



2026 CDPH Vaccines for Children Training

May 21, 2026

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Agenda

- 8:00am - Check-in & Networking
- 8:30am - CDPH VFC Program
- 10:15am - Networking Break
- 10:35am – Vaccines Updates
- 11:45am – Interactive Session
- 12:15pm- Awards & Closing
- 12:30pm – Adjourn

Introduction & Meet the CDPH Staff!

Alexander Sloboda, MD, MPH



Session I: CDPH VFC Program

Sylvia Dziemian, MBA



Learning Objectives

After this session, participants will be able to:

Summarize the VFC Program recommendations, requirements, and updates.

Set up effective vaccine storage and handling practices and keep vaccine waste to a minimum.

Describe inventory reconciliation, vaccine ordering best practices, and other Chicago VFC mandates.

Manage vaccine inventory by using the I-CARE support portal and ordering vaccines through I-CARE.

★ CDPH VFC Manual

- An updated VFC manual will be available soon!
- It will be posted to ICAAP's [Chicago VFC webpage](#) and emailed to all VFC providers when available.
- It will also be posted to the [Chicago VFC HAN webpage](#) when available.





History of the VFC Program

- Between 1989 and 1991, there was a serious measles resurgence in the U.S. with more than 55,000 cases reported, more than 11,000 hospitalizations, and 123 deaths.
 - A major cause of the resurgence was a large number of preschool children who had not been vaccinated against measles.
- Investigations showed that vaccine cost was a major impediment to preschool children getting vaccinated, particularly those who were uninsured.
- The VFC program was enacted in 1994 to remove cost as a barrier to vaccine access.
- The VFC Program is an entitlement program (a right granted by law) for eligible children, ages 18 and younger.



VFC Eligibility

- A child is eligible for the VFC Program if they are 18 years of age or younger and are one of the following:
 - Uninsured
 - Medicaid-eligible or Medicaid-enrolled
 - American Indian or Alaska Native
 - Underinsured

VFC Eligibility – Underinsured

- Underinsured means that the child has health insurance, but the insurance policy:
 - Doesn't cover any vaccines
 - Doesn't cover certain recommended vaccines
 - Does cover recommended vaccines but has a fixed dollar limit or cap for payment

Underinsured VFC-eligible children can only receive VFC vaccine from a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC).

VFC Eligibility Cont.

- VFC Providers agree to screen patients for program eligibility at each immunization encounter and document their eligibility status.
- VFC vaccines can only be administered to children who meet VFC eligibility criteria, which are mandated by Congress.
- When screening patients, providers should select the VFC eligibility category requiring the least out-of-pocket cost for the parent.

Knowledge Check

True or False: Underinsured children can receive VFC vaccine from any VFC provider.





VFC Provider Eligibility Criteria

To become a VFC provider in Chicago, you must:

- Be licensed in Illinois to administer vaccines to children aged 18 and younger.
- Be willing and able to follow all VFC program requirements, policies, and procedures, including participation in site visits and educational opportunities.
- Have the capacity to order, receive, manage, store, and monitor the temperature of public vaccines.
- Be open at least four consecutive hours for three days a week to receive VFC vaccines.

VFC Provider Enrollment Overview

- Complete Provider Agreement and Provider Profile enrollment forms
- Apply for site in I-CARE
- Complete application for VFC in I-CARE
- Obtain vaccine storage units and digital data loggers (DDLs)
- Submit temperature reports from DDLs
- Complete an enrollment visit with CDPH
- Obtain VFC PIN



VFC Provider Agreement

- A Centers for Disease Control and Prevention (CDC)-developed contract between the provider location and the awardee (CDPH) outlining requirements to receive publicly funded vaccines.
- The medical director in a group practice must be authorized to administer pediatric vaccines under state law.
- If the status of the individual signing the provider agreement changes, the provider must notify the CDPH VFC Program.
- CDPH requires you to:
 - Agree to attend annual VFC training
 - Agree to replace vaccine purchased with federal funds that are deemed non-viable due to provider negligence
 - Agree to participate in I-CARE



VFC Provider Profile

CDC-developed profile that:

- **Captures** the number of VFC-eligible children and non-eligible children served by VFC provider locations.
- **Supports** determining how much vaccine to order for each population served.
- **Used** when reviewing and approving provider location vaccine orders.
- **Updated** annually or when the number of children served changes.



VFC Record Maintenance

- Providers must maintain all records related to the VFC program for a minimum of three years, or longer if required by state law, and make these records available for review upon request.
- Records include, but are not limited to:
 - Vaccine storage unit temperature documentation
 - VFC vaccine management training records
 - VFC eligibility screening documentation
 - Vaccine management plan
 - Billing records
 - Vaccine ordering records
 - Vaccine purchase and other accountability records (packing lists, borrowing forms, wastage reports, etc.)

Knowledge Check

What is the minimum amount of time your clinic must be open to receive VFC vaccines?

- a. Eight consecutive hours for five days a week.
- b. Four consecutive hours for three days a week.
- c. Three consecutive hours for two days a week.
- d. There is no minimum requirement.



Recommended Immunization Schedules

- Chicago VFC providers should continue to order, administer, and recommend vaccines as they have been.
- CDPH endorses IDPH/AAP's 2026 Recommended Child and Adolescent Immunization Schedule.
- CDPH expects Chicago VFC providers to follow AAP/IDPH immunization recommendations and provide all the vaccines in the schedule to all their VFC eligible children.
- Chicago VFC providers are expected to carry all the vaccines in the AAP/IDPH immunization schedule.

Vaccine Information Statements (VISs)

- Fact sheets produced by CDC that explain to vaccine recipients both the benefits and risks of vaccines.
- Federal law (National Childhood Vaccine Injury Act, NCIVA) requires VISs to be given to a patient, parent or legal representative before each dose of certain vaccines.
- CDC encourages the use of VISs for all vaccines, whether the vaccine is covered by NCIVA or not.
- The VISs are available for download from [immunize.org](https://www.immunize.org).

Federal law requires that VISs must be used for patients of **ALL ages** when administering these vaccines:

- DTaP
- Td and Tdap
- hepatitis A
- hepatitis B
- Hib
- HPV
- influenza (inactivated and live, intranasal)
- MMR and MMRV
- meningococcal (MenACWY, MenB)
- pneumococcal conjugate
- polio
- rotavirus
- varicella (chickenpox)

For the vaccines not covered under NCIVA (i.e., adenovirus, anthrax, COVID-19, dengue, ebola, Japanese encephalitis, pneumococcal polysaccharide, rabies, RSV, smallpox/monkeypox, tick-borne encephalitis, typhoid, yellow fever, and zoster), providers are not required by federal law to use VISs. However, CDC recommends that VISs be used whenever these vaccines are given. When administering a vaccine under conditions of an emergency use authorization (EUA), an EUA fact sheet must be used (see www.cdc.gov/vaccines/hcp/eua/index.html).

*Federal law allows up to 6 months for a new VIS to be used.



VFC Provider Unenrollment

- Either the provider or CDPH may decide to terminate the provider agreement at any time.
- Providers who wish to terminate the provider agreement must:
 - Notify CDPH
 - Stop using VFC vaccines as of the withdrawal date
 - Return any unused VFC vaccines back within 30 days
- CDPH may terminate the provider agreement due to:
 - The provider not ordering vaccine in the past 12 months
 - CDPH being notified that the provider is on the List of Excluded Individuals and Entities (LEIE)
 - Providers on this list are excluded from participating in federally funded health programs because of issues that include program-related fraud, etc.
 - Failure to comply with program requirements

VFC Provider Responsibility to Train Staff

- Site's responsibility to train staff on vaccine storage and handling.
- Trainings should target:
 - Staff receiving vaccine deliveries— how to open, record, and store vaccine shipments immediately
 - Staff handling or administering vaccine storage and handling
 - Transporting vaccines off-site, routine and emergency vaccine management
- Training must be documented on the vaccine management plan.

VFC Staff Training Resources

- Some VFC site visits
- This training 😊
- CDC online training with both of the following modules:
 - You Call The Shots – [Module 10 – Storage and Handling](#)
 - You Call the Shots – [Module 16 – Vaccines for Children Program](#)

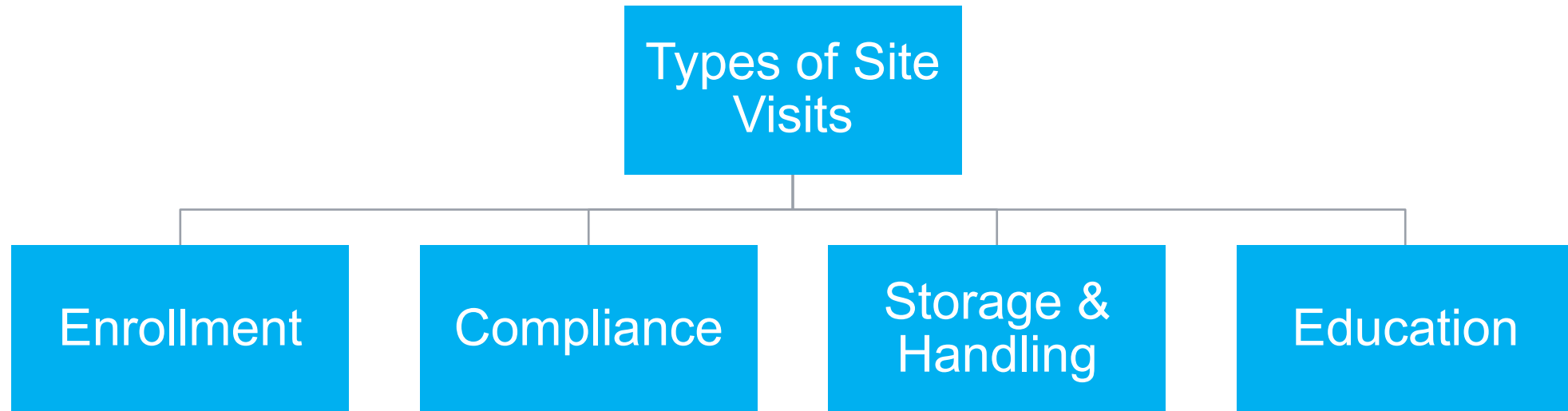
Knowledge Check

Who can terminate the provider agreement?

- a. Only CDPH
- b. Only the provider
- c. Either CDPH or the provider



VFC Site Visits





Compliance Visits

- Each VFC provider is required to have a compliance visit conducted by CDPH staff.
- Requires a thorough evaluation of compliance with VFC program requirements, including:
 - Verification of information in the provider profile
 - Review of VFC eligibility screening and documenting procedures
 - Review of vaccine storage and handling practices (including temperature logs and vaccine storage units)
 - Certificate of Calibration of the refrigerator, freezer, and backup thermometers
 - Evaluation of written procedures related to temperature monitoring, routine vaccine storage and handling, emergency vaccine storage plans
 - Three months of temperature logs for refrigerator, freezer, and print a matching DDL report
 - Review of documentation of VIS given
 - Review of documentation for vaccine administration
 - Review of vaccine ordering and accountability
 - Verification that VFC program policies are being properly implemented

Storage & Handling Visits

- May be announced (scheduled) or unannounced.
- These visits ensure that the storage unit:
 - Conforms to VFC requirements
 - Contains a DDL with a current and valid certificate of calibration
 - Has vaccine and DDL placed correctly in the unit
 - Has sufficient space to store all vaccines
 - Does not contain expired vaccine
 - Has at least one backup DDL available with a different calibration date



Fraud & Abuse

- **Fraud:** Intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person.
- **Abuse:** Provider practices that are inconsistent with sound fiscal, business, or medical practices and result in an unnecessary cost to the Medicaid program (and/or including actions that result in an unnecessary cost to the immunization program, a health insurance company, or a patient), or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care.

Fraud & Abuse Cont.

Examples of fraud and abuse:

- Providing VFC vaccines to non-VFC-eligible children
- Billing a patient or third party for a VFC vaccine
- Denying VFC-eligible children a VFC vaccine due to the inability to pay an administration fee
- Failing to screen for and document VFC eligibility at each visit
- Failing to properly maintain VFC records for three years
- Failing to properly store and handle VFC vaccines
- Wasting of the VFC vaccine

Knowledge Check

True or False: Denying VFC eligible children a VFC vaccine due to inability to pay an administration fee is an example of fraud/abuse.



