

VACCINES FOR CHILDREN (VFC) NEWS BULLETIN

ISSUE 10: OCTOBER 2023



**SAY "BOO" TO
THE FLU, COVID-19,
AND RSV THIS OCTOBER**

IN THIS ISSUE:

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- 10 Year Human papillomavirus (HPV) Vaccine Data
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CONTACT CDPH VFC

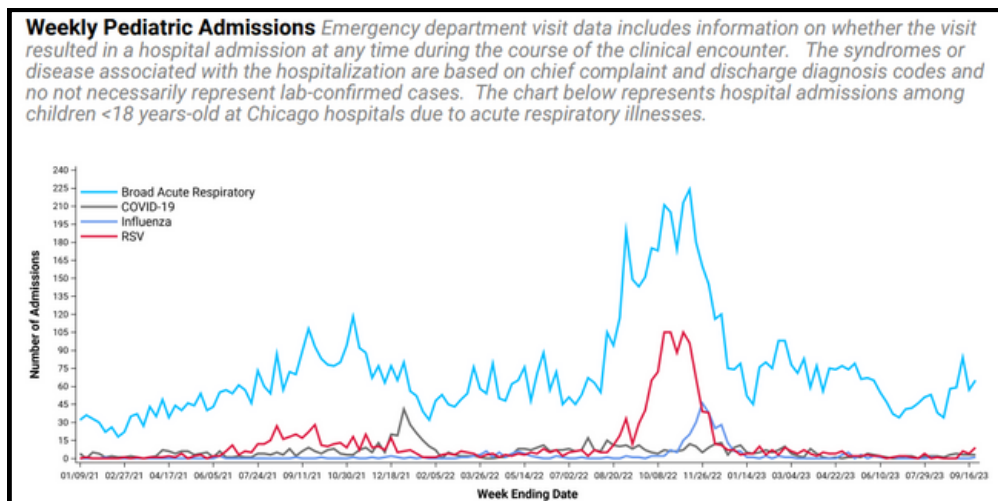
VFC Forms, Policies, Program Updates
www.chicagohan.org/vfc

COVID-19 Vaccine Information
www.chicagohan.org/covid-19-vaccine

General VFC Inbox
ChicagoVFC@cityofchicago.org

FLU, COVID-19, AND RSV UPDATES

Respiratory virus season is here. According to our Chicago Influenza and Respiratory Virus Surveillance Report, which is sent via a HAN and can be viewed [here](#), October is a time when pediatric hospital admissions in Chicago are higher due to respiratory viruses. We encourage you to read these reports and to ensure you're seeing data on what is happening in Chicago as the colder months approach. Additionally, the CDC reminds us that: *Immunizations against COVID-19, flu, and respiratory syncytial virus (RSV) are available and can help protect people against severe illness during the fall and winter season, when these diseases are more common.*



Flu

All VFC providers are required to stock and recommend flu vaccines. October is an ideal time to vaccinate for flu, but vaccinating patients should continue throughout the respiratory virus season!

COVID-19

We hope you are joining us on our bi-weekly webinars around COVID-19 vaccines. Information about vaccine formulations, presentation, storage and handling, reimbursements, ordering, clinical guidance, etc. is covered during these sessions. View the slides and recordings from previous sessions and join us for our final sessions by visiting illinoisap.org/covid-19/.



COVID-19, Continued

All VFC providers are required to stock and recommend COVID-19 vaccines. COVID-19 vaccines can be administered with other routinely recommended immunizations, including flu. Some important reminders:

- The fall 2023 - 2024 products are trickling into the marketplace – as we receive them, they will be sent out to VFC sites. Please do not expect to receive *everything* you ordered at one time as the rollout continues. We know this is frustrating.
- The fall 2023 - 2024 Pfizer product for 6 month to 4 year-olds does not come with diluent, but does need to be reconstituted. *You will have to use your own diluent.*
- Bivalent COVID-19 products are no longer authorized and should be removed as a biohazard. All bivalent doses have been removed from I-CARE.
- The fall 2023 -2024 formulation of Novavax's COVID-19 vaccine has been authorized by the FDA and recommended by the CDC for use in those ages 12 years and older. This means the old Novavax formulation is no longer authorized and should be discarded appropriately.

You can find fall 2023 -2024 dosing and scheduling charts from Illinois Vaccinates Against COVID-19 (I-VAC) [here](#) and please refer to the [CDC's website](#) for additional clinical guidance, including information about mixing and matching of products.

RSV

Nirsevimab, the new monoclonal antibody - also referred to as an immunization, is now included on the VFC formulary. Please review the [September VFC newsletter](#) for details about the use of nirsevimab. The American Academy of Pediatrics also has a lot of wonderful resources around the available RSV prevention tools, payment, coding, and more on their website, [here](#). There are questions that remain, especially around how available nirsevimab will be this season, but we hope to make it available to as many infants as possible. Please stay tuned for information on how to order this product.

A RSV vaccine called Abrysvo is now authorized for use in pregnant people at 32-36 weeks' gestation from September through January. Most infants born to a mother that received a RSV vaccine will not require nirsevimab.

ADOLESCENT VACCINATION COVERAGE

The CDC analyzed data from the 2022 National Immunization Survey to assess vaccine coverage for teenagers 13 to 17 years old. The study focused on the main recommended vaccines for adolescents including tetanus, diphtheria, and acellular pertussis vaccine (Tdap), meningococcal conjugate vaccine (MenACWY), and human papillomavirus (HPV) vaccines. Participants' vaccine providers were contacted for immunization history with parental consent. Results showed that adolescents born in 2008 had lower coverage of Tdap and MenACWY vaccines by age 13 years and lower coverage of Tdap and HPV vaccinations by age 14 years than those born in 2007, demonstrating pandemic disruptions to routine vaccination. For all adolescents aged 13-17, HPV vaccination initiation did not increase in 2022 for the first time since 2013 and might be declining in certain eligible groups within the VFC program. This study demonstrates that catch up vaccination should be prioritized for certain birth cohorts that missed out on well-visits due to the pandemic.

