

VACCINES FOR CHILDREN (VFC) NEWS BULLETIN

ISSUE 11: NOVEMBER 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



RSV IMMUNIZATION UPDATES

Per the CDC Health Advisory on nirsevimab issued October 23, 2023, there is limited availability of nirsevimab in the U.S. Since this announcement, the American Academy of Pediatrics has shared:

- Sanofi (the manufacturer of nirsevimab) does not plan to manufacture any additional 100 mg doses this season. New orders for the 100 mg formulation will not be accepted, but existing orders for VFC programs will be filled with CDC's input on prioritization. Two 50 mg doses in place of a 100 mg dose is not approved or recommended.
- Sanofi is also pausing orders for 50 mg doses of nirsevimab until November 16, 2023 and will have limited supply available when they re-open ordering. New orders will only be available to customers who receive an ordering allocation, as determined by Sanofi and CDC. Opportunities to order outside of allocation are not expected this season.
- For providers who are able to access nirsevimab, the Medicare national payment rate for CPT code 96380 will be based on a total RVU of 0.68. The payment rate for CPT code 96381 will be based on a total RVU of 0.59.

CDC updated their guidance on prioritizing distribution of nirsevimab. The interim considerations are for the 2023-'24 season only. Providers should also encourage pregnant people to receive the maternal RSV vaccine at 32-36 weeks' gestation to prevent RSV-associated lower respiratory tract disease in infants. Only the Pfizer RSVpreF vaccine (Abrysvo) is approved and recommended for use in pregnant people. The GSK RSVpreF3 vaccine (Arexvy) should not be used in pregnant people. Additionally, due to the logistical challenges, the CDC announced that VFC providers will not be required to keep a private stock of nirsevimab or COVID-19 vaccines during the 2023-'24 respiratory virus season if they are not vaccinating privately insured patients. The CDC is also allowing bidirectional borrowing of these products between public and private stock. Local jurisdictions are responsible for implementing these allowances at their discretion. Currently, CDPH is not allowing bidirectional borrowing. We encourage you to reach out to your VFC coordinator before acting on any of this information or if you have questions. Read more about the interim allowances.

CDPH has been allocated an extremely limited amount of the product. Reach out to ChicagoVFC@cityofchicago.org if you have questions and please use the updated guidance to prioritize distribution.

RSV FDA SAFETY REPORTING

The FDA advises healthcare providers to report adverse events and medication errors linked to nirsevimab through the following methods:

- Adverse events or medication errors related to nirsevimab alone should be reported to MedWatch Adverse Event Reporting Program
- Adverse events or medication errors that occur during co-administration of nirsevimab with a vaccine should be reported to the Vaccine Adverse Event Reporting System (VAERS).

While many providers are already familiar with VAERS, some may be less acquainted with MedWatch, a voluntary system supporting the FDA's postmarketing safety surveillance for drugs and therapeutic biologics. The FDA will oversee adverse events through both systems to ensure thorough safety surveillance for nirsevimab.

KNOWING COST OF PEDIATRIC VACCINES

The AAP page has been recently updated and is designed to: *Help you understand the costs and expenses associated with immunizing and help you negotiate and receive the most appropriate payment for immunizing your patients.* We encourage you to check it out.

CDC: VACCINE COVERAGE FOR YOUNG CHILDREN STABLE; DISPARITIES PERSIST - 10.27.23 MMWR

Read the full MMWR here. **What is already known about this topic?** The COVID-19 pandemic negatively affected global childhood immunization programs, resulting in lower childhood vaccination coverage.

What is added by this report? From 2021 to 2022, global coverage with the first dose of diphtheria-tetanus-pertussis-containing vaccine increased from 86% to 89%, and with the first dose of measles-containing vaccine from 81% to 84%, but neither returned to 2019 pre-pandemic coverage levels of 90% and 86%, respectively. Coverage recovery was unevenly distributed across regions and countries and slower among low-income countries.

What are the implications for public health practice? Strategies to provide catch-up vaccination throughout childhood have the potential to address heightened risks for vaccine-preventable disease outbreaks resulting from years of low vaccination coverage.

