

VACCINES FOR CHILDREN (VFC) NEWS BULLETIN

ISSUE 5: MAY 2024



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CONTACT CDPH VFC

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

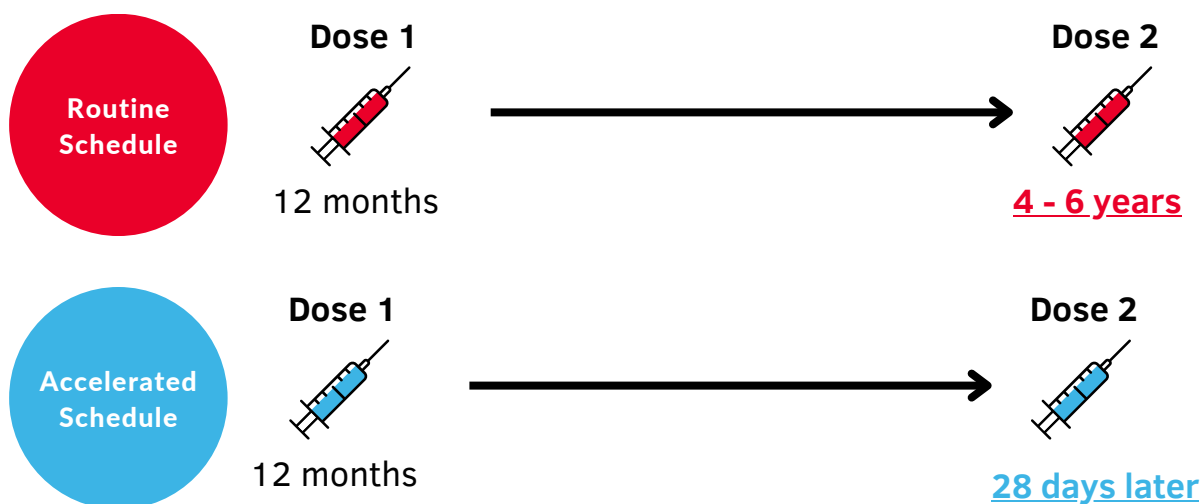
COVID-19 Vaccine Information
www.chicagohan.org/covid-19-vaccine

General VFC Inbox
ChicagoVFC@cityofchicago.org

MEASLES IN ILLINOIS

As of April 25, 2024 [67 measles cases have been reported in Illinois](#), with 61 of those being in Chicago, and 6 in collar suburban counties. While case numbers are plateauing, we are identifying more spread of measles in the community. In the context of community measles transmission, CDPH is recommending an [“accelerated” 2nd MMR dose](#) for Chicago children 28 days after the first dose. This schedule meets Illinois school vaccine requirements. You can view a recording with this information and more from CDPH and IDPH [here](#).

IDPH has not issued state-wide guidance for accelerated doses at this time. Their [SIRENs](#) have noted that during an outbreak, an early second dose may be appropriate. National AAP also supports an early second dose in the setting of an outbreak that is affecting young children.



Testing and Reporting Reminders

- Providers should notify CDPH immediately upon suspicion of measles by completing the [online RedCap form](#). **DO NOT** call 311 or 312-743-7216 to report.
- It is required in the Illinois Communicable Disease Code that specimens are submitted to IDPH Laboratories.
- Testing through commercial labs can delay the public health response to measles and it is recommended that measles testing be conducted at the state lab.
- Refer to this [job aid](#) for more information about specimen collection and shipment.

SANOFI RAISES PRIVATE STOCK PRICE OF NIRSEVIMAB

Sanofi has increased the cost for providers to carry its RSV (respiratory syncytial virus) immunization, nirsevimab. The new list price per dose for the 50 milligram (mg) and 100 mg doses is \$519.75. **Nirsevimab will remain free-of-cost for Vaccines for Children (VFC) providers to obtain for their eligible patients.** This decision has raised concerns among healthcare providers and advocates, since cost already limited providers' interest in stocking the product during the 2023 - 2024 season.