EVOLVING VIEW OF VACCINATIONS

A survey distributed by the Harvard Research Program worked to understand people's changing views of vaccine preventable diseases. The majority of people (84%) view vaccines as doing good and providing protection from disease, including protecting from severe outcomes and keeping diseases under control. Those that are hesitant about vaccines showed concerns over safety, side effects, and general distrust in the government and/or vaccine manufacturers. People generally view the COVID-19 vaccines as moderately effective and safe, while flu vaccines are perceived as being similarly effective but much safer. Furthermore, only 38% of adults ages 65+ and 34% of adults with serious underlying medical conditions identify themselves as being at higher risk for severe COVID-19. Among those ages 60+ there is only moderate interest in receiving the RSV vaccine, with a concern over safety and desire for more research. Less than 1/3 of those who responded know that pregnant people are at risk for RSV. This study demonstrates the continued impact of vaccine hesitancy and the effects that it may have on an individuals' decision to vaccinate themselves or their children. To address concerns and promote vaccination, messaging and education should focus on vaccine safety/efficacy, vaccination benefits, and building trust with the community.

10 YEAR HPV VACCINE DATA

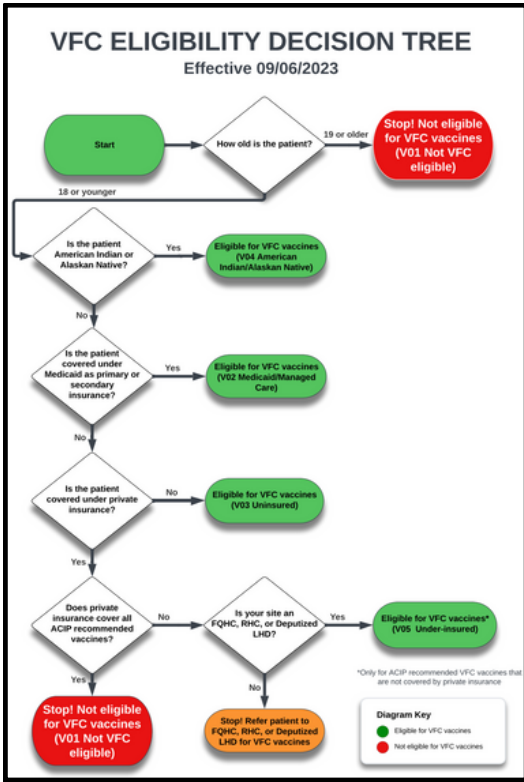
A recent study revealed that HPV vaccination rates among US teenagers did not increase in 2022, with only 62% of surveyed teens being up to date on HPV vaccines. Additionally, a MERCK study assessed the long-term effectiveness of the HPV vaccine in 1,272 participants 9 to 15 years old, finding no cases of vaccine targeted HPV-related diseases, cancers, or genital warts. This data supports the vaccine's protective effects for at least 10 years. Given the public health significance of HPV-related cancers and diseases, this serves as a strong reminder to expand coverage, education, and vaccination efforts to protect all eligible individuals from HPV-related cancers.

ACIP SCHEDULE UPDATES

The CDC updated its immunization schedules ahead of their usual February timeline to help keep providers up-to-date on vaccine recommendations and to speed up insurance payments. This change includes an addenda for new or updated ACIP vaccine recommendations, specifically around COVID, RSV, flu, and pneumococcal disease for children & adolescents. See the CDC website for changes.

PERTUSSIS CASES INCREASING IN ILLINOIS

IDPH has identified an increase in pertussis cases compared to those reported in 2021 and 2022. While the number of cases is still lower than those reported pre-pandemic, the number is expected to continue rising to pre-pandemic levels. Providers should ensure all their patients are up to date on their routine vaccines, including DTap and Tdap. RT-PCR by NP swab or a culture confirmation are the preferred methods of diagnosis and options for treatment may include azithromycin, clarithromycin, and erythromycin. Additional information is available through the CDC's Manual for the Surveillance of Vaccine-Preventable Diseases.



UPDATED VFC ELIGIBILITY CHART

Due to Medicaid Expansion, all Medicaid-enrolled children 18 years of age or younger are now VFC-eligible regardless of their Title 19, Title 21, or State-Funded Medicaid Status.

How this impacts providers:

- Medi should be checked at each encounter to ensure the patient is enrolled in Medicaid, but providers no longer need to check for Title 19, Title 21, or State Funded status.
- When marking the patient VFC eligibility in your patient's chart and in I-CARE, the V02 Medicaid/Medicaid Manage Care status should be selected for all Medicaid-enrolled children.

The IL VFC eligibility chart was updated on September 6, 2023 and can be found [here](#).

UPCOMING EVENTS

- COVID-19 Commercialization Update (Bi-weekly Webinar Series)
 - Friday, October 13th, 12:00PM – 1:00PM
- RSV Vaccine Awareness Webinar
 - Tuesday, October 17th, 12:00PM - 1:00PM
- IVAC COVID-19 Vaccine Mini Bootcamp
 - Friday, October 27th, 8:00AM – 10:00 AM
- ICAAP Annual Education Conference
 - November 9 & 10, 2023

