



# Immunization Newsletter

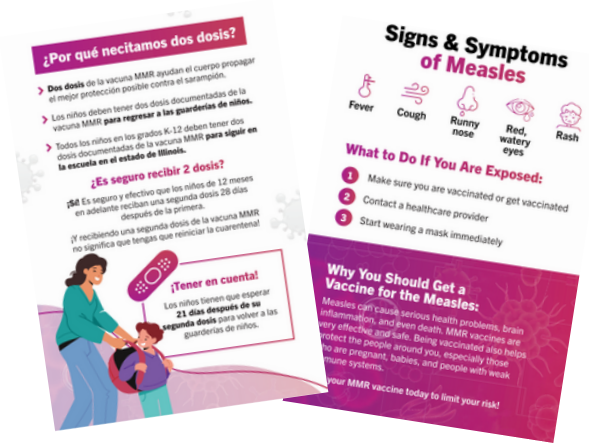
## June 2024



### Measles Outbreak Contained

As of May 30, 2024, the Chicago/Northeast IL measles outbreak has been **declared contained**. This determination was made with two full incubation periods for measles (42 days) having passed without any new cases. *Thank you to everyone who worked quickly to protect children.*

A May 16, 2024 CDC **Morbidity and Mortality Weekly Report** outlines the action steps taken by the city and state. The rapid vaccination response was the key driver in containing the outbreak. ICAAP is proud to have supported the measles response by designing and printing palm cards and posters in english and spanish about MMR vaccines. These were distributed during vaccination efforts in the new arrival shelters.



In response to the outbreak, ICAAP also created an internal measles response workgroup that met three times. This group made recommendations and helped guide the Chapter’s actions. We are grateful for their input and time. Keep an eye out for an ad and featured story on the importance of MMR vaccines in **Chicago Parent** thanks to this group!

Processes for reporting suspected measles cases are reverting back to **business as usual**:

- Chicago providers should call CDPH at 312-743-9000 (select option 2) during business hours or 311 after hours or on weekends to report suspect measles cases and request testing.
- Illinois providers and facilities need to immediately report suspect measles cases to their local health department or to IDPH. If unable to reach their local health department after-hours, providers can call IEMA at 217-782-7860 to reach someone at IDPH.

MMR vaccines should be given according to routine **ACIP schedules**, with **special considerations** taken for those traveling internationally.



## Tread carefully when divorced parents disagree on vaccination

When divorced parents disagree on vaccinations, the AAP recommends that pediatricians tread carefully. Generally, married and separated parents can independently consent to care. However, divorce decrees often default to 50-50 custody, requiring mutual consent for vaccinations. Pediatricians should have divorce decree paperwork on hand to verify each parent's rights and avoid siding with one parent to prevent legal repercussions. If parents disagree, options include mediation or appealing to the court. Pediatricians should maintain clear documentation, adhere to clinic policies, and ensure legal compliance to mitigate risks. To read more on this topic, refer [here](#).

## HPV Vaccination Coverage and Eliminating Cervical Cancer

A [systematic review published in \*Pediatrics\*](#) examined the impact of various governmental policies on HPV vaccination coverage. Findings included that educational requirements aimed at increasing awareness of HPV vaccination had limited effectiveness in boosting vaccination rates. However, evidence-based policies like school-entry requirements (SERs) and federal programs are vital to improving HPV vaccination coverage among adolescents and reducing the burden of HPV-related diseases and cancers.



The CDC and WHO are urging countries to boost vaccination, screening, and treatment to eliminate cervical cancer. Alabama, with one of the highest cervical cancer rates in the nation, is at the [forefront of this effort](#) by vaccinating children, increasing screening accessibility, and ensuring women follow through with treatment, particularly targeting rural and underserved areas.

## Applying a Cultural Safety Framework to Understand Vaccination of Children in Immigrant Families

The article "[Applying a Cultural Safety Framework to Understand Vaccination of Children in Immigrant Families](#)" explores the vaccination rates among children from immigrant families using a cultural safety approach. It discusses how parental country of birth influences vaccine decisions due to different healthcare systems, cultural attitudes, and levels of trust in the U.S. healthcare system. The study utilizes a novel method that links birth records with immunization data in Washington State, covering around 900,000 children over 13 years, to analyze the impact of these factors on vaccine uptake.