★ No Charges Allowed for VFC Vaccines

- VFC vaccines must be provided to an eligible child at **no cost**.
- Patients, Medicaid agencies, and third-party payers can never be billed for the cost of the VFC vaccine.





Vaccine Administration Fees

- VFC providers can charge a vaccine administration fee.
- Administration fees are per vaccine and not per antigen.
- The vaccine administration fee for non-Medicaid VFC-eligible children must not exceed \$23.87 per dose.
- Only bill Medicaid for the administration fee for VFC-eligible children enrolled in Medicaid.
- VFC providers may issue a single bill for the administration fee for non-Medicaid VFC-eligible children within 90 days of vaccine administration.
- Unpaid administration fees may not be sent to collections.
- VFC providers may not refuse to vaccinate an eligible child with unpaid administration fees.

Knowledge Check

Who should be billed for the administration fee of a VFC vaccine administered to a VFC-eligible child enrolled in Medicaid?

- a. Medicaid
- b. The patient
- c. CDPH
- d. No one



★ Immunization Quality Improvement for Providers (IQIP)

- IQIP is CDC's national, VFC provider-level immunization quality improvement (QI) program that started in 2019.
- IQIP promotes and supports implementation of provider-level strategies designed to help increase vaccination of children and adolescents.
- Four IQIP strategies call for quality improvement activities that focus on improvements to the vaccination workflow and include:
 - Facilitate return for vaccination in patients
 - Leverage I-CARE functionality to improve immunization practice
 - Give a strong vaccine recommendation (include HPV vaccine if the provider has adolescent patients)
 - Strengthen vaccination communications



The IQIP Process

- IQIP is a 12-month process during which CDPH and VFC providers collaborate to implement provider-level QI strategies to increase vaccine uptake by improving and enhancing vaccination workflow.

Site Visit	2-Month and 6-Month Check-Ins	12-Month Follow-Up
<ul style="list-style-type: none">• Provider's vaccination workflow is observed, and initial coverage is reviewed• QI strategies are selected• Technical assistance is provided by the IQIP consultant• Action items are chosen for strategy implementation plan	<ul style="list-style-type: none">• Progress toward strategy implementation is reviewed• Technical assistance is provided by the IQIP consultant• Strategy implementation plan is reviewed and updated	<ul style="list-style-type: none">• Progress toward strategy implementation is reviewed and updated• Technical assistance is provided by the IQIP consultant• Year-over-year coverage change is reviewed



IQIP Benefits

- Benefits of IQIP:
 - Improved vaccination coverage & workflow at your clinic
 - Data-driven quality improvement
 - Tailored technical assistance & strategies
 - Resource and efficiency gains
- By participating in IQIP, you will learn how to:
 - Run vaccine coverage reports in I-CARE
 - Clean up your active patient list in I-CARE
 - Diagnose and correct HL7 errors



VFC Sites Due for IQIP

- Visit our IQIP table to connect with our IQIP consultant, Elissa.
- CDC requires 25% of VFC providers annually to participate in IQIP.
- 1/3 of VFC providers have yet to participate in IQIP with CDPH!



Vaccine Management

Kevin Hansen



Vaccine Management Team

- Led by Kevin Hansen
- Nicholas Orloff

Westside Center for Disease Control: 2160 W. Ogden Ave
chicagovfc@cityofchicago.org

Vaccine Management Help Desk: (312) 746-5385

M-F, 9:00am – 4:00pm

Vaccine Storage and Handling

Vaccine Storage and Handling Plan

Must include:

- Designated primary VFC vaccine coordinator and at least one back-up.
- Procedure for ordering vaccines and managing vaccine inventory.
- Procedure for storing vaccines, monitoring storage conditions, and vaccine handling.
- Shipping procedure, including receiving, packing, and transporting vaccine in emergency situations.

Should be updated routinely or as needed.

Emergency Vaccine Storage and Handling Plan

Should include:

- Person(s) responsible for preparing and transporting vaccine, including contact information.
- How will this person be notified that the vaccine needs to be moved.
- Location that will receive the vaccine.
- How the receiving location will be notified of the transport.
- How to pack the vaccine for transport.
- Worksheet to document the vaccine involved in a power or equipment failure.

Knowledge Check

Which is NOT a type of storage and handling plan that you need to maintain?

- a. Routine Vaccine Storage and Handling Plan
- b. Emergency Vaccine Storage and Handling Plan
- c. Pandemic Vaccine Storage and Handling Plan



Appliances

Appliances: Refrigerator and Freezer

Appliances must be:

- Able to maintain required vaccine storage temperatures year-round.
- Large enough to store the year's largest inventory without crowding.
- Dedicated to the storage of vaccines only – **NO food, beverages, or specimens.**
- Equipped with:
 - Automatic defrost capabilities
 - Separate temperature controls for each section
 - Separate compressors (if the unit is a combination refrigerator/freezer unit)
 - A calibrated digital data logger inside each storage unit

Temperature Excursions



Temperature Excursions

Most importantly, quarantine affected
vaccines in an in-range unit and contact
ChicagoVFC@cityofchicago.org

Temperature Excursions (cont.)

Inappropriate storage of vaccines and/or lack of communication regarding temperature excursions can result in:

- Extra doses for patients
- Increased costs for providers
- Damage to public confidence in vaccines
- Potential liability for providers



Ordering Vaccines

★ Ordering Vaccines

Request VFC vaccines in I-CARE: VFC tab > *Vaccine Requests* > *Add Order*

The screenshot displays the I-CARE web application interface. At the top left is the I-CARE logo. A search bar contains the text "Search I-CARE...". To the right of the search bar is a "Sites" dropdown menu and a search icon. Below the search bar is a navigation menu with items: Home | ▾, Patients | ▾, Site | ▾, Reports, Quick Assist, and Admin 🔒. On the far right of this menu is the word "IMMUNIZATION". Below the navigation menu, the current site is identified as "Site: IMMUNIZATION PROGRAM AT WSCDC [VFC PIN: C05000] 🔒 193". A secondary navigation bar contains the following tabs: Site, Vaccines, COVID, Mpox, VFC (which is highlighted), Temp Logs, VIS, Employees, Campaigns, Import (603.2K), My Sites, and Registration 🔒. Below this bar, there is a "Select View:" section with buttons for VFC, Vaccine Requests (highlighted), Staff, Enrollment, and Files 🔒. To the right of these buttons is an orange "Add Order" button, which is being pointed to by a large black mouse cursor. Further to the right is an information icon (i) followed by the text "VFC Ordering now reserved for Vaccine Coordinator Staff only."

★ Ordering Vaccines (cont.)


Before ordering vaccines:

- Ensure IAHR report is clear of entries.
 - Navigate to Reports tab -> Inventory Analysis Helper Report
- Take an inventory and complete vaccine reconciliation.
 - Navigate to Reports tab -> Vaccine Accountability Report
- Ensure all expired vaccines have been processed for return and removed from in-stock inventory.
 - Complete a Vaccine Return form and fax to (312) 746-6220
 - Await e-mail from UPS Quantum – pack and ship expired vaccine
- New 2025: Input DDL temperatures into I-CARE.
 - Temperatures can be copied from paper temperature logs

★ Ordering Vaccines (cont.)

The most common vaccine inventory issues can arise due to:

- Inaccurate *Vaccine* field
- Inaccurate or missing *Lot Number*, or
- Incorrect *VFC Eligibility*


Shot Date: 02/05/2020  *

Vaccine Group: FLU

Vaccine: Fluarix, quadrivalent, preservative free [SKB] *

Lot Number: 9A47X (VFC)

VFC Eligibility: Eligible-Medicaid/Medicaid Managed Care [V02]

Shot Status:	Group	Dose #	Status	Details
	FLU	5	✓ Valid	-- <input type="checkbox"/> Override as INVALID 

Ordering Vaccines (cont.)

- Flu, COVID, and pediatric RSV immunizations are available.
- Pneumococcal 23 can be requested directly when you place orders using the text box that appears when you hit Change Status.
- Bexsero and Tenivac may be requested in single-dose increments.
- Polio vials should be used until the listed expiration date and NOT discarded after 28 days.
- In most cases coolers can be returned to McKesson. Please reach out if you are unsure.
- Temperature monitors for shipments will change for a few months.



Knowledge Check

True or False: Before ordering vaccines, you must input DDL temperatures into I-CARE.





Onboarding New Staff

Onboarding New Staff

- Obtain an I-CARE account online through IDPH.
- Complete an I-CARE Individual User Agreement.
- Visit ChicagoHAN.org/vfc for how-to guides.

I-CARE Basics

I-CARE How-To Guides

- [Apply for an I-CARE Account](#)
- [I-CARE Individual User Agreement](#)
- [Enroll as a COVID-19 Vaccine Provider](#)
- [Order vaccine via I-CARE](#)
- [Reset your I-CARE password](#)

I-CARE is Illinois' immunization registry - please input vaccinations for *all your patients*, not just those in the VFC program!

★ Onboarding New Staff (cont.)

- Complete: You Call The Shots – Module 10 – Storage and Handling and You Call the Shots – Module 16 – Vaccines for Children Program
- Attend online I-CARE training offered monthly: Chicagohan.org/vfc -> Training Tab
- Add individual as primary/backup VFC coordinator in I-CARE: VFC Tab -> Staff Button -> Add VFC Staff

The screenshot displays the I-CARE system interface. At the top, it shows the site name: "Site: IMMUNIZATION PROGRAM AT WSCDC [VFC PIN: C05000]". Below this is a navigation menu with tabs for Site, Vaccines, COVID, Mpox, VFC, Temp Logs, VIS, Employees, Campaigns, Import (603.2K), and My Sites. The VFC tab is currently selected. Below the navigation menu, there is a "Select View:" section with buttons for VFC, Vaccine Requests, Staff, and Enrollment. The Staff button is highlighted in blue. To the right of the Staff button is a right-pointing arrow and a blue button labeled "Add VFC Staff".



Notify CDPH Staff

- When the VFC coordinator changes
- When delivery hours change
- When you have vaccines that will expire in the next three months (or more), and you do not think you will be able to use them all

Immunization Information System (IIS)

David Juen



Illinois Comprehensive Automated Immunization Registry Exchange (I-CARE)

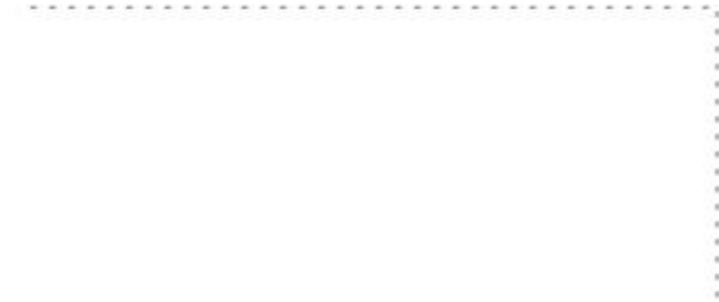
- I-CARE is an electronic web-based immunization data registry operated by IDPH as authorized by the Immunization Data Registry Act, 410 ILCS 527.
- All Chicago VFC providers must be enrolled in I-CARE.
- Enrollment and vaccine management is completed in I-CARE.

The Value of IIS



1 Provides Consolidated Records

Comprehensive records containing immunizations administered at a previous provider office, hospital, pharmacy or school clinic give healthcare providers the full story, preventing patients from receiving too many or too few vaccines.



2 Manages Vaccine Inventory

Vaccine ordering, tracking, and administration are all managed in one tool.



3 Minimizes Waste

Ensures every vaccine is accounted for and prevents the administration of unnecessary doses of vaccines.



4 Forecasts Immunizations

Helpful alerts notify providers to assist with clinical decisions and management of the complex immunization schedule.



★ Knowledge Check

Which is **NOT** a valuable component of I-CARE?

- a. Managing vaccine inventory.
- b. Minimizing waste.
- c. Managing patient appointments.
- d. Forecasting immunizations.