COVID VACCINE INVENTORY

As the end of the 2023-2024 respiratory virus season is approaching, COVID-19 vaccine products are expiring and availability is changing. Due to reductions in shelf life, CDC recommends that providers order smaller quantities of vaccine (3-4 weeks of usage) and utilize more frequent orders if needed. For the Vaccines for Children (VFC) and Bridge Access Programs (BAP), the following availability is expected:

- Novavax: The latest expiry is 5/31/24. This vaccine is no longer available for ordering.
- Pfizer-BioNTech/Comirnaty:
 - 6 months - 4 years: The latest expiry is 7/31/24. This vaccine is no longer available for ordering.
 - 5 - 11 years: The latest expiry is 8/31/24. CDC will continue to process orders until supplies are depleted (expected 6/6/24).
 - 12 years and older: Latest expiry is 8/31/24. CDC will continue to process orders until supplies are depleted (expected late May/early June).
- Moderna/Spikevax:
 - 6 months - 11 years: Latest expiry is late September or better. CDC will continue to process orders until supplies are depleted (sufficient supply is expected for the rest of the season).

A NEW TOOL TO ADDRESS VACCINE HESITANCY

A [new study](#) reported in JAMA medical news shows that empathy may be a key tool in helping clinicians overcome patient vaccine hesitancy. The study showed that patients responded better to providers who not only addressed the patients' specific concerns but also conveyed an understanding of their initial viewpoints. Researchers in this study created a special technique called the Empathetic Refutational Interview (ERI), which helps providers guide their conversations through 4 steps:

1. Elicit concern: Ask patients to share their thoughts.
2. Affirm: Acknowledge the partial truths without validating misinformation.
3. Offer a tailored refutation: After rapport is established, explain why a misconception is wrong and replace it with facts.
4. Provide factual information.

We suggest applying these steps in your next patient interaction, as they were shown to lead to more trustworthiness and openness between patient and provider.

VACCINATION TIMELINESS AMONG US CHILDREN

An analysis done using close to 180,000 responses from the National Immunization Survey-Child spanning from 2011 to 2021 [assessed changes in vaccination timeliness among US children](#) aged 0 to 19 months and examined differences based on socioeconomic indicators.

Over the study period, there was a notable increase in the proportion of children receiving the combined 7-vaccine series on time, rising from 22.5% in 2011 to 35.6% in 2021. However, the study also identified widening disparities in vaccination timeliness when examining socioeconomic status. Children from lower-income families and those without private health insurance experienced slower rates of improvement in on-time vaccination compared to their counterparts with higher income or private insurance.

These findings highlight persistent barriers to timely vaccination access among certain demographic groups, emphasizing the importance of targeted efforts to address disparities and ensure equitable vaccination rates among all children.

PERINATAL HEPATITIS B - CASE MANAGEMENT PROGRAM

Post-vaccination serologic testing (PVST) is recommended for infants born to HBsAg-positive individuals and to individuals 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](#), there are two options based on family preference. A single dose of HepB vaccine may be administered and PVST should be repeated in 1-2 months. Infants whose anti-HBs remain <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, infants found to not be protected by the initial series may instead be revaccinated with the full second 3-dose series and then undergo PVST again 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 post-vaccination serology testing should also 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](#).



Records of PVST (both HBsAg and Anti-HBs tests) must be faxed to the CDPH Perinatal Hepatitis B Case Manager at 312-746-6388. Additionally, HIPAA allows information sharing with the local health department for disease surveillance and disease control – it does not require a release of information form.