## Bird Flu Vaccines

With the rise in bird flu cases affecting many herds of cattle across the US, efforts are underway to prepare for potential human-to-human spread of the virus, though the current risk to public health remains low. As of May 30, 2024, **3 cases of bird flu** have been identified in humans, all of which have occurred through exposure to infected cows. The National Pre-Pandemic Influenza Vaccine Stockpile has several hundred thousand filled vials and syringes ready if necessary. The CDC is constantly screening circulating bird flu strains and updating vaccines accordingly. Vaccine manufacturer **CSL Seqirus** will deliver 4.8 million doses of pre-pandemic vaccine as part of an agreement to support the U.S. government's outbreak and preparedness response. Seasonal flu vaccine makers like Sanofi, could also be asked to shift to producing pandemic flu vaccines.

## Preventing Spread of Infections in Schools

The CDC has released **updated guidelines** for K-12 schools to prevent the spread of infectious diseases, emphasizing the importance of safe and supportive learning environments. The guidance consolidates previous recommendations, aligning with CDC's respiratory virus guidance and scientific evidence. Key recommendations include regular handwashing, respiratory etiquette, maintaining clean facilities, and ensuring sick students or staff stay home. Effective prevention strategies, clear communication, and necessary accommodations for disabilities are crucial for maintaining safe in-person learning environments.

## Rise of Meningitis

A **significant increase in invasive meningococcal disease** has been identified locally and nationally. Since January 2023, CDPH has reported 15 cases, reflecting a similar trend nationwide. The CDC also **issued a health alert** about meningococcal disease cases linked to travel to the Kingdom of Saudi Arabia (KSA) for the Umrah pilgrimage. Providers are urged to begin antibiotic treatment for suspected cases and prioritize vaccination, especially for individuals with immunocompromising conditions like HIV. Routine vaccination is recommended between 11 - 18 years, with a first dose at age 11 and a booster at age 16 years. Healthcare providers should ensure that travelers are current on their MenACWY vaccination and maintain a high suspicion for meningococcal disease in those returning from KSA.

**June is Pride Month! Use this time to celebrate all LGBTQ+ children, families, and staff. Show your clinic's pride! But, most importantly, ensure that your patients have a safe space to be vaccinated, and get the care and support they need to thrive!**



### Pediatrician Credibility Survives Wave of Health Misinformation

Despite the rise of health misinformation, pediatricians maintain a high level of trust among their patients, according to a survey highlighted by Elizabeth A. Gottschlich from the American Academy of Pediatrics. The survey, part of the Pediatricians Life and Career Experience Study, indicates that most pediatricians are seen as credible sources of health information. It also explores the specific challenges they face with misinformation, particularly concerning vaccines and adolescent health issues, exacerbated by social media influences. The survey suggests incorporating discussions about misinformation into routine health checks to proactively combat misinformation and uphold public health.



### 2024 - 2025 COVID-19 Vaccines

The FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC) voted on June 5, 2024 to recommend that COVID-19 vaccines be updated for the 2024/2025 respiratory virus season to improve the vaccines' effectiveness against currently dominant variants. Learn more here. Next steps will be determined during the ACIP meeting later this month.



### RSV Risk by Birth Month & Nirsevimab Cost

An article from the Journal of Pediatric Infectious Diseases Society explored RSV risk by birth month and found that infants born May - September had the highest risk of first-season medically attended RSV Lower Respiratory Tract Infection (LRTI), while infants born between October - December had the highest risk of RSV hospitalization during the first season. The findings support the use of nirsevimab to prevent these outcomes. A recent letter to payers from the AAP addresses the price increase of nirsevimab and highlights concerns about its affordability and accessibility. It urges payers to update their systems by July 1, 2024 to ensure appropriate reimbursements are paid this fall.

# Upcoming Events and More

## Upcoming Events

- Essential Immunizations: Ensuring a Healthy Return to School for Migrant and Refugee Families: Tuesday, June 18 at 12PM
- Long COVID Presentation and Panel Discussion: Friday, June 21 from 12PM to 1:30PM
- ICAAP and IDPH Vaccine Summits for VFC providers outside of Chicago: May – October 2024



or register at  
[illinoisaap.org/events](https://illinoisaap.org/events)



On June 5 -7, ICAAP Senior Immunizations Manager, Monica Del Ciello, attended the Association of Immunizations Manager's Vaccine Access Cooperative meeting for Adult Immunizations.

It was great to connect with and hear from our counterparts in the Great Lakes Region and discuss opportunities for collaboration with our partners at CDPH, IDPH, Cook County Health, and Everthrive Illinois. A lot was learned and we are excited to dip our toes in adult vaccine work while continuing to support pediatric vaccination efforts.

# ENJOY THE SUMMER