Measles Cases are Rising in the US

The CDC and the AAP have alerted providers to be on the lookout for common measles symptoms including febrile rashes, cough, coryza, and conjunctivitis, particularly within those who have recently traveled abroad.

These alerts come after multiple reports of measles cases in at least six states since December 2023. If a measles case is suspected in a clinical setting, the patients should be isolated immediately in an airborne infection isolation room (AIIR) or a private room if an AIIR is not available. Patients two years and older, their families, and providers should all be wearing well-fitted masks. Local or state health departments should be notified about any suspected cases.

Testing can be carried out through a nasopharyngeal swab or throat swab for an RT-PCR and with a blood test. RT-PCRs are available through the CDC, many state public health departments, and through the Association of Public Health Laboratories (APHL)/CDC Vaccine Preventable Disease Reference Centers. Providers can then distribute treatment and post exposure prophylaxis to close contacts in coordination with the health department.

Most cases originate from un- or undervaccinated individuals who travel abroad, contract measles, and spread it among other un- or undervaccinated individuals in the US. Therefore, the AAP and CDC continue to emphasize the importance of making sure patients are up to date on the measles vaccine which is highly effective at preventing disease. The first dose should be given to children between 12-15 months of age and a second between 4-6 years of age. If traveling abroad, infants ages 6 months through 11 months should have one dose of MMR, and children 12 months and older should receive two doses at least 28 days apart.

Check out the FRED Epidemic Simulator to visualize possible outbreaks following the introduction of a single measles case in selected US cities.
Respiratory Virus Updates

Modernav COVID-19 Vaccine Returns

As of January 9, 2024, Moderna started allowing a 100% return policy for COVID-19 vaccines for children under 12. This is applicable to doses privately purchased only. This initiative aims to boost vaccination rates amid rising infections and hospitalizations, addressing the challenge providers face in predicting exact dose needs and encouraging a healthy stock without worrying about unused inventory.

COVID-19 Vaccine Benefits for Children

A new study, as part of the National Institutes of Health’s Researching COVID to Enhance Recovery Initiative, found that COVID-19 vaccines are ~35% effective in preventing probable or diagnosed long COVID in children for about a year after vaccination. Adolescents had a higher vaccine effectiveness against probable or diagnosed long COVID (50.3%) compared to children ages 5-11 years (23.8%). This protection appears to be tied to the prevention of a COVID infection. A real world analysis led by researchers from the Perelman School of Medicine at the University of Pennsylvania and Children’s Hospital of Philadelphia (CHOP) showed that vaccinated children were significantly protected from illness and showed no increased signs of any heart related complications. The study looked at the periods marked by the Delta and Omicron waves in 2021 and 2022 where adolescents (12-20 years old) were 98% less likely to become infected during the Delta wave, as compared to their unvaccinated peers. They were 86% less likely to become infected during the Omicron wave. Protection against severe disease and likelihood of ICU admission also decreased dramatically. Similarly, in children 5-11 years old, protection against infection was 74% greater than unvaccinated peers, while comparative protection against ICU admission was 85%. These results reiterate the importance of COVID-19 vaccines and their ability to prevent severe disease, hospital admissions, and ultimately long COVID in children.

COVID-19 and RSV Immunizations in V-Safe

Recipients of these products can now register for V-Safe and participate in health check-ins following immunization:

- Children over the age of six months receiving the 2023-2024 updated COVID-19 vaccine by Pfizer-BioNTech or Moderna.
- People over the age of twelve receiving the 2023-2024 updated COVID-19 vaccine by Novavax.
- Adults over the age of 60 receiving a Respiratory Syncytial Virus (RSV) Vaccine (Abrysvo by Pfizer or Arexvy by GSK).
- Pregnant people receiving the RSV vaccine (Abrysvo by Pfizer).
COVID-19 Vaccine Reimbursement and Rate Changes

The Illinois Department of Healthcare and Family Services (HFS) has updated its State Plan Amendment (SPA). In line with other routine vaccines, providers will be reimbursed a vaccine administration fee of $16.71 for children eligible for VFC.

Providers participating in the Bridge Access Program can now be reimbursed up to $43.06 for each dose administered. Eligible providers outside of Chicago must complete the IDPH COVID-19 Vaccine Provider Agreement by Monday February 12, 2024 to receive reimbursement payments. The reimbursement agreement will expire on May 12, 2024 or until funds are exhausted. Refer to the IDPH Siren to download the reimbursement provider agreement. More information from CDPH for Chicago Bridge Access providers to come.

RSV Administration Errors

COCA published a letter outlining recommendations to avoid mistakes in administering respiratory syncytial virus (RSV) products as it has been reported that infants have received adult RSV vaccines and pregnant individuals the wrong RSV vaccine. Adverse events from these errors were mostly non-serious, however the CDC emphasizes the critical importance of using the correct product. The updated recommendation includes administering nirsevimab to eligible infants and children, even if a different vaccine was given in error. Pregnant individuals who received Arexvy in error should not be given Abrysvo, instead, nirsevimab should be administered to their infants under 8 months during the RSV season. Healthcare providers who administered incorrect RSV products can find further guidance here.

REMINDER!

Aa
Abrysvo, Arexvy, Adult

Bb
Beyfortus Baby

Arexvy & Abrysvo RSV vaccines are only for adults (A is for “adult”) Infants should only receive Beyfortus (B is for “baby”).