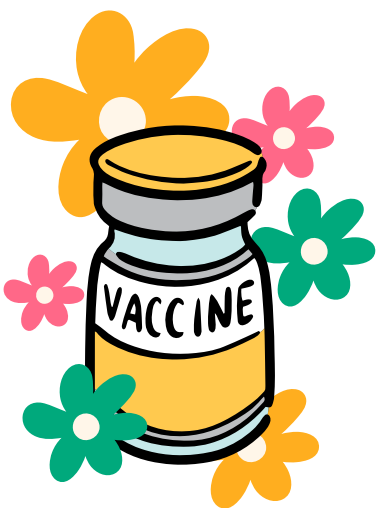
QUICK AND IMPORTANT UPDATES & REMINDERS

- ✓ From AIM: [Managing Vaccine Hesitancy During an Outbreak: A Focus on Cultural Competency](#).
- ✓ Explore vaccine coverage data with interactive tools from the [AAP](#) & [State Health Compare](#).
- ✓ Share this with your patients! [AAP Parent Video Series on Vaccines](#).
- ✓ The 2024 edition of [Red Book](#)® is now available!
- ✓ Season 1 of the [Labor of Love podcast](#) from the American College of Obstetricians and Gynecologists shares stories of vaccines, variants, and parenting during COVID.
- ✓ Make sure you are signed up for [HAN Alerts](#) to receive important, timely updates straight to your inbox.



SPRING BACK TO VACCINATION

Make 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! You can apply the following techniques:



- Target outreach: Use your EHR, patient portal, email, phone calls, reminder/recall letters, or texts.
- Identify patients due for well-child visits by running an I-CARE [“Immunization Due” report](#).
- Get staff buy-in: Run your clinic’s coverage rates in I-CARE and re-establish team huddles at the beginning of the day to remind clinic staff of the importance of getting children back on track.
- Share information: Promote the importance of routine immunizations on your website and social media.
- Make it convenient: Offer nurse-only quick shot visits. Consider hosting drive-thru or pop-up vaccine clinics on site. Consider weekend vaccine clinics to help busy families.

AVIAN FLU PREPAREDNESS

The CDC is [closely monitoring](#) the situation regarding avian influenza A (H5N1), commonly known as bird flu, in the United States. They are conducting surveillance to track cases and assess the risk of spread. Through continuous risk assessment, the CDC is evaluating the potential impact of an avian influenza outbreak and developing plans to mitigate its spread. This involves identifying high-risk areas and populations, as well as implementing strategies for prevention and control (including data surveillance of the H5 vaccine). Use these [talking points](#) from the Public Health Collaborative to stay informed and help educate your patients.

IN-PERSON VFC TRAININGS

Thank you to all 692 of you that attended one of our four VFC trainings over the past couple months! It was great to be back in person and interact with all of you. And congratulations to the sites that won vaccine coverage awards at our last 2 events!

April 19



High pediatric vaccine coverage:
Advocate Irving Park



High adolescent vaccine coverage:
Access at Brickyard & Advocate
Oak Park



High HPV vaccine coverage: Erie
Foster, Erie Helping Hands, Tapestry
360 Health - Gale Elementary
Academy, & Advocate Oak Park

May 6



High adolescent vaccine coverage:
Salud Latinx



High HPV vaccine coverage: Salud
Latinx & Access Centro Medico

CONGRATULATIONS!

KIDS DON'T NEED TO GET SICK TO BE HEALTHY

This concept is fueled by the belief that kids used to be healthier than they are now. An [article](#) by Your Local Epidemiologist explains why this is not true. Infections used to be the top killer for children, especially those under the age of 5. In the 1900s, infectious disease was one of the top killers overall and this continued worldwide through the 1990s. This demonstrates both the dangers associated with infection and the undeniable efficacy of vaccines.

The "hygiene hypothesis", or the idea that overly clean environments are harmful and that kids need to be exposed to germs to strengthen their immune system, is also used as a basis for these claims. This is an outdated theory that only got part of the story right - it is important for kids to be exposed to "healthy" microbes, not those that cause disease. Ultimately, although infection can help build immunity, it is safer and more effective for kids to avoid disease and receive all recommended vaccines.

UPCOMING EVENTS HOSTED BY ICAAP



12PM: Essential Immunizations: Ensuring a Healthy Return to School for Migrant and Refugee Families



Does your organization have sites located outside the City of Chicago? Encourage them to sign up for an upcoming in-person VFC summit with ICAAP and IDPH!