UPDATES TO THE CDC INTERIM CLINICAL CONSIDERATION FOR COVID-19 VACCINES

Here are two important updates:

1. **Age transitions:** Updated guidance for children who transition during the initial COVID-19 vaccination series from age 4 to 5 years and children who are moderately or severely immunocompromised and transition from age 11 to 12 years to receive the age-appropriate dosage based on their age on the day of vaccination.

COVID-19 vaccine doses from the same manufacturer should be administered whenever recommended. In the following circumstances, an age-appropriate COVID-19 vaccine from a different manufacturer may be administered:

- Same vaccine not available at the vaccination site at the time of the clinic visit
- Previous dose unknown
- Person would otherwise not receive a recommended vaccine dose
- Person starts but unable to complete a vaccination series with the same COVID-19 vaccine due to a contraindication

Read more [here](#).

2. Healthcare providers who administer the Moderna COVID-19 Vaccine (2023-2024 formula) to individuals ages 6 months through 11 years should ensure the correct volume of the vaccine (0.25 mL) is withdrawn from the vial and administered to the recipient. **Discard vial and excess volume after extracting a single dose.** Read more on this advisory [here](#).

CHICAGO PUBLIC SCHOOLS AND IMMUNIZATION REQUIREMENTS REMINDER!

The October 15, 2023 deadline for children providing proof of required immunizations and school physical exam has passed. Students may now be facing exclusion from school. Please work with families to get students their required immunizations and exams to help ensure they are not excluded from school. [Here](#) is the CPS website with more information.



HOLIDAY SHIPPING

Providers should place all vaccine orders by **Friday, December 8, 2023** to ensure they are shipped prior to the holidays. It is recommended to place larger orders toward the end of November and additional, smaller orders as needed to maintain sufficient stock prior to the December 8 deadline. Orders will be delivered in the order they are received and shipping will resume on January 3, 2024.



ILLINOIS MEASLES OUTBREAK

An outbreak of measles has been declared in suburban Cook County. A suspected case of measles was reported by the Cook County Department of Public Health on October 10th and confirmed by IDPH laboratory on Oct. 11. Since then, 3 additional individuals have tested positive for measles, with another expected case awaiting confirmation. All 5 of these individuals are unvaccinated. Providers should remain alert for possible measles cases and ensure their patients, especially those travelling internationally, are up-to-date on their vaccines.



PREFILLED DILUENT SYRINGE FOR MERCK PRODUCTS

The FDA has approved sterile diluent in a prefilled syringe for vaccines in the Merck MMRV family. This includes the M-M-R II vaccines (measles, mumps, and rubella), VARIVAX (varicella), and ProQuad (measles, mumps, rubella, and varicella virus vaccine live). This change only impacts the sterile diluents and eliminates the need to withdraw the sterile diluent from a vial. They will be available in a prefilled syringe rather than a vial and vaccines and diluent will continue to be packaged separately. [Learn more](#).

INFLUENZA TESTING AND REPORTING

Updated guidance related to the submission of influenza laboratory specimens and reporting is now available. An influenza/SARS-CoV-2 multiplex assay will be used by the IDPH Public Health Laboratories for all specimens. Testing for influenza only will not be available. See below and [IDPH's announcement](#) for additional details.

1. Only specimens that are approved by local health departments on a case-by-case basis and/or that cannot be subtyped should be sent to IDPH for influenza testing.
2. To authorize the submission of specimens not related to the influenza sentinel program, LHD staff must complete the online testing authorization page. The Electronic Test Ordering and Reporting (ETOR) portal should be utilized to submit all test orders electronically. Paper testing requisition forms should not be used.
3. Specimens received at the IDPH laboratory that are not authorized by IDPH or the LHD will be rejected and stored until further information is obtained from the submitter.
4. Suspected novel influenza, pediatric influenza-associated death, influenza associated ICU hospitalizations, and outbreaks of influenza or influenza-like illness in congregate settings should all be reported to your local health department.
5. The first weekly 2023 - 2024 season influenza surveillance report was made available on the [IDPH surveillance webpage](#) on 10/12/23. CDPH surveillance is available [here](#).
6. Participants in the IDPH respiratory sentinel surveillance program are asked to send at least ten specimens each week that have tested positive for influenza or SARS-CoV-2 and two negative specimens to an assigned IDPH laboratory for viral testing
7. Providers can get involved in influenza surveillance by becoming an ILINet sentinel site reporter. Those interested should contact the CDCS Influenza Program at 217-782-2016 or by email at dph.respiratory@illinois.gov.
8. Additional contacts are available for laboratories wanting to arrange for influenza PCR testing not covered by IDPH testing criteria.