2026 IIS Updates

1. New Program Tab
2. Re-Enrollment
3. Vaccine Locator Dashboard
4. HL7 onboarding (Sending EMR messages to I-CARE)
5. Chicago HAN
6. I-CARE Training Videos
7. Provider Report Cards

New Program Tab



Important: All Vaccine Programs are being consolidated in the new [Site/Programs tab](#). Existing VFC functionality is now available via the Programs tab. As a result, this dedicated VFC tab will be removed in the near future.

Site: **BCBS CDPH CARE VAN 1 [VFC PIN: CV0001]** ID: 76273855

Site Vaccines **Programs** COVID Mpox VFC Temp Logs VIS Employees Campaigns Import (100.4K) My Sites Registration

Select View:

Programs Vaccine Requests Staff Enrollment Files

Program	PIN	Program Status	Ordering Status	Enroll Year	Active: Orders	Returns	Waste
VFC Chicago	CV0001	Active	I-CARE Orders (Phase 1)	2025	0	1	0
VAP Illinois	PV0001	Inactive	--	2025	0	0	0
Bridge Chicago	CV0001	Program Ended	--	--	--	--	--
COVID Chicago	CV0001	Program Ended	--	--	--	--	--

Showing 1 to 4 of 4 entries

Search:

Slight difference in Navigation

Under Programs you will be able to:

- Enroll in Chicago VFC
- Submit Vaccine Requests
- Manage Staff Members

Note COVID, MPOX, VFC tabs will be removed

★ 2026-2028 Re-Enrollment Under Development

- Re-Enrollment is now required every 2 years.
- Once re-enrolled you will be eligible to order vaccine May 2026 – April 2028.
- **Deadline 05/01 - Overdue**

Vaccine Locator Dashboard

<https://dph.illinois.gov/topics-services/prevention-wellness/immunization/vaccine-locator.html>

Immunization

I-CARE

Thimerosal and Vaccines Q&A

Vaccines For Children Program

Talking to Parents About
Immunizations – Resource ...

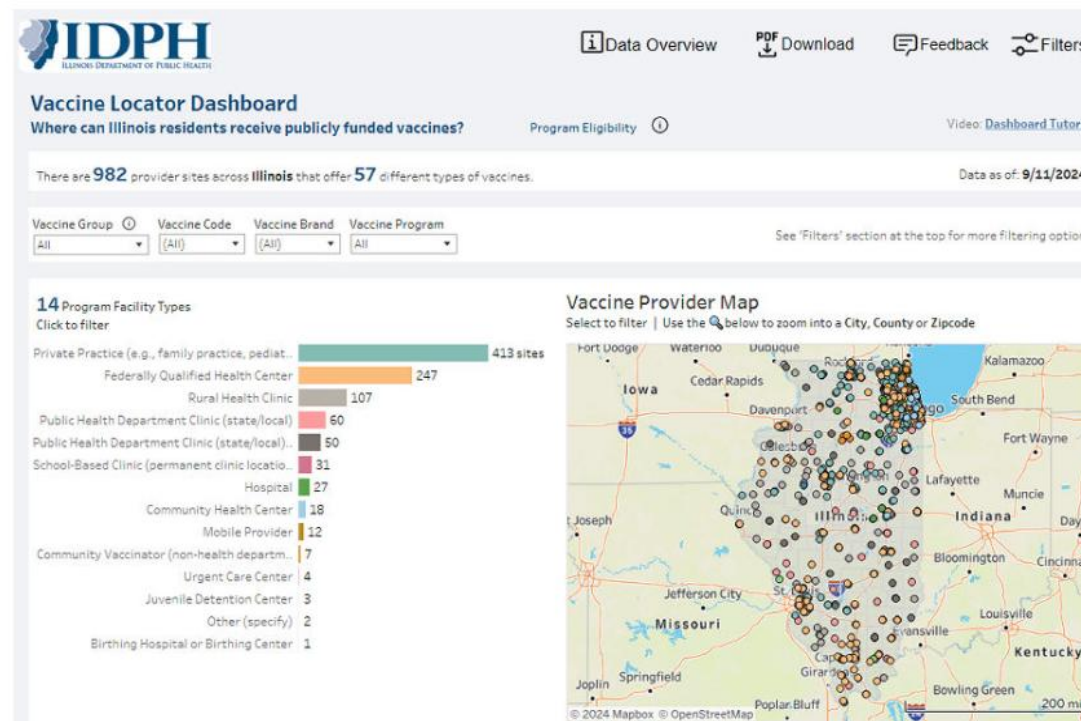
Religious Exemption

VaxToSchool

Vaccine Locator

Coverage Dashboards

Vaccine Locator



The Vaccine Locator Dashboard is a visual and interactive tool for providers and Illinoisans. Users can use this tool to identify provider sites that offer publicly funded vaccines such as:

This dashboard provides users vaccine availability and directions to provider sites. All data displayed in this tool is retrieved daily from the Illinois Comprehensive Automated Immunization Registry Exchange ([I-CARE](#)).

[VACCINE LOCATOR DASHBOARD >](#) 

[VACCINE LOCATOR DASHBOARD TUTORIAL >](#)

★ Vaccine Locator Example

Can view clinics throughout Illinois and filter by vaccine group or brand.

Allows the public to see a detailed view of vaccines offered statewide and get connected to vaccination opportunities.

Updated contact info and updated inventory information in I-CARE is critical.

Detailed list of 699 sites

Click to be taken to Google Maps directions to the site and other info

Please contact the provider to see if they are accepting new patients

Site Summary Detailed Vaccine View

Site Name	Vaccine Group	Lot Fund	Vaccine	Availability			
SIDNEY HILLMAN HEALTH...	COVID-19	VFC	Spikevax COVID-19 (2024-2025 12+ years)	✓			
STROGER HOSPITAL	COVID-19	VFC	Moderna COVID-19 (2024-2025 6m-11y)	✓			
			Spikevax COVID-19 (2024-2025 12+ years)	✓			
			Pfizer-BioNTech COVID-19 (2024-2025 6m-4y)	✓			
			Pfizer-BioNTech COVID-19 (2024-2025 5-11 years)	✓			
			Comirnaty COVID-19 (2024-2025 12+ years)	✓			
UNIVERSITY OF ILLINOIS...	COVID-19	317	Spikevax COVID-19 (2024-2025 12+ years)	✓			
			INFANT WELFARE SOCIETY OF CHICAGO	COVID-19	317	Spikevax COVID-19 (2024-2025 12+ years)	✓
						VFC	Pfizer-BioNTech COVID-19 (2024-2025 5-11 years)
CIMPART HALSTED CLINIC	COVID-19	317	Pfizer-BioNTech COVID-19 (2024-2025 6m-4y)	✓			
			Comirnaty COVID-19 (2024-2025 12+ years)	✓			
			Spikevax COVID-19 (2024-2025 12+ years)	✓			

Vaccine Group Vaccine Code Vaccine Brand Vaccine Program See 'Filters' section at the top for more filtering options

16 Program Facility Types
Click to filter

Private Practice (e.g., family practice, pediat..	272 sites
Federally Qualified Health Center	193
Public Health Department Clinic (state/local)..	58
Rural Health Clinic	52
Hospital	35
Public Health Department Clinic (state/local)	27
School-Based Clinic (permanent clinic locatio..	21
Community Health Center	16
Other (specify)	12
Mobile Provider	6
Community Vaccinator (non-health departm..	2
Family Planning Clinic (non-health departme..	1
Juvenile Detention Center	1
Pharmacy	1
Private Practice (e.g., family practice, pediat..	1
Refugee Health Clinic	1

Vaccine Provider Map
Select to filter | Use the below to zoom into a City, County or Zipcode

Detailed list of 405 sites

Click to be taken to Google Maps directions to the site and other info

Please contact the provider to see if they are accepting new patients

Site Summary Detailed Vaccine View

Site Name	Location	Program Facility Type	Vaccine availability may be limited to students/district residents	Vaccine(s) Available	Click here for directions and additional info about the site via Google Maps
SIDNEY HILLMAN HEALTH CENTER	333 S ASHLAND AVE # 4 CHICAGO 60607-2703	Private Practice (e.g., family practice, pediatric, primary care)	✓	✓	
STROGER HOSPITAL	1900 W POLK ST STE 220 CHICAGO 60612-3723	Hospital	✓	✓	
UNIVERSITY OF ILLINOIS HOSPITAL	912 S PAULINA ST C/O JAMIE PAEK, PHARMD CHICAGO...	Hospital	✓	✓	
INFANT WELFARE SOCIETY OF CHICAGO	3600 W FULLERTON AVE CHICAGO	Community Health Center	✓	✓	

HL7 Onboarding and Ongoing Monitoring

- CDPH participates in onboarding new providers to automatically exchange vaccination information with I-CARE via your EMR.
- Provide guidance to your clinical, EMR, and integration team on messaging your immunization data into the registry.
- [Survey](#) on the Chicago HAN to sign up for HL7 Onboarding.
- Send questions to CDPH.HL7@cityofchicago.org

★ HL7 Onboarding and Ongoing Monitoring





Some new and improved areas of the Chicago HAN:

www.chicagohan.org/vfc

[HAN Home](#) > [Programs](#) > [Vaccines for Children](#)

Overview		+
VFC Program Annual Re-Enrollment	←	+
CHIP Vaccine Information		+
VFC News Bulletins	←	+
Digital Data Loggers (DDL's) And Cloud Services	←	+
I-CARE Basics		+
VFC Tools And Policies		+
Training	←	+
Immunization Resources		+
Data Quality Reviews And Onboarding	←	+
I-CARE Training Videos	←	+

Chicago HAN I-CARE Training Videos

- Video training tutorials for a variety of I-CARE topics.
- Good refreshers or for onboarding new staff who have not used I-CARE.

www.chicagohan.org/vfc

I-CARE Training Videos

- [I-CARE Login](#) : How to log into I-CARE and get started
- [Patient Module](#) : A comprehensive system for managing patient information related to immunization. It provides tools for adding new patients, searching for patient records, and updating patient information.
- [Shots - Add View Edit Delete](#) : How to view, add, edit, and delete shots
- [Shots - Immunizations and Contraindications](#) : How to add immunities, contraindications, and adverse events to a patient's profile
- [Shots - Overrides and Refusals](#) : How to override a shot and what to do when a patient refuses a shot
- [I-CARE Training VFC Tab Overview](#) : A brief overview of the processes and systems within the VFC tab: VFC, Vaccine Requests, Staff, and Enrollment.
- [VFC Vaccine Ordering](#) : How to order VFC Vaccines via the VFC tab in I-CARE
- [Bad Address Report](#) : How to run a bad address report in I-CARE
- [Immunizations Due/Given Reports](#) : How to run the immunizations due and immunizations given reports in I-CARE
- [COVID Immunizations Activity/Due Reports](#) : How to run the COVID Immunization Activity report and COVID Immunizations Due report
- [Reminder Recall](#) : How to remind patients who are due or overdue for a vaccination to make an appointment with your office
- [Patient Immunization History](#) : How to access and understand a patient's immunization history.

Report Cards

- Analyze the data sent to I-CARE.
- Measure the completeness of data and any fields missing.
- Measure the validity of the data.
- Overall assessment of Chicago sites indicates high data quality across the jurisdiction.

Report Date	Provider	Date Range Captured	Shots (VXU) Received
February 17, 2026		January 2025 - December 2025	7,916

Completeness What percentage of shots were sent to I-CARE where the indicated fields IS PRESENT?

Measures	Shots Where Field is Empty	Total Shots	Result
Administering vaccinator is present for administered vaccine	5	7,916	99.94%
Lot number is present for administered vaccine	5	7,916	99.94%
Vaccine units are present for administered vaccine	5	7,916	99.94%
Ordering provider is present for administered vaccine	9	7,916	99.89%
Patient ethnicity is present	661	7,916	91.65%
Vaccine manufacturer code (MVX) is present	694	7,916	91.23%
Patient race is present	761	7,916	90.39%
Funding source is present for administered vaccine	6,521	7,916	17.62%

Validity What percentage of shots were sent to I-CARE where the indicated field IS VALID?

