IDPH VFC SUMMIT

October 20, 2026

IDPH/ICAAP VFC Summit Trivia Game

Please take a trivia card from the registration table and visit our sponsors for a chance to win a prize at the end!

Each card has a series of questions that you will be responsible for answering by visiting each of the sponsor tables. Each sponsor is responsible for providing the answer to their assigned question. Some questions can **only** be answered by a sponsor.

Write your answers in the appropriate box on the card. Once the entire card is filled out, turn it in to an ICAAP staff member or place it in the designated submission box to be entered into today's drawing for an Amazon gift card. Only completed cards will be entered into the raffle.

Accreditation Statement

Illinois State Medical Society

The Illinois Chapter, American Academy of Pediatrics is accredited by the Illinois Medical Society (ISMS) to provide continuing medical education for physicians.

The Illinois Chapter, American Academy of Pediatrics designates each live event for a maximum of *3.75 AMA PRA Category 1 Credit(s)*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nurses, Nurse Practitioners, and Medical Assistants can submit Certificates of Attendance to their accrediting board to claim credit for participation in the live events.

CME Financial Disclosures

Name and Credentials:	Please select your role in this activity:	Was there a financial disclosure?	List of Mitigated Disclosures
Stephanie Atella MPH, CHES	ICAAP Staff	No	
Jennifer L. Burns	Faculty/Presenter	No	
Meredith Volle, MD, MPH	Faculty/Presenter	No	
Syed Rizvi, MD, PhD	Summit Planning Committee Member (IDPH Staff)	No	
Katrina Galati, MPH, CHES	Summit Planning Committee Member (IDPH Staff)	No	
Ryan Haswell	Summit Planning Committee Member (IDPH Staff)	No	
Tricia Scerba, MD, MBA	Faculty/Presenter	No	
Sharon Hovey, MD	Faculty/Presenter	No	
Susan Sirota, MD	Faculty/Presenter	Yes	I have been paid in stock options for my consulting role for Pediametrix
Heather L Shryock	Summit Planning Committee Member (IDPH Staff)	No	
Melanie Goff	Summit Planning Committee Member (IDPH Staff)	No	
Brandi Vogt-Cervantes, MSGH, CHES	ICAAP Staff	No	
Alexandra Arca	ICAAP Staff	No	
LaDaryl Hale	Summit Planning Committee Member (IDPH Staff)	No	
Monica Del Ciello	ICAAP Staff	No	
Vishakha Nunda, MD	CME Reviewer	No	
Jaime Novales	CME Reviewer	No	

Agenda

8:00 – 8:30 AM	• Check-in & Breakfast
8:30 – 9:45 AM	• IDPH VFC Program Updates
9:45 – 10:05 AM	• Networking Break
10:05 – 11:20 AM	• 2026 AAP Vaccine Schedule
11:20 – 11:40 AM	• Interactive Activity
11:40 – 12:30 PM	• Vaccine Trends
12:30 – 12:45 PM	• Awards & Closing