Click here to download this visual guide
IDPH has received more doses of nirsevimab for the RSV season, expanding allocations to a broader base of providers by using an equitable implementation strategy. In case of higher demand, priority will be given to providers who have not ordered yet or have used up most of their inventory. Providers are urged to keep their nirsevimab inventory in I-CARE updated and can place orders immediately on a rolling basis until product depletion. When ordering, consider total allocation, provider size, and recent or expected use. When adding an order in I-CARE, ensure the order intent is "Pediatric/VFC Limited Qty." For more information on RSV product distribution, ordering, and administration refer to the IDPH Siren. The CDC recommends administering Nirsevimab to eligible newborns through March 31, 2024.

Pediatricians can also now reserve (private) doses of Beyfortus for the 2024-2025 respiratory virus season through Sanofi’s new reservation program. From February 5 through April 30, 2024, clinicians can work with Sanofi (via their representative or Beyfortus.com) to forecast their needs for the 2024-'25 season. This forecast tool will consider the estimated number of newborns a practice sees monthly, anticipated immunization rates for those births, and the percentage of publicly insured patients. Clinicians are not required to participate in the reservation program. The normal ordering window for non-participants will be September 2024 through February 2025 via vaccineshop.com.

Ordering Abrysvo through the Illinois VFC program is no longer available due to the CDC recommendations to end vaccinating pregnant people on January 31, 2024. The CDC recommends continuing to vaccinate eligible older adults. Providers who choose to administer Abrysvo to pregnant patients after January 31 should encourage them to check their insurance coverage.

Learn more about the end of the respiratory virus season and changes coming for the 2024/2025 season with the recording and slides from a February 9, 2024 webinar with IDPH and CDPH.
HPV Immunizations and Cervical Cancer Study

HPV vaccination rates among teens born in 2008 are lagging, with only 50% up to date, according to the 2022 National Immunization Surveys (NIS). The COVID-19 pandemic and lockdown in 2020 likely contributed to this decline. However, HPV vaccines have proven highly effective in reducing invasive cervical cancer cases, as shown in a recent study by Public Health Scotland. Women vaccinated at ages 12-13 showed no cases of invasive cancer, regardless of number of doses, while older age groups needed three doses to reduce cervical cancer incidence. This highlights the importance of HPV vaccinations, particularly when administered early. Download ICAAP's HPV toolkit for strategies to improve HPV vaccination rates, including patient handouts and downloadable social media images.

The Facts about DNA in Vaccines

There have been multiple instances of leaders speaking out about their concerns for the presence of DNA fragments in COVID-19 vaccines. As explained by Your Local Epidemiologist, part of this conversation is true: all vaccines do, in fact, contain DNA fragments. This is because vaccine production requires the use of cells, which contain DNA. However, there is no need for concern about the inclusion of these components in vaccines. It is biologically impossible for random DNA fragments to integrate into our genes and therefore cannot cause harm such as cancer or autoimmune disease. Dr. Offit with the Children’s Hospital of Philadelphia (CHOP) also offers a video explanation for why there is no cause for concern. Additional information can also be found through CHOP’s resources on COVID-19 vaccines and DNA as an ingredient in vaccines.

Not about Immunizations, but an important update:

Tuberculosis Cases and Reporting in Chicago

Healthcare providers in Chicago are required to report cases of confirmed or suspected tuberculosis (TB) disease within seven days to the Chicago Department of Public Health (CDPH). Civil surgeons are also mandated to report cases of latent TB infection. Reports should provide thorough documentation, including details on TB signs and symptoms, physical examination results, microbiologic findings, and other related laboratory results. Use the updated fax number, (312) 743-0243 to submit laboratory reports and other suspecting documentation to the CDPH TB Program. For further information on TB reporting in Chicago, refer to the health alert.
Quick Announcements

2024 Vaccine Schedules Published
The 2024 Recommended Child and Adolescent Immunization for ages 18 years and younger and accompanying MMWR publication are now available.

Vaccine Promotion Toolkit
Providers are the most trusted source of vaccine information for their patients - both in the office and online. Use ICAAP’s new Vaccines for Children messaging toolkit to promote vaccination and educate about the VFC program online. Just download the images you like, copy the pre-written caption, and you’ll have counseled multiple patients with just a couple clicks!

IDPH Closures and Delivery Holidays
For providers in Illinois outside of the City of Chicago, the IDPH Immunization Department will be closed, and vaccine deliveries will not be available on the following days in February. This will apply to VFC, 317, and COVID-19 vaccines:
· Monday February 12 - Lincoln’s Birthday
· Monday February 19 - President’s Day

Illinois Disease Surveillance System Update
IDPH’s new Illinois Disease Surveillance System (IDSS) will be replacing the I-NEDSS system with two releases. On March 4, 2024, the system will launch its TB and STI tracking data. All other communicable diseases and conditions covered under the second release in Summer 2024. Providers who were active users of I-NEDSS in 2023 will be automatically transferred into the new system. These users were notified that they will be transferred via email.

Upcoming Events
February 21, 2024, 12PM
Vaccine Hesitancy and Misinformation

March 19, 2024, 12PM
Preparing for Adolescent Immunization Action Week

Stay tuned for more on live VFC trainings occurring in Chicago and throughout Illinois later this year!