Measures	Shots Where Field is Invalid	Total Shots	Result
MRN re-use for two different patients	1	7,916	99.99%
Vaccine ID code (CVX/MVX/NDC) is invalid	2	7,916	99.97%
Shot route is missing or invalid	5	7,916	99.94%
Historical dose is being reported for the current date	16	7,916	99.80%
Shot site is missing or invalid	177	7,916	97.76%
Vaccine ID code (CVX/MVX/NDC) mismatch	1,032	7,916	86.96%

★ Provider Report Cards

- Sign up today!
- Schedule a 15-minute time slot during today's meeting to review your report card with CDPH staff.
- If you are not able to sign up today but still want to review your report card, please email us to setup a virtual meeting to discuss.
- Email CDPH.ICARE@cityofchicago.org.





Questions?

- For questions regarding the Vaccine Locator Dashboard, please contact DPH.ICARE@illinois.gov
- For questions regarding I-CARE and/or the Chicago HAN page, contact CDPH.HL7@cityofchicago.org,
- CDPH.ICARE@cityofchicago.org
joseph.king2@cityofchicago.org,
david.juen@cityofchicago.org,



BREAK

Please return at 10:10



Session II: Vaccine Updates

Alexander Sloboda, MD, MPH



Learning Objectives

After this session, participants will be able to:

Summarize current vaccine schedules and recommendations.

Describe the current vaccine landscape and how to address vaccine hesitancy as a result of ongoing changes nationally.

Identify vaccine access efforts occurring at the state/city level.

Explain current trending vaccine topics.

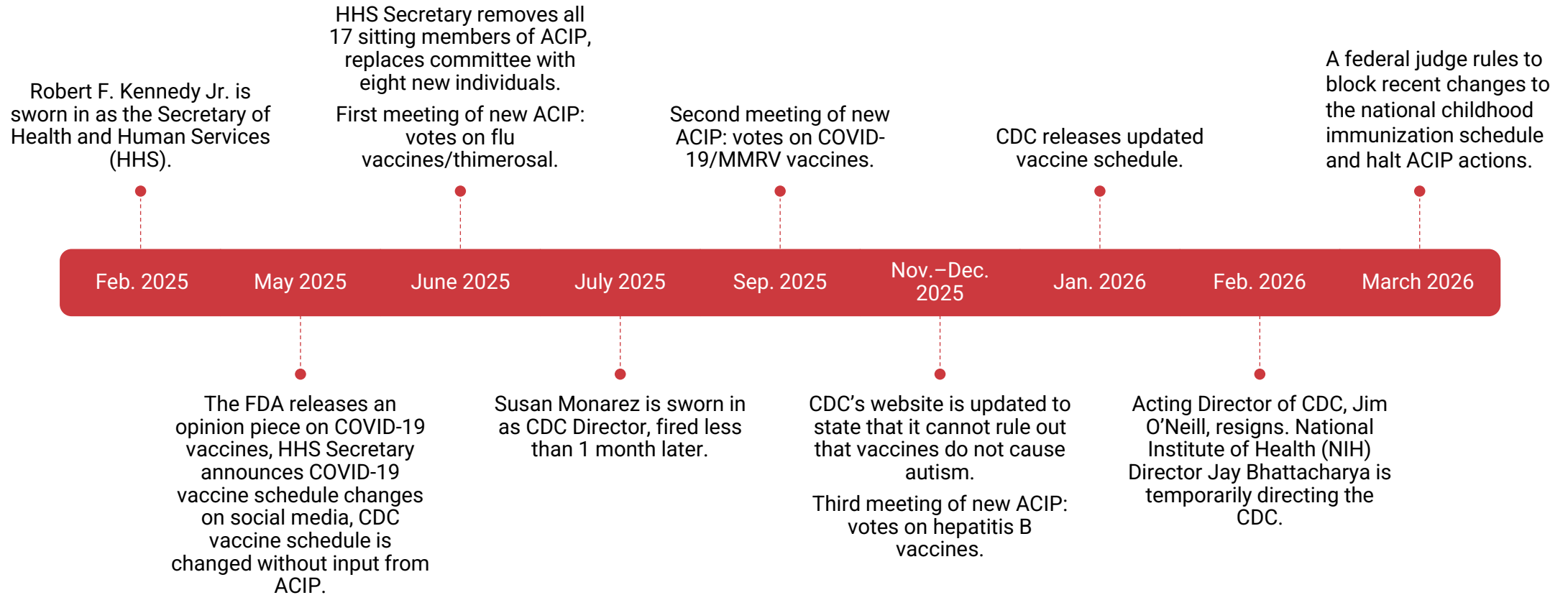
★ Immunization Schedules – Why They Matter

- Immunization schedules give **children protection** based on:
 - Ages when vaccines will work best with their immune systems.
 - When they are most vulnerable to certain diseases.
 - Population's risk of exposure to a disease and how that disease impacts health.
- Immunization schedules **dramatically reduce disease burden**.
 - Before a vaccine was available, there were millions of measles cases and hundreds of deaths/year.
 - Measles was declared eliminated from the U.S. in 2000.
 - Status at risk with increasing cases and ongoing outbreaks.

★ Value of Immunizations

- A 2024 Morbidity and Mortality Weekly Report (MMWR) demonstrated that routine childhood vaccines help prevent unnecessary morbidity and mortality and have cost-saving impacts.
- Among children born 1994-2023, routine childhood vaccinations have **prevented** approximately 508 million cases of illness, 32 million hospitalizations, and over 1 million deaths.
- Estimated savings of \$540 billion in direct costs and \$2.7 trillion in societal costs.

★ Recent Federal Activities Related to Vaccines



★ ACIP Changes Blocked By AAP Lawsuit

- On March 16, a federal judge blocked the changes to the pediatric vaccine schedule made under HHS Secretary Robert F. Kennedy Jr.'s leadership since February 2025.
- This ruling means the CDC's January 2026 immunization schedule revisions, the recent ACIP member appointments, and all ACIP votes taken by those members are paused and currently have no legal effect.
- **Please continue to vaccinate based on the AAP recommendations, as endorsed by CDPH and IDPH.**



How Vaccine Recommendations are Usually Made

Let's Hear from Dr. Paul Offit.



How Are Vaccines Approved and Recommended in the United States?



UNLOCKED



How Vaccine Recommendations are Usually Made

- Experts review the latest scientific evidence showing the impact of a disease on a population.
- The FDA and CDC work together to ensure the safety and efficacy of all vaccines coming to market in the United States.
- The FDA, which evaluates and approves vaccines for all age groups, gives licensure to vaccines after they go through extensive, multi-level trials to ensure safety and efficacy.
- The CDC develops vaccine recommendations based on epidemiology and safety.

★ January 2026 CDC Vaccine Schedule Updates

- CDC [released an updated vaccine schedule](#).
- Some vaccines no longer universally recommended for all kids: rotavirus, RSV, COVID-19, influenza, hepatitis A, hepatitis B, and meningococcal vaccines.
 - Now recommended based on high-risk status or Shared Clinical Decision Making (SCDM).
- The HPV vaccine recommendation changed from 2 doses to 1.
- The March ruling blocked the implementation of this schedule.
- In March, the July 2025 version of the child and adolescent immunization schedule was restored on the CDC website.
 - COVID-19 vaccines remain under SCDM.

There are no tangible changes to Chicago VFC program operations based on this decision or any other HHS/ACIP decisions made this past year.

★ The U.S. vs. Denmark

- Different healthcare systems: Denmark has a universal health care system, which means residents have free comprehensive health services and are able to access health care much easier.
- Population size: **Denmark** only has about **6 million people, and is the size of Maryland** vs. about 343 million people in the U.S.
- Geographic diversity: More people spread over a much larger area in the U.S. means we are faced with more infectious disease threats.
- Denmark continues to face higher rates of some diseases than the U.S.
 - Chickenpox: no national vaccination program in Denmark, and there is a much higher rate of disease than in the U.S.

★ Shared Clinical Decision Making and What It Means

- Many parents are unfamiliar with what SCDM means and how it impacts vaccine recommendations.
- SCDM means clinicians and patients discuss treatment options when medical evidence does **not provide a clear recommendation.**
- SCDM does not simply mean patient involvement in a decision.
- Learn more about how to clarify other confusing medical terms for patients from [Your Local Epidemiologist](https://yourlocalepidemiologist.substack.com/p/shared-decision-making-informed-consent).

Phrase	What it means in the medical world	The rhetorical twist	Where clarification needs to step up
Shared Clinical Decision-Making (SCDM)	Clinicians and patients (or parents) collaboratively discussing different treatment options when the medical evidence doesn't provide a clear recommendation.	Suggesting SCDM means doctors and parents are deciding together for the first time, providing new freedom for families.	Clarify that SCDM generally signals uncertainty in evidence, not increased patient/parental authority.
Informed Consent	The process of explaining the risks, benefits, and alternatives of a recommended intervention so patients can make an informed decision.	Suggesting true informed consent requires emphasis on rare or unverified risks, while simultaneously underemphasizing benefits.	The goal of informed consent is to provide a balanced view of risks and benefits to help patients make a truly informed decision.
Immunization Requirements	Required immunizations in specific settings like schools and daycares.	The childhood vaccine schedule is incorrectly framed as a universal mandate rather than a set of medical recommendations.	Clarification should distinguish evidence-based guidance in the childhood vaccine schedule from location-specific requirements.
Patient Autonomy	The ethical principle that individuals have the right to make decisions about their own healthcare.	Autonomy is increasingly conflated with making health decisions without expert input, framing medical recommendations as a threat to freedom.	Explain that autonomy is supported, not undermined, by clinician guidance that helps patients understand complex evidence.

★ Illinois Actions to Protect Access to Vaccines

- Gov. Pritzker signed [Bill HB767](#) which expands and codifies the [Executive Order to Protect Life-Saving Immunization Access](#) issued in September 2025 and expands vaccine access for Illinoisans. The bill:
 - Establishes the Statewide Vaccine Access Initiative, led by IDPH, in partnership with multiple state agencies to ensure Illinoisans can get the vaccines they need and can rely on science-based guidance.
 - Directs IDPH Director Dr. Sameer Vohra to issue a Standing Order to allow eligible providers to administer vaccines recommended by IDPH after consultation with its expert Immunization Advisory Committee (IAC).

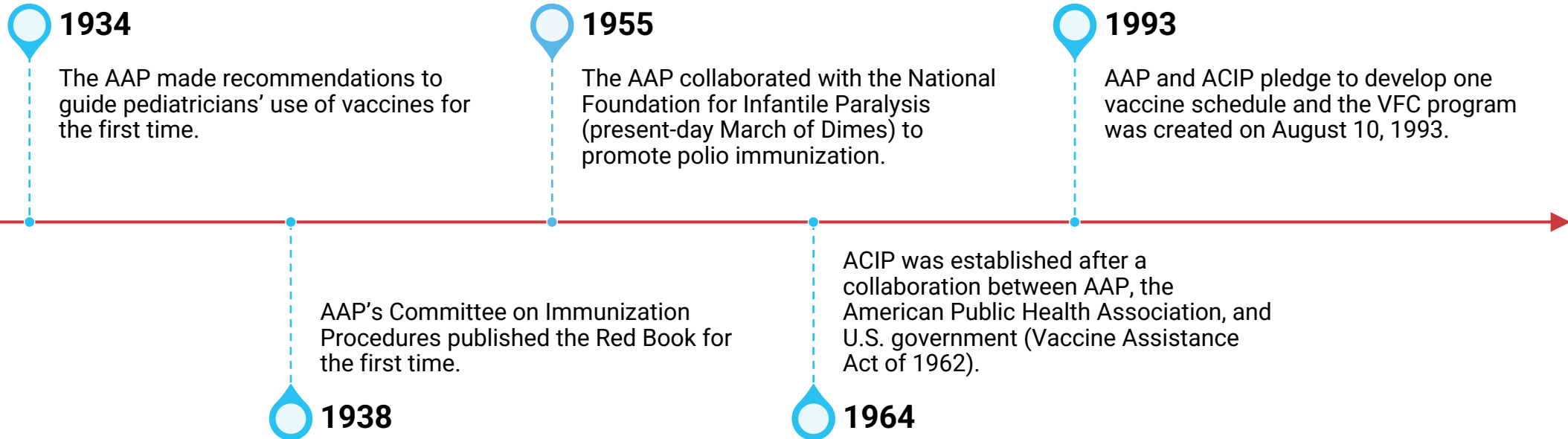
[IDPH's Immunizations Webpage](#)

★ Illinois Actions to Protect Access to Vaccines (cont.)