IDPH VFC Program

Monica Del Ciello, MPH
ICAAP

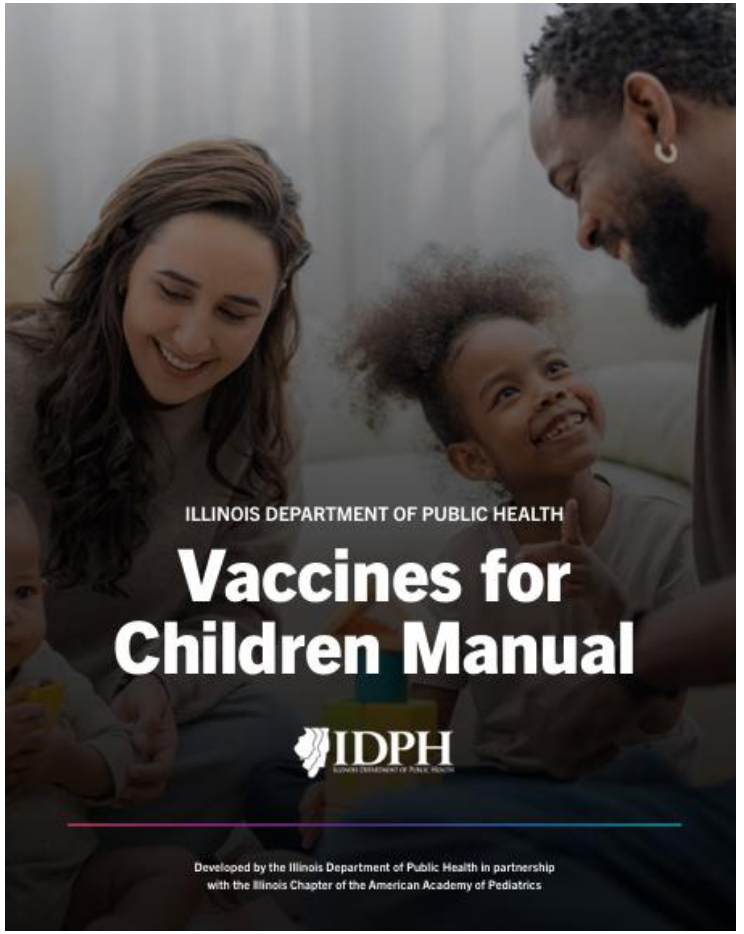
Learning Objectives

After this session, participants will be able to:

- Use the I-CARE support portal and order vaccines through I-CARE.
- Describe inventory reconciliation, vaccine ordering best practices, and other Illinois VFC mandates.
- Implement effective vaccine storage and handling practices and keep vaccine waste to a minimum.
- Outline the VFC program recommendations, requirements, and updates.

New! 2026 IDPH VFC Manual

- Discontinue the use of the old manual and begin referencing the updated version immediately.
- I-CARE → Immunization Links



Follow Along with Us!

- Pull up the manual!
  - Visit illinoisaap.org/vaccines-for-children/ or scan the QR code.