REMINDER: All VFC providers are required to stock and recommend flu and COVID-19 vaccine. If you are not in compliance with this requirement, ordering privileges may be suspended. CDPH may place orders for those who are not currently stocking these vaccines and will follow up to ensure they are being recommended and administered.

ACIP OCTOBER 25-26, 2023 MEETING UPDATES

Pentavalent Meningococcal Vaccine (Vote)

The FDA approved Pfizer's pentavalent meningococcal vaccine (Penbraya) on October 20 and ACIP voted to recommend the vaccine for use in adolescents and young adults age 10 to 25 years. The vaccine includes serogroups A, B, C, W, and Y. ACIP plans to review the entire adolescent meningococcal vaccine schedule during 2024. MenABCWY was also approved to be included in the VFC program.

Mpox Vaccine (Vote)

Mpox continues to pose a risk to both vaccinated and unvaccinated individuals. Therefore, ACIP voted to recommend vaccination with the 2-dose Jynneos vaccine series for at risk people 18 years and older. "At-risk" is defined as:

- Gay, bisexual, and other men who have sex with men, transgender people, or nonbinary people who, in the past 6 months, have had one of the following:
 - A new diagnosis of one or more sexually transmitted diseases.
 - More than one sex partner.
 - Sex at a commercial sex venue.
 - Sex in association with a large public event in a geographic area where mpox transmission is occurring.
- Sexual partners of persons with the risks described above.
- Persons who anticipate experiencing any of the above.

2024 Recommended Immunization Schedules (Vote)

ACIP voted to approve both the child/adolescent and adult recommended immunization schedules for 2024. The schedules are expected to be published in November 2023, ahead of the typical February release, to allow additional time for provider education and insurance coverage. Read more about these plans [here](#).

Information was also heard on influenza vaccine safety, RSV vaccine safety, Chikungunya vaccine, Dengue vaccine, COVID-19 vaccines, and pneumococcal vaccine research. Additional information about the votes and information shared can be found on immunize.org or from the [presentation slides](#).

UPCOMING EVENTS

- Learning Collaboratives w/ ECHO Chicago
 - November 21, 5:30PM
 - December 5, 5:30PM
 - December 19, 5:30PM
- A Review of 2023 Vaccine Updates & What to Expect in 2024
 - December 19, 12PM



CDPH FLU AND COVID-19 VACCINE CLINICS

CDPH immunization clinics provide vaccinations for children 0 through 18 years of age at no out-of-pocket cost. Currently, we serve uninsured, underinsured, Medicaid (Title XIX) insured and Children's Health Insurance Program (CHIP; also known as Title XXI or state-funded) individuals only. Please bring your insurance card (if you are insured) to your vaccine appointment. No one will be turned away. See below or visit [CDPH's website](#) for a list of upcoming vaccine clinics.

Tuesday, November 14

- 9AM: 13th Ward Vaccine Clinic
- 10AM: 27th Ward Vaccine Clinic

Wednesday, November 15

- 10AM: DFSS Englewood Community Center
- 11AM: 43rd Ward Vaccine Clinic

Thursday, November 16

- 8th Ward Vaccine Clinic

Friday, November 17

- 10AM: 1st Ward Vaccine Clinic
- 3PM: 4th Ward Vaccine Clinic

Saturday, November 18

- Family Flu and COVID-19

Monday, November 20

- 9AM: Mexican Consulate
- 12PM: 45th Ward Vaccine Clinic

Tuesday, November 21

- 10AM: 44th Ward Vaccine Clinic
- 10AM: Dr. Martin Luther King Community Center WIC
- 10AM: Englewood WIC Center

Wednesday, November 22

- 10AM: Blue Door Neighborhood Center - South Lawndale