- **IDPH endorses AAP's 2026 Child and Adolescent Immunization Schedule**, in its most updated form.
- **CDPH supports this endorsement.**
- All immunizations recommended by IDPH continue to be covered by private insurance plans, Medicaid, and the **VFC program**.
- CDPH remains committed to evidence-based practices and supports IDPH's vaccine recommendations.
- **IL school vaccine requirements have not changed.**



History of AAP Vaccine Recommendations



Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger

United States
2026

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



Vaccines and Other Immunizing Agents in the Child and Adolescent Immunization Schedule*

Monoclonal antibody	Abbreviation(s)	Trade name(s)
Respiratory syncytial virus monoclonal antibody	RSV-mAb	Bevfortus Enflonsta
Vaccine	Abbreviation(s)	Trade name(s)
COVID-19 vaccine	TvCOV-mRNA	Comirnaty mNexspike Spikevax
	TvCOV-aPS	Nuvaxovid
Dengue vaccine	DEN4CYD	Dengvaxia
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel Infanrix
<i>Haemophilus influenzae</i> type b vaccine	Hib (PRP-T) Hib (PRP-OMP)	ActHIB Hiberix PedvaxHIB
Hepatitis A vaccine	HepA	Havrix Vaqta
Hepatitis B vaccine	HepB	Engerix-B Recombivax HB
Human papillomavirus vaccine	HPV	Gardasil 9
Influenza vaccine (inactivated: egg-based)	IIV3	Multiple
Influenza vaccine (inactivated: cell-culture)	ccIIV3	Flucelvax
Influenza vaccine (recombinant)	RIV3	Flublok
Influenza vaccine (live, attenuated)	LAIV3	FluMist
Measles, mumps, and rubella vaccine	MMR	M-M-R II Priorix
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-CRM MenACWY-TT	Menveo MenQuadfi
Meningococcal serogroup B vaccine	MenB-4C MenB-FHbp	Bexsero Trumenba
Meningococcal serogroup A, B, C, W, Y vaccine	MenACWY-TT/MenB-FHbp MenACWY-CRM/MenB-4C	Penbraya Penmenvay
Mpox vaccine	Mpox	Jynneos
Pneumococcal conjugate vaccine	PCV15 PCV20	Vaxneuvance Prevnar 20
Pneumococcal polysaccharide vaccine	PPSV23	Pneumovax 23
Poliovirus vaccine (inactivated)	IPV	Ipol
Respiratory syncytial virus vaccine	RSV	Abrysvo
Rotavirus vaccine	RV1 RV5	Rotarix RotaTeq
Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel Boostrix
Tetanus and diphtheria vaccine	Td	Tenivac Tdvax
Varicella vaccine	VAR	Varivax
Combination vaccines (use combination vaccines instead of separate injections when appropriate)		
DTaP, hepatitis B, and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix
DTaP, inactivated poliovirus, and <i>Haemophilus influenzae</i> type b vaccine	DTaP-IPV/Hib	Pentacel
DTaP and inactivated poliovirus vaccine	DTaP-IPV	Kinrix Quadacel
DTaP, inactivated poliovirus, <i>Haemophilus influenzae</i> type b, and hepatitis B vaccine	DTaP-IPV-Hib-HepB	Vaxelis
Measles, mumps, rubella, and varicella vaccine	MMRV	ProQuad

*Administer recommended vaccines if immunization history is incomplete or unknown. Do not restart or add doses to vaccine series for extended intervals between doses. When a vaccine is not administered at the recommended age, administer at a subsequent visit when indicated. The use of trade names is for identification purposes only and does not imply endorsement by the AAP.

Updated January 26, 2026

Endorsed by the American Academy of Family Physicians (AAFP), American College of Nurse-Midwives (ACNM), American College of Obstetricians and Gynecologists (ACOG), American Medical Association (AMA), American Pharmacists Association (APhA), Council of Medical Specialty Societies (CMSS), Infectious Diseases Society of America (IDSA), National Association of Pediatric Nurse Practitioners (NAPNAP), National Medical Association (NMA), Pediatric Infectious Diseases Society (PIDS), Pediatric Pharmacy Association (PPA), and Society for Adolescent Health and Medicine (SAHM). (Endorsements)

How to use the child and adolescent immunization schedule

- 1 Determine recommended vaccine by age (**Table 1**)
- 2 Determine recommended interval for catch-up vaccination (**Table 2**)
- 3 Assess need for additional recommended vaccines by medical condition or other indication (**Table 3**)
- 4 Review vaccine types, frequencies, intervals, and considerations for special situations (**Notes**)
- 5 Review contraindications and precautions for vaccine types (**Appendix**)
- 6 Review new or updated American Academy of Pediatrics (AAP) guidance (**Addendum**)

Report

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to your state or local health department
- Clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov (Accessed December 2, 2025) or 800-822-7967
- For RSV-mAb products, clinically significant adverse events to MedWatch Adverse Event Report Program at www.accessdata.fda.gov/scripts/medwatch/index.cfm (Accessed December 2, 2025). If co-administered with other products, then report to VAERS.

Questions or comments

Submit a question or comment to www.aap.org/en/forms/immunization-schedule-questions.

Helpful information

- **Best practices for immunization (including contraindications and precautions):** www.aap.org/immunization and www.immunize.org
- **Red Book: 2024–2027 Report of the Committee on Infectious Diseases (33rd Edition):** www.aapRedBook.org
- **Vaccine information statements:** www.immunize.org/vaccines/vis/about-vis
- **Shared decision making:** <https://www.aap.org/en/practice-management/providing-patient-and-family-centered-care/shared-decision-making>

For the most up-to-date version, visit AAP.org/ImmunizationSchedule



★ 2026 AAP Immunization Schedule

- This schedule is largely unchanged from the 2025 schedule.
- It continues to recommend routine vaccination of 18 vaccine-preventable diseases, including COVID-19, hepatitis A, hepatitis B, influenza, and rotavirus.
- Twelve medical and health organizations have endorsed the evidence-based recommendations.

AAP's recommended timing for each dose of a vaccine is based on:

- ✓ When a child's immune system will respond best to the vaccine
- ✓ When a child most needs protection from a particular disease



Knowledge Check

True or False: The AAP child and adolescent immunization schedule directly reflects the CDC's schedule.



Vaccine Recommendations and Trends

★ RSV Monoclonal Antibodies: Nirsevimab & Clesrovimab

- Nirsevimab
 - Weight-based doses (a single **50 mg** IM dose for those **< 5 kg**; a single **100 mg** IM dose for those **≥ 5 kg**).
 - Also recommended for children 8–19 months old entering their second RSV season who are at increased risk of severe RSV disease.
- Clesrovimab is not weight-based (single 105 mg IM dose).
- RSV immunization season typically from October – March.

Routine immunization

- Infants <8 months of age born during or entering their first RSV season* if:

- pregnant parent did not receive RSV vaccine during this pregnancy,
- pregnant parent's RSV vaccine status is unknown, or
- infant was born <14 days after the pregnant parent's RSV vaccination

Born during RSV season*: administer 1 dose clesrovimab or nirsevimab within 1 week of birth—ideally during the birth hospitalization.

Born outside of RSV season*: administer 1 dose clesrovimab or nirsevimab shortly before or during the RSV season

2025 – 2026 Respiratory Virus Season

- As of 5/15/2026*, acute respiratory illness activity levels in Chicago are minimal for RSV, COVID-19, and influenza.
- ED visits and hospitalizations for RSV continue to decrease, particularly among children 0–4 years. Two RSV-associated pediatric deaths have been reported so far this season in Chicago.

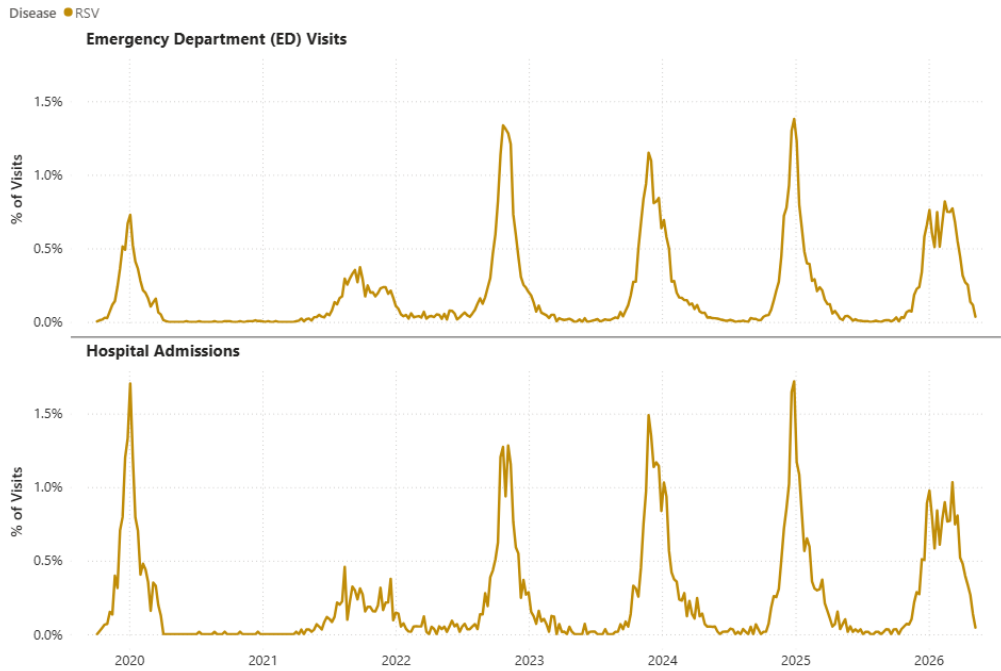
*Data published 5/15/26 for the week ending 5/6/26.

https://www.chicago.gov/city/en/depts/cdph/supp_info/infectious/respiratory-illness/respiratory-illness-data.html

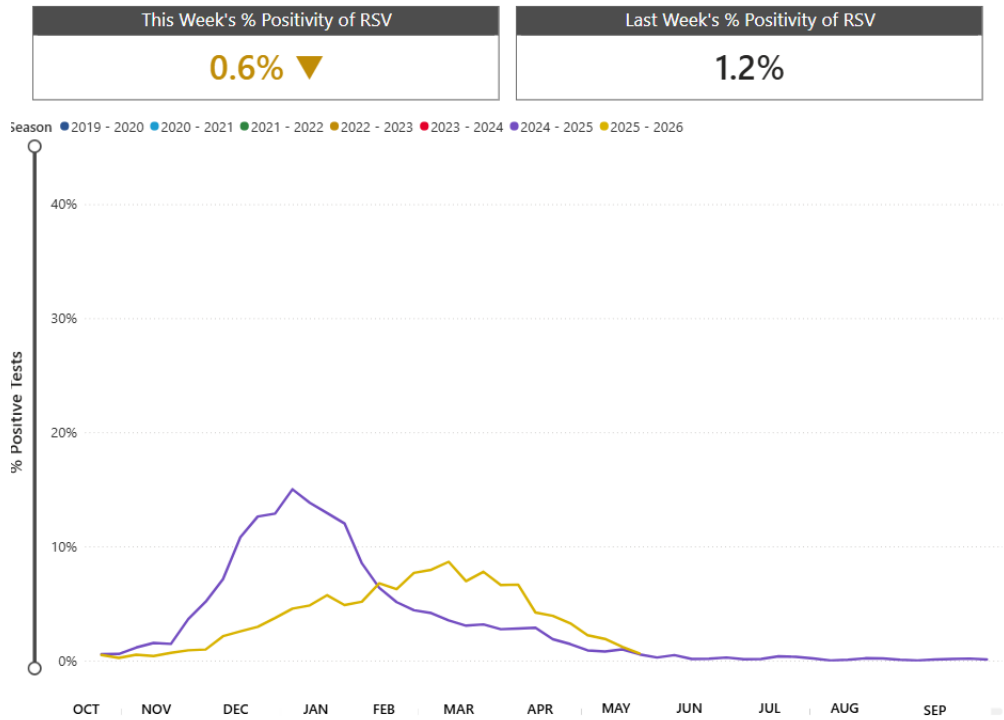
https://www.chicagohan.org/sv/alert-detail/-/alert-details/46692581?_hanalertdetailsweb_alertId=_ALERT_ID_PLACEHOLDER_&p_r_p_categoryId=undefined

Chicago Pediatric RSV Activity 2025-2026

Weekly Percent of Healthcare Visits Attributable to Respiratory Illnesses: All Ages & Races



Weekly Percent of Specimens Testing Positive by Season: RSV



Knowledge Check

Which RSV product can be administered to children in their second RSV season?