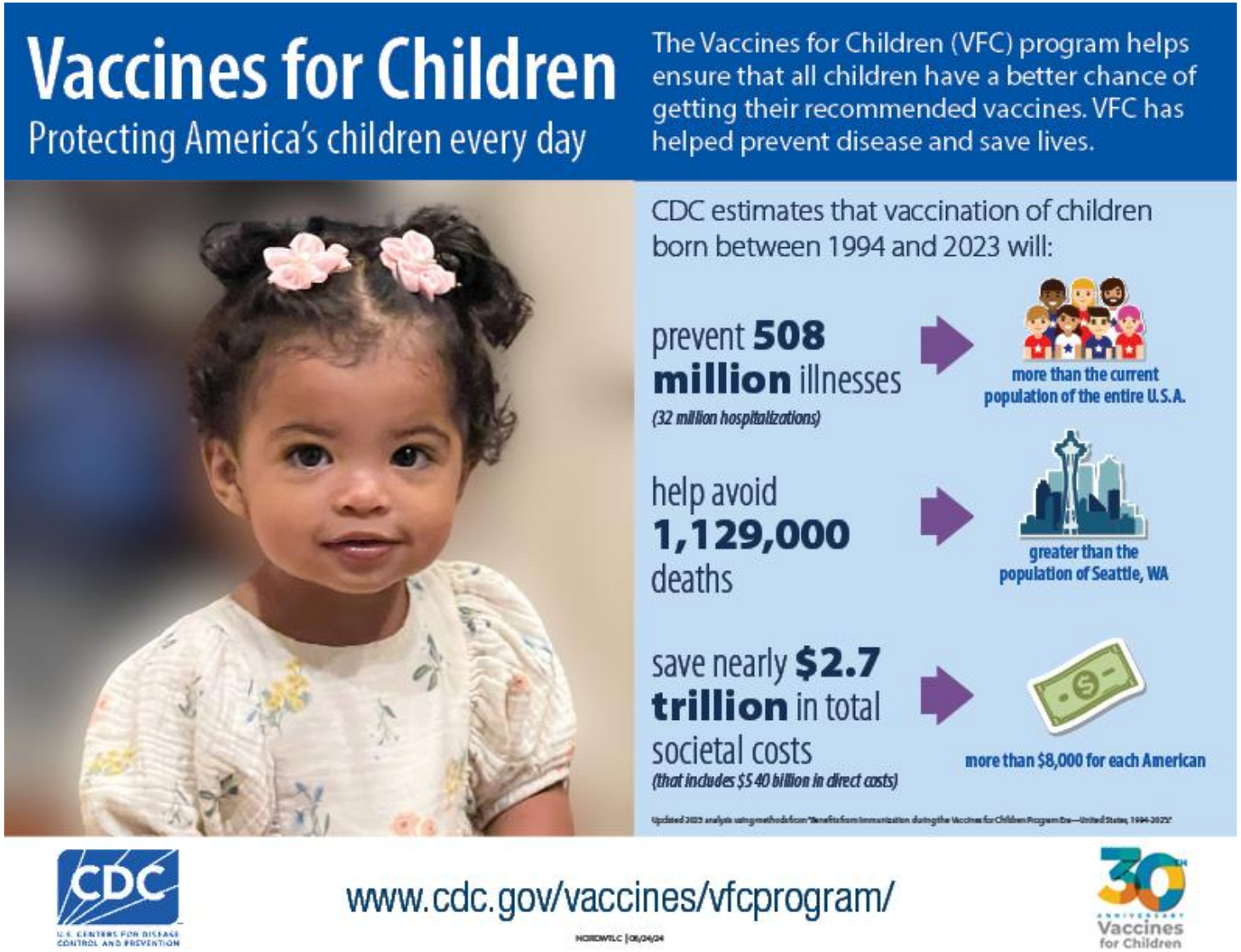
Overview of the VFC Program

Manual pages 8-16

Overview - VFC Program

- Federally funded by the Centers for Disease Control and Prevention (CDC).
- Provides vaccines at no cost to children who may not otherwise get them.
- Those eligible are 18 years and younger and one of the following:
  - Uninsured or Underinsured
  - Medicaid Title 19 or 21 eligible
  - American Indian or Alaskan Native

Benefits


Vaccines for Children
Protecting America's children every day
The Vaccines for Children (VFC) program helps ensure that all children have a better chance of getting their recommended vaccines. VFC has helped prevent disease and save lives.
CDC estimates that vaccination of children born between 1994 and 2023 will:
prevent 508 million illnesses
(32 million hospitalizations)
more than the current population of the entire U.S.A.
help avoid 1,129,000 deaths
greater than the population of Seattle, WA
save nearly $2.7 trillion in total societal costs
(that includes $540 billion in direct costs)
more than $8,000 for each American
CDC
U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION
www.cdc.gov/vaccines/vfcprogram/
30th ANNIVERSARY Vaccines for Children

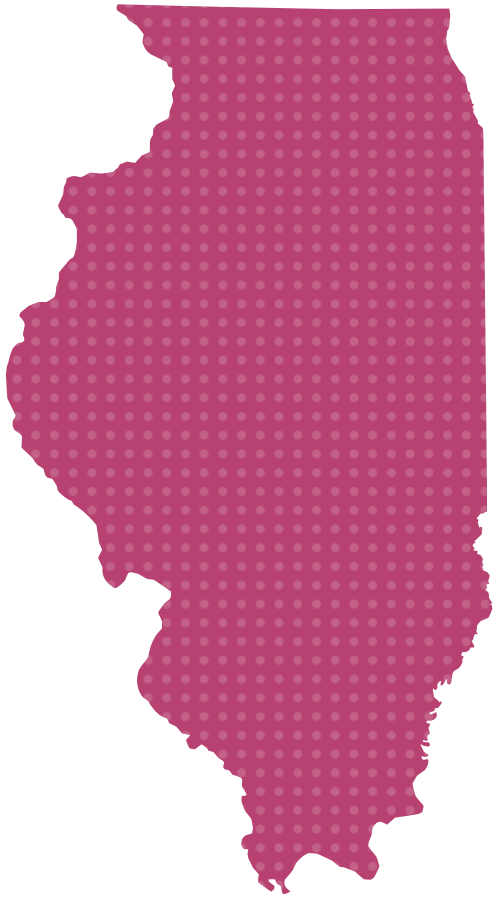
SIREN Alerts

- The planning, alerting, and notification system for IDPH.
- Register at https://www.siren.illinois.gov/.



