



Immunization Newsletter

April 2025

Measles

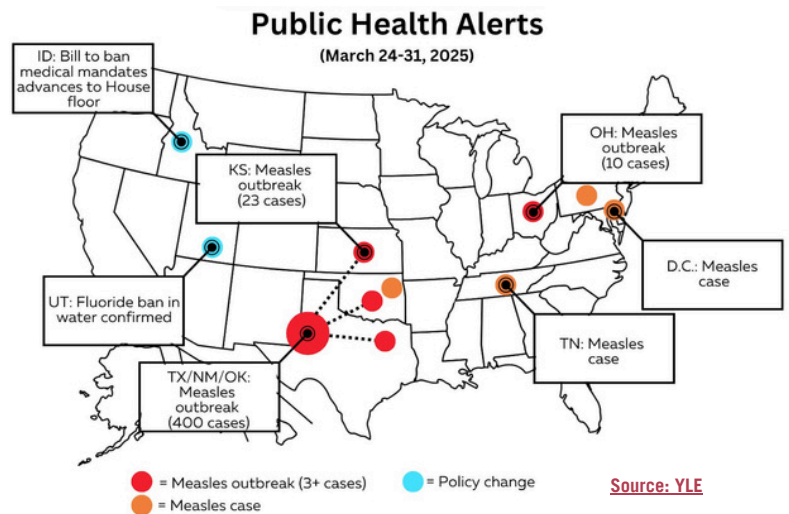
Measles cases continue to grow in the U.S., **surpassing 600** as of April 4, 2025. Here is what we know:

- The majority of these cases are in Texas.
- At least 14% of cases have resulted in hospitalizations and three deaths have now been reported.
- Patients who are unvaccinated or whose vaccination status is unknown account for 95% of confirmed measles cases in 2025.
- Misinformation about the role of **cod liver oil** and Vitamin A in the prevention and treatment of measles has led to the hospitalization of children with liver toxicity in some cases.

Vitamin A is not a substitute for vaccination. **Your Local Epidemiologist** has released an article on 10 FAQs on MMR and Measles that may be helpful to your clinics and patients. Please **communicate with your local schools** and remind them that they can help avoid measles by reviewing students' immunization records, keeping susceptibility lists, reviewing school exclusion policies, and following up with students and staff who are not fully vaccinated.

Perceptions of Measles

A **Quinnipiac University national poll** of registered voters released in March 2025 gauged perceptions around the measles outbreak. It found 7 out of 10 voters are either "very concerned" or "somewhat concerned" about the spread of measles to other states. Additionally, 57% of voters responded that they believe unvaccinated children should not be allowed to attend school and childcare.



Reminders & Awareness Weeks

Disclosing Medical Errors

The AAP has updated their [policy statement](#) on the routine disclosure of medical errors or care that caused harm to patients. Disclosing such errors is considered to be the ethical and appropriate response and can also help maintain trust in the health care system. This can include disclosing medical errors made during vaccination such as, but not limited to: incorrect product administered, incorrect dosage administered, etc. Recommendations for Pediatric Health Care Clinicians, Practices, and Institutions include:

1. Develop and implement policies and procedures for identifying and disclosing adverse events (AEs) to patients and families in an honest and empathetic manner as part of a nonpunitive safety culture.
2. Develop policies and procedures and provide resources to support clinicians and other staff involved in AEs.
3. Encourage a culture of safety, justice, and reporting by all staff as well as by patients and families.
4. Identify populations and situations with higher risk for AEs, such as patients with chronic illnesses and those from historically marginalized or minoritized communities, and partner with families and care teams to help prevent them.

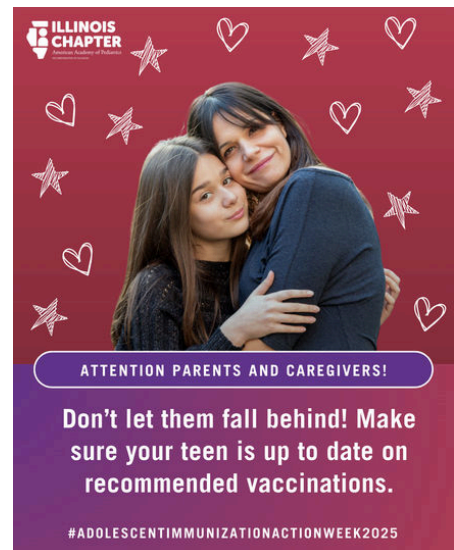


Infant & Adolescent Immunization Weeks

April honors two great public health campaigns: Adolescent Immunization Action Week (AIAW) and National Infant Immunization Week (NIIW)! AIAW (April 7-11) highlights the importance of adolescent immunizations, including those not included in school vaccination requirements. Vaccines that adolescents should receive include: Tetanus, diphtheria, acellular pertussis (Tdap), Meningococcal conjugate (MenACWY), Human papillomavirus (HPV), and Influenza.

ICAAP has compiled a [small guide of resources](#) to help clinics and providers to encourage vaccination amongst adolescent patients.

NIIW (April 21-27) raises awareness on the infant vaccine schedule, promotes the benefits of vaccinating infants, and encourages parents to stay up to date on the recommended vaccine schedule. Staying atop of the recommended schedule can give a child full protection against some of the most serious diseases including Measles, Pertussis, and Varicella, all by the age of two.



Vaccine News & Updates

ACIP Meeting Rescheduled

The [Advisory Committee on Immunization Practices](#) (ACIP) is scheduled to meet April 15 and 16, after the February meeting was postponed nearly two months ago. According to an HHS spokesperson, the reason for it being postponed was “to accommodate public comment in advance of the meeting.”