- a. Nirsevimab
- b. Clesrovimab



★ COVID-19 Vaccines

- All VFC providers are required to stock and recommend COVID vaccines.
- Recommended for all infants 6 months-23 months.
- Children 2 years-17 years of age should receive a dose if high risk or if the parent/guardian desires.
- Most people only require one dose.
- Immunocompromised people of all ages require two doses.
- Only Spikevax (Moderna) is available for children 6 months – 4 years old.

Age	COVID-19 Vaccine product	Dosage
6 months through 4 years	Spikevax (Moderna)	25 mcg/0.25 mL
5 years through 11 years	Comirnaty (Pfizer-BioNTech)	10 mcg/0.3 mL
	Spikevax (Moderna)	25 mcg/0.25 mL
12 years and older	Comirnaty (Pfizer-BioNTech)	30 mcg/0.3 mL
	Spikevax (Moderna)	50 mcg/0.5 mL
	mNEXSPIKE (Moderna)	10 mcg/0.2 mL
	Nuvaxovid (Novavax)	5 mcg of rS and 50 mcg of Matrix-M adjuvant/0.5 mL

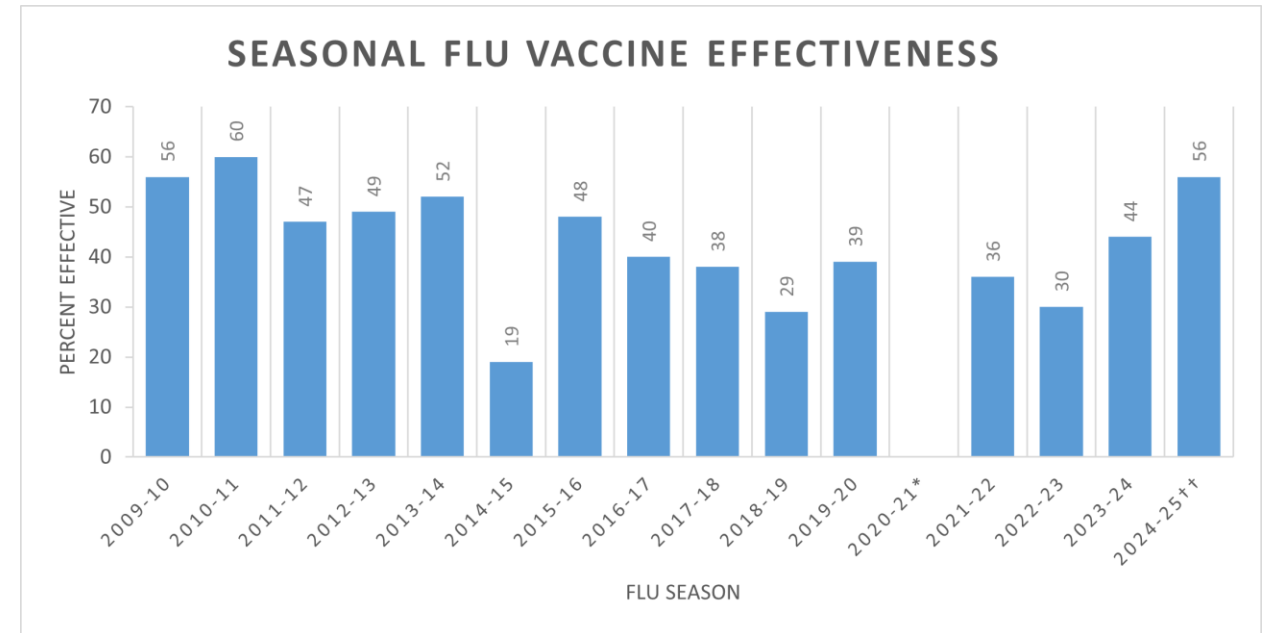
Knowledge Check

- **True or False: The AAP recommends all infants 6 months-23 months should receive a COVID-19 vaccine.**



Influenza Vaccine

- Recommended for everyone 6 months and older.
- Interim 2025-2026 influenza vaccine data effectiveness for children between 38-41%.
- **CDPH continues to procure and distribute only thimerosal-free influenza vaccines for the VFC program.**



CDC Seasonal Flu Vaccine Effectiveness Studies (2009-2025).

<https://www.cdc.gov/flu/season/2025-2026.htm>

https://www.cdc.gov/mmwr/volumes/75/wr/mm7509a2.htm?s_cid=OS_mm7509a2_e&ACSTrackingID=USCDC_921-DM153504&ACSTrackingLabel=Week%20in%20MMWR%3A%20Vol.%2075%2C%20March%2012%2C%202026&deliveryName=USCDC_921-DM153504

<https://www.cdc.gov/flu-vaccines-work/php/effectiveness-studies/index.html>

<https://www.cdc.gov/flu-vaccines-work/php/effectiveness-studies/index.html>

★ Importance of Influenza Vaccination

- 280 pediatric deaths reported nationally during the 2024-2025 season.
 - The most ever recorded in the U.S., except for the 2009-2010 H1N1 epidemic.
- As of 5/15/2026*, **166 pediatric influenza-related deaths** have been reported in the 2025-2026 season.
 - One pediatric flu death has been reported so far this season in Chicago.
- The **flu strain influenza A (H3N2)** mutated this summer in the southern hemisphere – even a mismatched vaccine provides protection against severe illness and death.
- Flu vaccine rates have been declining nationally for the past few years.

*Data published 5/15/26 for the week ending 5/8/26.

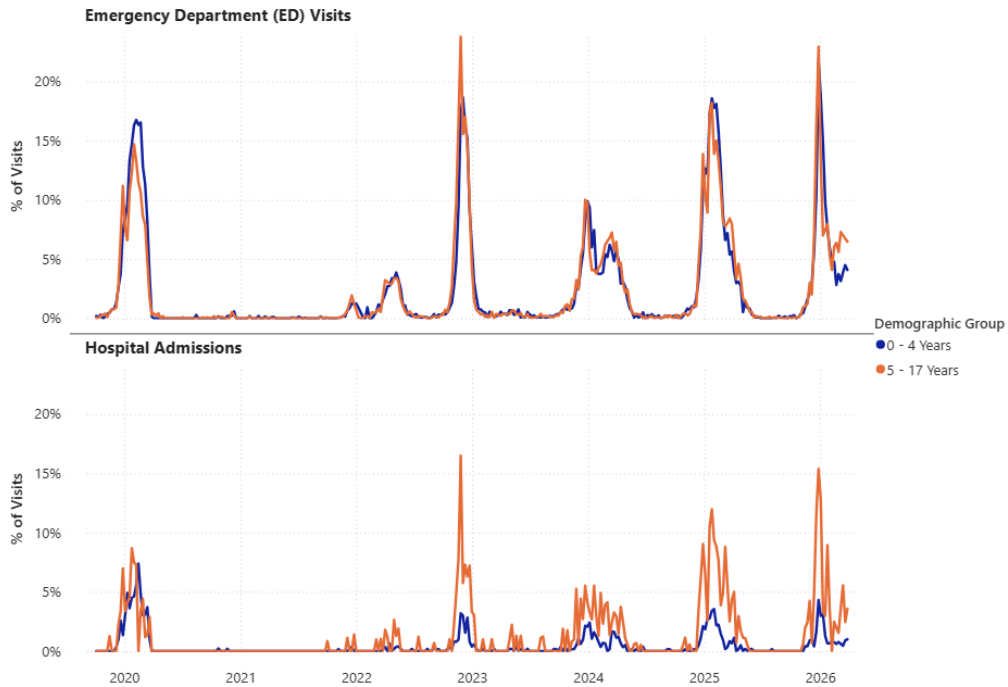
<https://www.cdc.gov/mmwr/volumes/74/wr/mm7436a2.htm>

<https://www.cdc.gov/fluview/surveillance/2026-week-18.html>

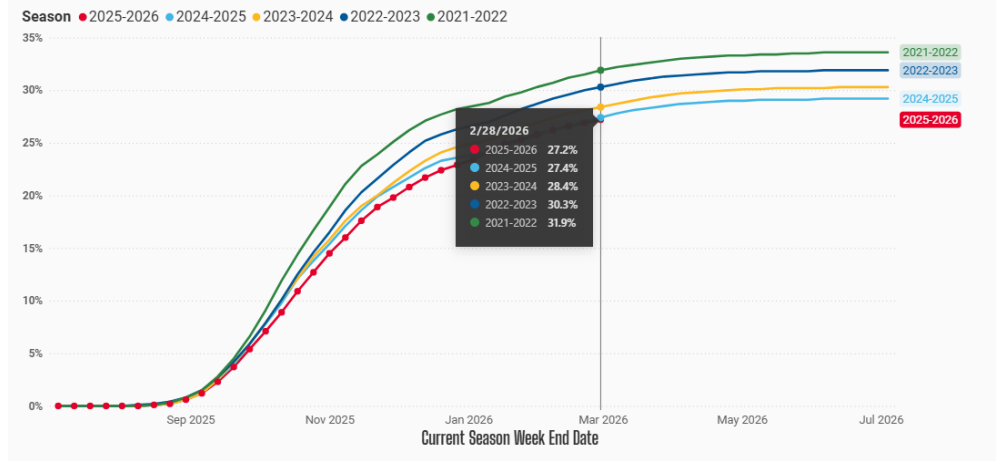
<https://yourlocalepidemiologist.substack.com/p/flu-is-up-up-and-away-snap-restrictions>

★ 2025-2026 Chicago Pediatric Flu Activity/Vaccination

Weekly Percent of Healthcare Visits Attributable to Respiratory Illnesses: Influenza



Flu Vaccine Coverage by Season



Last updated: Mar 05, 2026. Data reported through Feb 28, 2026. Data are updated Wednesdays at 3:30 p.m., except for City holidays.



HPV Vaccine

- **Two-dose series** recommended for children 9-14 years old and a three-dose series for those 15 years+.
- HHS's rationale behind their change to 1 dose is to "align with peer nations", referring to countries such as the UK, Australia, and Canada.
- The U.S. does not currently have a licensed 1-dose HPV vaccine.
- The Vaccine Integrity Project (VIP) conducted an independent, transparent review of the scientific evidence related to the HPV vaccine in the U.S.
 - The review concluded that vaccinated individuals had a 65% lower risk of invasive cervical cancer, with even greater protection when vaccination was initiated at or before age 16.
 - There is some emerging evidence for a single-dose vaccine, but additional research is still needed.

Hepatitis B Vaccine

- Recommended for all newborns within 24 hours of birth, one more dose at 1-2 months, and a third dose at 6-18 months.

Experts Say:

"The Hepatitis B vaccine is one of the most important steps we can take to protect babies in their first 24 hours of life. Hepatitis B, if untreated, can lead to serious complications, including liver cancer. Many adults with Hepatitis B do not look or feel sick, and may not be aware they could transmit the virus to an infant they are caring for. Vaccinating newborns provides a critical safety net for children."

