all vaccine recipients

Please see additional Important Safety Information for MENVEO and the full Prescribing Information by clicking [here](#).

CPT=Current Procedural Terminology; NDC=National Drug Code.

Reference: 1. Prescribing Information for MENVEO.

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Produced in USA.



**MENVEO**  
Meningococcal (Groups A, C, Y and W-135)  
Oligosaccharide Diphtheria CRM<sub>197</sub> Conjugate Vaccine