Much of the [agenda](#) stands to be the same, with topics including meningococcal vaccines, chikungunya, influenza, COVID-19, respiratory syncytial virus, HPV, mpox, Lyme disease, and cytomegalovirus vaccines. An update on the measles outbreak has also been added.



Influence of Community-Level Factors on Health Care Provider Recommendations for HPV Vaccine



A new [study](#) examines how community-level factors influence healthcare provider (HCP) recommendations for the HPV vaccine, which play a crucial role in increasing parental acceptance of vaccination. Using data from the 2014-2019 National Immunization Survey – Teen linked with U.S. Census data, the analysis found that higher population density, greater community-level education, and higher unemployment rates were all positively associated with an increased likelihood of receiving an HCP recommendation for the HPV vaccine. Additionally, the study revealed that non-White adolescents living in high-poverty ZIP codes were more likely to receive a recommendation compared to those in lower-poverty areas. The findings highlight the importance of targeted interventions for healthcare providers, particularly in non-urban settings, and emphasize the need for efforts to promote more equitable vaccine recommendations across diverse communities to improve overall vaccination coverage.

Health and Economic Benefits of Routine Childhood Immunizations

This [new report](#) assessed and quantified the health benefits and economic impact of routine U.S. childhood immunizations among both VFC-eligible and non-VFC-eligible children born during 1994–2023. Among approximately 117 million children born during 1994–2023, routine childhood immunization was estimated to prevent 508 million lifetime cases of illness and 32 million hospitalizations. The economic impact of the 1994-2023 birth cohort suggests \$780 billion in direct costs will be potentially averted along with saving \$2.9 trillion in societal costs by preventing illnesses and deaths. The net savings for routine childhood immunization from the payer and societal perspectives were estimated between \$540 billion and \$2.7 trillion.



Respiratory Virus Season

Flu Might Finally be Slowing Down After a Landmark Season

Overall [respiratory virus activity](#) in Illinois is low, suggesting we may be at the tail end of this respiratory virus season. Test positivity rates for flu, COVID, and RSV are declining, at 9.5%, 3.8%, and 1.6%, respectively. The majority of flu detections are flu B, although overall detections are declining. As of March 29, 2025, there have been a total of **168** pediatric flu deaths in the U.S. Overall, the CDC has [confirmed](#) at least 43 million illnesses, 560,000 hospitalizations, and 24,000 deaths related to the flu. Several more weeks of flu spread are expected and the CDC and the AAP continue to encourage all eligible people to get a flu shot.

For the '25-'26 season, the FDA has mirrored the WHO's [flu vaccine composition recommendations](#) and suggested another trivalent vaccine. At this time, the FDA does not anticipate any impact on the timing or the availability of the vaccine come next season.

Vaccine Effectiveness

Vaccine effectiveness (VE) of [2024–2025 COVID-19 vaccine](#) was 33% against COVID-19–associated emergency department or urgent care visits among adults aged ≥ 18 years and 45%–46% against hospitalizations among immunocompetent adults aged ≥ 65 years, compared with not receiving a '24-'25 vaccine dose. VE against hospitalizations in immunocompromised adults aged ≥ 65 years was 40%.

Interim [2024–2025 seasonal influenza](#) VE estimates were derived from four U.S. VE networks. Among children and adolescents, VE was 32%, 59%, and 60% in outpatient settings (three networks) and 63% and 78% against influenza-associated hospitalization (two networks). Among adults, VE was 36% and 54% in outpatient settings (two networks) and 41% and 55% against influenza-associated hospitalization (two networks).

These findings show that COVID-19 and flu vaccination provide additional protection against outpatient visits and hospitalization compared to no vaccination. Everyone 6 months of age and older should get a COVID-19 and flu vaccine as recommended annually.

FluMist


For the '25-'26 flu season, it is expected that AstraZeneca's [FluMist vaccine](#) will be available for at-home administration for those ages 2-49. Individuals can order the vaccine to their home via an online portal. Before an order is placed, they will confirm eligibility. Those 18 years and older can self-administer, while those younger should have it administered by a parent or guardian. FluMist at home will not be available to patients covered by the VFC program. After administration, the FluMist sprayer should be sent back using the prepaid return label included in the original packaging. For more detailed information, read the [package insert](#).


Additional Resources

Quick Reminders and Updates

 From IDPH: [Guidance for Health Care Personnel Exposure to Patients with Suspected or Confirmed H5N1](#)

 From Vaccinate Your Family: [The Truth About Autism and Vaccines](#)

 From AAP: [Fact Checked](#)

 The AAP is partnering with the [Public Policy Lab](#) to recruit pediatric clinics for an [observational study](#). The study aims to improve understanding of how childhood vaccine safety information is communicated in healthcare environments. The study would occur between late May to early June. Participating clinics will receive a \$15,000-\$20,000 stipend.



Upcoming Webinars

- April 11, 12PM: Optimizing Access to Contraceptive and Reproductive Health for Latinx Communities
- April 16, 12PM: Back to Basics: A Roadmap for Vaccine Advocacy & Policy
- April 28, 12PM: Addressing Medical Neglect in Pediatric Practice - Working with Families to Reduce Reports to CDFS
- May 21, 12PM: Summer Travel Immunizations

Register at
illinoisaap.org/events
or scan the QR code



Upcoming In-Person Events

- Registration for the May 7 CDPH VFC Training is still open!
Two staff from every VFC site in Chicago must attend
- Six Vaccine Summits between June 4 and September 10, 2025 - for providers outside of Chicago

Find the full schedule and register today at illinoisAAP.org/vaccines-for-children