— James Campbell MD, FAAP, member of AAP's Committee on Infectious Diseases

Knowledge Check

- **True or False: The hepatitis B vaccine should no longer be given at birth to infants born from mothers who test negative for hepatitis B.**





Required by law to report to VAERS:

- Any adverse event listed in the VAERS Table of Reportable Events Following Vaccination that occurs within the specified time period after vaccinations.
- An adverse event listed by the vaccine manufacturer as a contraindication to further doses of the vaccine.

Encouraged to report to VAERS:

- Any adverse event that occurs after the administration of a vaccine licensed in the United States, whether it is or is not clear that a vaccine caused the adverse event.
- Vaccine administration errors.




VAERS Home

Home / Report an Adverse Event / en Español


- Report an Adverse Event to VAERS
- VAERS Reporting Information for COVID-19 Vaccines
- VAERS Reporting Requirements for Beyfortus (nirsevimab)
- VAERS Reporting Requirements for Monkeypox vaccines

Knowingly filing a false VAERS report is a violation of Federal law (18 U.S. Code § 1001) punishable by fine and imprisonment.

Two Ways to Submit an Online Report to VAERS



Option 1 - Report Online to VAERS
Submit a VAERS report online. The report must be completed online and submitted in one sitting and cannot be saved and returned to at a later time. Your information will be erased if you are inactive for 20 minutes; you will receive a warning after 15 minutes.



Option 2 - Report using a Writable PDF Form
Download the Writable PDF Form to a computer. Complete the VAERS report offline if you do not have time to complete it all at once. Return to this page to upload the completed Writable PDF form by clicking here.

Checklist

What will I need to fill out the report?

- Patient information (age, date of birth, sex)
- Vaccine information (brand name, dosage)
- Date, time, and location administered
- Date and time when adverse event(s) started
- Symptoms and outcome of the adverse event(s)
- Medical tests and laboratory results (if applicable)
- Physician's contact information (if applicable)

Trending Immunization Topics



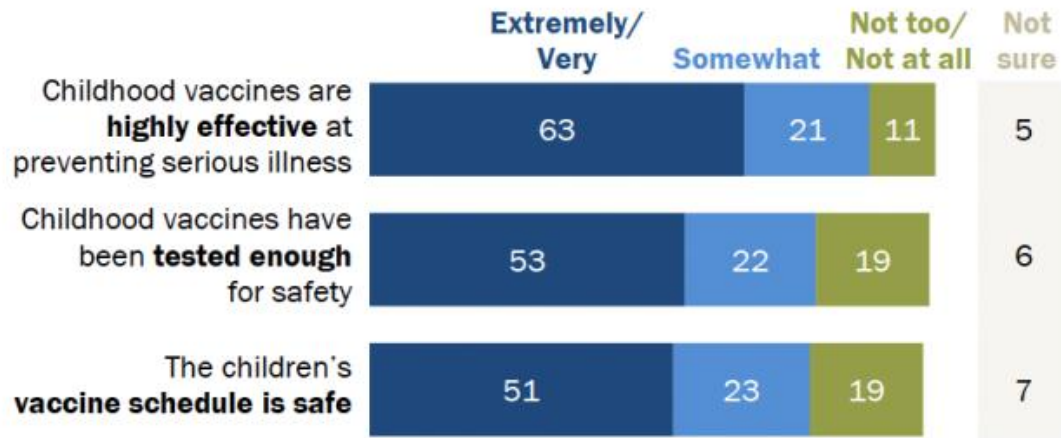
Confusion Among Families

- [KFF-Washington Post poll](#) from September 2025 shows that many parents express uncertainty about false or misleading claims about vaccines and measles.
- [Annenberg survey](#) from September 2025 shows public confidence in U.S. agencies is declining.
 - 64% are confident in the CDC, down from 72% in September 2024.
 - 62% are confident in the NIH, down from 68% in April 2025.
- [Annenberg survey](#) from February 2026 shows Americans are more likely to accept vaccine recommendations from the AAP than from the CDC.
- More [than 1 in 10 people](#) are unsure of what shared clinical decision-making means.

Vaccine Perceptions

Majority of Americans are confident that childhood vaccines are highly effective against serious illness

% who say that, thinking about childhood vaccines in general, they are ___ confident that ...



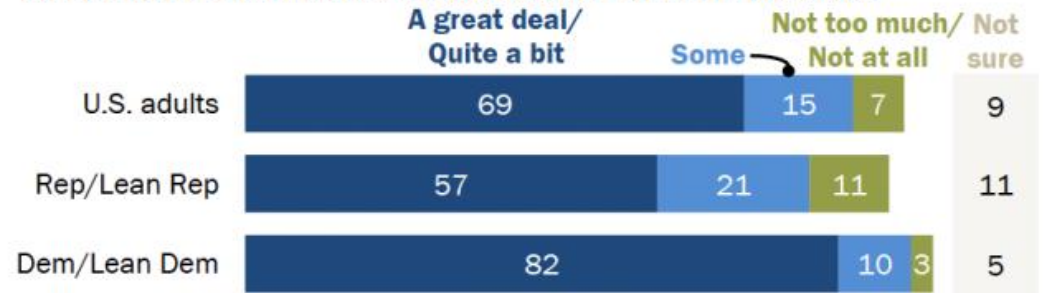
Note: Respondents who did not give an answer are not shown.
 Source: Survey of U.S. adults conducted Oct. 20-26, 2025.
 "How Do Americans View Childhood Vaccines, Vaccine Research and Policy?"

PEW RESEARCH CENTER

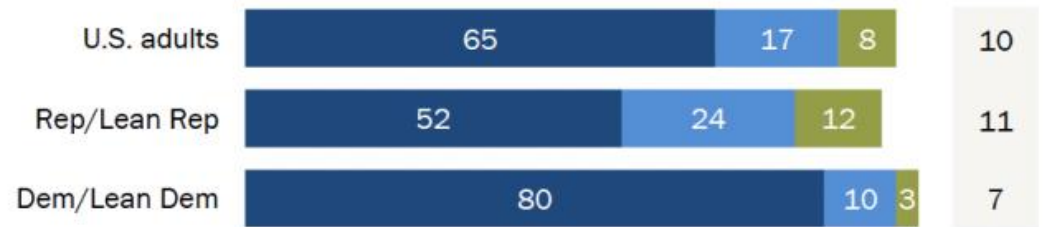
About two-thirds of Americans say childhood vaccines help protect both vaccinated children and the local community from serious illness

% who say childhood vaccines help to prevent serious illness among each of the following ...

CHILDREN IN YOUR LOCAL COMMUNITY WHO GET THE VACCINES



EVERYBODY IN YOUR LOCAL COMMUNITY



Note: Respondents who did not give an answer are not shown.
 Source: Survey of U.S. adults conducted Oct. 20-26, 2025.
 "How Do Americans View Childhood Vaccines, Vaccine Research and Policy?"

PEW RESEARCH CENTER

★ Moveable Middle

- People who may be hesitant but ultimately vaccinate.
- For the highest impact, the AAP encourages pediatricians to have **open, personalized immunization conversations with families.**

“

All of us want for parents to have the best evidence so they can make the best decision with their providers. We all have the best interest of children [in mind] and that's why we spend so much time reviewing the data and trying to make the best recommendations that we can.

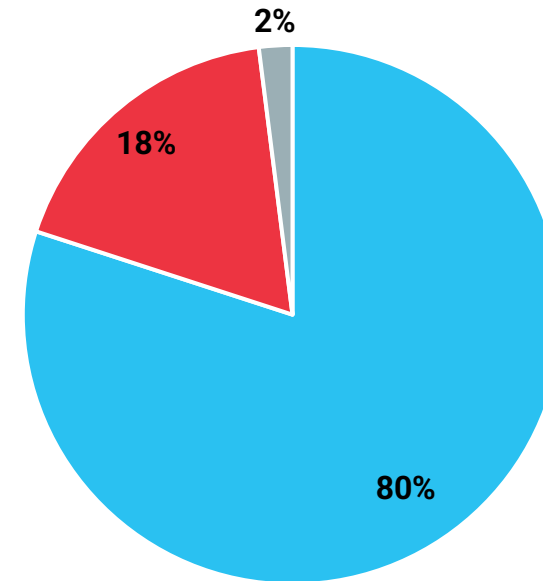
– Dr. James Campbell, Vice Chair of the AAP
Committee on Infectious Diseases on NPR



Parental Attitudes Toward Vaccination in Chicago - 2025 ICAAP Survey

- ICAAP conducted a statewide parent survey, with 173 respondents located in Chicago.
- Most Chicago parents report fully following the recommended vaccine schedule for their children.

Vaccination Behavior (%)



- Follow schedule fully
- Delay some/selectively vaccinate
- Do not vaccinate



Parental Attitudes Toward Vaccination in Chicago - 2025 ICAAP Survey

Top barriers to vaccination:

- Concern about side effects
- Vaccine ingredients
- Mistrust in pharma
- Mistrust in medical system
- Cost

Reported messaging strategies that would increase vaccine confidence:

- Seeing data/statistics
- Hearing from a pediatrician
- Personal stories
- Messaging acknowledging concerns

***Among the group that reported selective vaccination or no vaccination.**



Communication Strategies

- Embrace an attitude of **empathy and collaboration**.
- Be compassionate, show empathy, and be genuinely **curious about the reasons** why the patient feels the way they do.
- Be sensitive to **culture, family dynamics, and circumstances** that may influence how patients view vaccines.
- Remember: **Arguing and debating do not work**. Taking a strong initial stand may also backfire, especially with people who have concerns about vaccines.
- The goal is to help the patient explore some reasons to be more open to moving toward higher numbers—in other words, getting vaccinated.
- Be **compassionate and curious about the patient's mixed feelings**, both the part of them that wants to trust that getting a vaccine is important and safe, and the other part that feels hesitant.
- If a patient asks a **question about vaccine safety, vaccine risks, or their health or mental health**, respond within the boundaries of your competence, ethics, and scope of practice.



Communication and Outreach Resources

From the AAP:

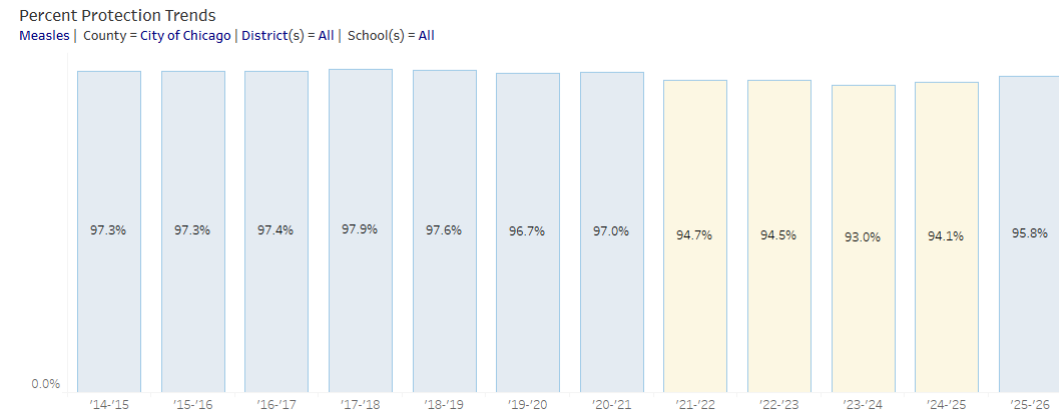
- [Clinician-Family Immunization Communications FAQs](#)
- [Immunizations Campaign Toolkit](#)
- [Fact Checked: U.S. Vaccine Recommendations are Appropriate for Children in the United States](#)
- [FrameWorks Messaging Tools](#)
- From ICAAP:
 - [Vaccine Outreach Social Media Toolkits and Education](#)
 - **New!** [Why Illinois Supports the AAP Immunization Recommendations Poster](#)
 - **New!** [Why Illinois Supports the AAP Immunization Recommendations Flyer](#)

★ Unfortunate Themes

- Among children born in 2021 and 2022, there was a drop in rates of receiving five vaccines by two years of age, compared to two years prior.
 - Including flu and the birth dose of hepatitis B vaccine.
- From the 2019–20 to the 2024–25 school year, national kindergarten coverage with state-required vaccinations declined from 95% to approximately 92%.
- 39 states had MMR vaccination rates below 95% for the 2024-2025 school year, an increase from 28 states pre-pandemic.
- During the 2024-25 school year, **non-medical exemptions increased nationally** to 3.4%.

Chicago

- Chicago coverage rates for all school-required childhood immunizations continue to increase for the 2025-26 school year.
- The measles coverage rate throughout CPS has continued to increase and is now **~96.**
 - There are still numerous individual schools that are below the 95% threshold.
- While vaccination and protection rates continue to increase, **religious and medical exemptions** are slightly increasing as well.
 - Non-compliance continues to decrease.



Knowledge Check

Is national kindergarten coverage with state-required vaccinations increasing or decreasing?

- a. Increasing**
- b. Decreasing**

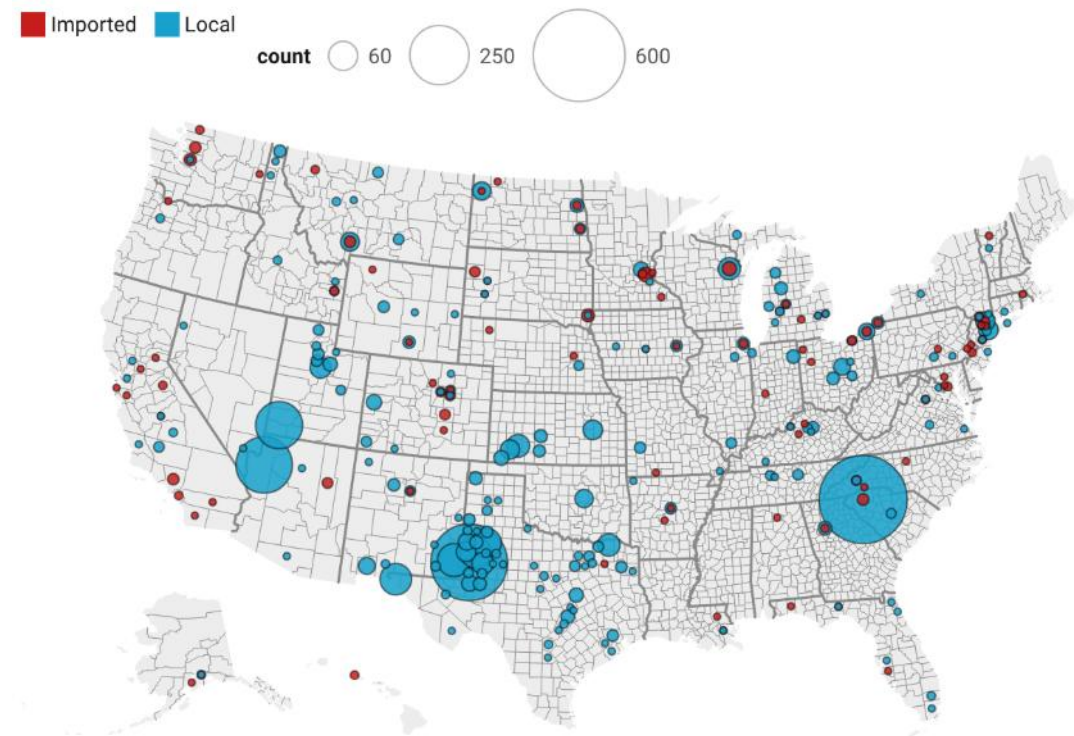


★ U.S. Measles Outbreaks 2025

- CDC reported 2,283 confirmed measles cases, **surpassing the 2,126 confirmed cases in 1992.**
 - The largest outbreaks occurred in Texas (803), South Carolina (331), Arizona (221), and Utah (188).
- About 70% of confirmed cases were between 0-19 years of age.
- 93% of all cases were unvaccinated.

3 confirmed measles deaths reported in 2025: First deaths in the U.S. in over 10 years.

Cumulative measles cases reported in the United States in 2025

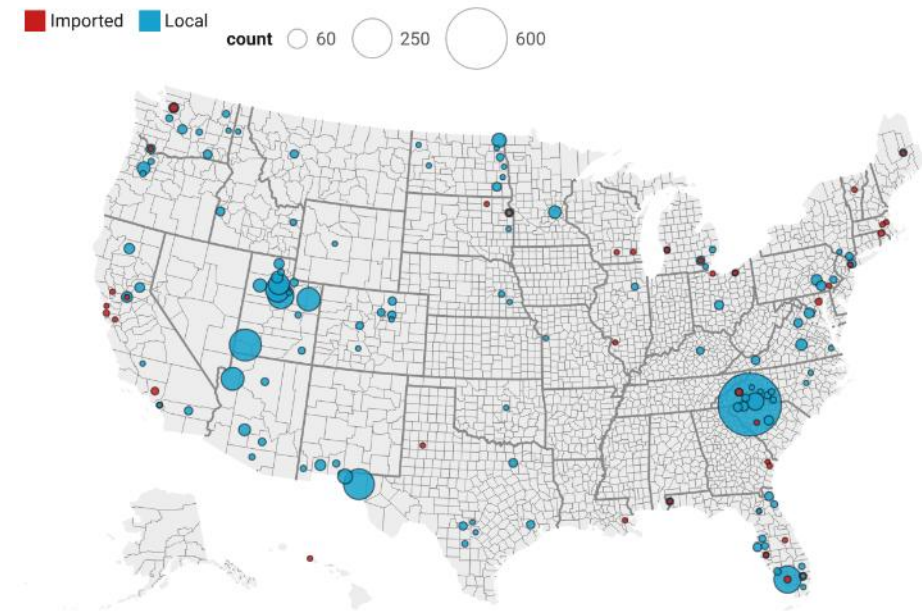


Source: Johns Hopkins University

★ U.S. Measles Outbreaks 2026

- As of 5/14/26, **1,893 measles cases confirmed in 2026**:
 - Cases reported by 40 jurisdictions and 27 new outbreaks.
 - Measles cases have already passed 75% of last year's total.
- Largest outbreaks in South Carolina, Utah, and Texas.
- The Pan American Health Organization (PAHO) will **review the U.S.' measles elimination status** in November.
- No new cases or exposures have been identified in Illinois since March 26.

Measles cases reported in the United States (2026)



Source: Johns Hopkins University

<https://www.cdc.gov/measles/data-research/index.html>

<https://dph.illinois.gov/topics-services/diseases-and-conditions/measles.html>

<https://publications.aap.org/aapnews/news/34824/Measles-cases-already-reach-75-of-last-year-s?searchresult=1>

CIDRAP Op-Ed: The report that proves the point—ACIP, COVID vaccines, and predetermined conclusions | CIDRAP



Traveling Abroad this Spring or Summer?



Protect Yourself from Measles

Make sure you're fully vaccinated against measles **at least 2 weeks prior to travel.**

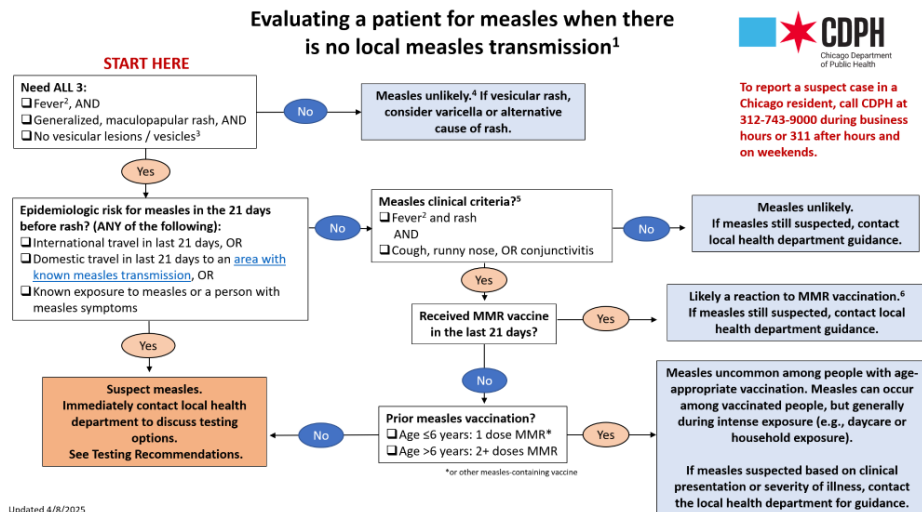
Infants **6-11 months old** who are traveling internationally **should receive 1 dose of MMR vaccine.**

Children **12 months+** should receive **2 doses of MMR vaccine**, separated by at least **28 days.**

- 📍 If you plan to travel internationally this spring or summer, talk to your healthcare provider at least 2 months before travel to make sure you and your child have all their recommended vaccinations.
- 📍 Measles cases in the US happen most frequently when an unvaccinated person travels abroad and becomes infected abroad before flying home.
- 📍 Once you return from travel, call your healthcare provider if anyone gets a fever and rash within 3 weeks of returning from your trip. Let them know where you traveled.
- 📍 Measles outbreaks are happening in the US too; check with your provider to see if you should receive any additional measles vaccine doses before you travel.
- 📍 Visit [Chicago.gov/measles](https://www.chicago.gov/measles) for more information

CDPH Measles Resources

- CDPH Measles HAN Page:
 - [Measles – HAN](#)
 - Measles Job Aid
 - Measles Preparedness Checklist for Healthcare Systems



Updated 4/8/2025

To Report Suspect Or Confirmed Cases:

Suspect cases should be reported immediately by phone within 3 hours of clinical suspicion. *Do not wait for laboratory confirmation.*

To Report Suspect Cases:

- Call 312-743-9000* during business hours and select option 2.

*After-hours, weekends, holidays, or if you are unsuccessful using the number above, call 311 (or 312-744-5000 if outside the City of Chicago) and request the CDPH medical director on-call.



Helpful Links

- [The Recommended Child and Adolescent Immunization Schedule, United States, 2026 is now available on Red Book Online \(RBO\).](#)
- [AAP Policy Statement: Recommended Childhood and Adolescent Immunization Schedule: United States, 2026.](#)



Questions?



Interactive Session

★ Let's Hear from Dr. Rubin!

@rubin_allergy





Let's Talk

Spend 15 minutes discussing how you could respond to vaccine questions/concerns that patients' families may have. Use questions that you have heard in your clinics or see examples below.

- I heard the chickenpox vaccine isn't recommended in other countries. Why should my child get it if it's not necessary in other places?
- I'm worried getting so many shots will overwhelm my child's immune system.
- I don't want my child to get these vaccines today because they're not required anymore.
- I'm just not really sure about vaccines for my child. I've been hearing so much different information lately, and I'm confused.



Vaccine Coverage Awards

If you hear your clinic, be ready to come up to the stage for an AWARD.

Children's Medical Centers S.C. (C01336)

- **2nd place in Highest Overall Adolescent Coverage!**
- **Presented by PHA: Moji**

Chicago Ambulatory Care Center, Ltd. (C01319)

- **1st place in Highest Overall Adolescent Coverage!**
- **Presented by PHA: Josie**

Advocate at Ravenswood (C01357)

- **3rd place in Highest Meningococcal Coverage!**
- **Presented by PHA: Kevin**

UChicago Medicine Cottage Grove (C01896)

- **1st place in Highest Meningococcal Coverage!**
- **Presented by PHA: Elissa**

Sinai Convenient Care (C01769)

- **1st place in Highest Overall Pediatric Coverage!**
- **Presented by Program Director: Sylvia**



Bingo Winners!

If you hear your clinic, be ready to come up to the stage for a PRIZE.

★ Upcoming Events 2026

- June 12 at 12 PM CT – Frameworks for Protecting Immigrant Children’s Rights
- July 8 at 12 PM CT – Back to School Immunizations: Addressing Exemptions and More
- August 12 at 12 PM CT – The Current Landscape Around Vaccine Policy and Advocacy

Explore and register for all events at:

<https://illinoisaap.org/upcoming-events/>



★ Evaluation

- You **MUST** complete the evaluation to receive a certificate.
- Scan the QR code.
- You will receive your certificate via email immediately following completion of the evaluation.
- The link to the evaluation will also be emailed to you by the end of the day.



Thank you!



Chicago.gov/Health



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