VFC Provider Requirements

- Be licensed in Illinois to administer vaccines to children 18 years old and younger.
- Be willing and able to follow all VFC program requirements, policies, and procedures.
- 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.
- Record keeping and reporting adverse reactions to VAERS and MedWatch.



VFC Recertification

- VFC sites are required to complete recertification in I-CARE every **two** years.
- Includes updating forms in I-CARE.
  - Provider Agreement, Policy Acknowledgement, training module certificates of completion, and Digital Data Logger (DDL) calibration certificates, etc.
- Completing CDC's Provider Agreement.

Remember: Updating the provider profile and completing required education training are annual.

Routine and Emergency Vaccine Management Plans

Must follow the requirements outlined in the CDC's Vaccine Storage and Handling Toolkit. Plans should include:

Contact information for current Primary and Backup Vaccine Coordinators.
Staff roles and responsibilities.
Documented training related to vaccine management.
Storage and handling practices, including how to handle temperature excursions.
Procedures for vaccine ordering, receiving, inventory control, stock rotation, and handling vaccine loss and waste.
Procedures for situations, including transport, equipment malfunction, power failure, and natural disaster.

Staff

- Each site must identify a Primary and Backup Vaccine Coordinator.
  - They are responsible for ordering, receiving, rotating, and monitoring vaccines.
  - They must be fully trained on plans for vaccine ordering, storage, handling, transport, and inventory management.
  - They must keep up-to-date on the CDC's Vaccine Storage and Handling Toolkit.

- Notify IDPH of staff changes by completing the Vaccine Program Site Updates form.

Training

- All staff members who receive vaccine deliveries and/or handle or administer vaccines should complete annual education requirements.
  - Complete You Call The Shots Module 10
  - Complete You Call the Shots Module 16

  Attending this training meets this requirement!

- **BOTH** training modules must be documented in the vaccine management plan and submitted annually in I-CARE.

Site Visits - Enrollment

- These visits review:
  - VFC program requirements
  - Proper vaccine storage and handling
  - Appropriate resources to implement requirements
  - Vaccine Management Plans

Be prepared for follow-up visits during the first year.

Site Visits - Compliance

- Sites must be enrolled and active in the VFC program for **3-6 months** before receiving a compliance site visit.
  - Compliance site visits are repeated every **12-24 months**.

- The goals of a compliance site visit are to:
  - Verify provider details, eligibility, and documentation.
  - Review storage and handling best practices (per unit and sitewide).
  - Ensure inventory management follows the requirements outlined in the Provider Agreement.

Site Visits - Storage and Handling

- These visits may be scheduled or unannounced.
- These visits review:
  - Vaccine inventory management
  - Vaccine storage and handling equipment and monitoring
  - Vaccine storage and handling procedures and Vaccine Management Plan
  - Appropriate storage and handling-related documentation

Important: Vaccines purchased with federal funds that are deemed non-viable due to provider negligence must be **replaced** on a dose-for-dose basis with privately purchased vaccines.

Site Visits - Education

- These visits are scheduled in advance with IDPH and clinical staff.
- These visits:
  - Introduce IDPH staff to new site clinical staff.
  - Review vaccine storage procedures and temperature monitoring.
  - Discuss steps needed to complete the VFC onboarding process and more!

VFC and I-CARE

Manual pages 17-19

I-CARE

- Resources, forms, log-in issues, FAQs, and more can be found on the Quick Assist tab.
- I-CARE can share records with these jurisdictions:
    - City of Philadelphia
    - Florida
    - New Jersey
    - Refugee Immunization Information Exchange
    - Rhode Island
    - Arizona
    - Connecticut
    - Ohio
    - New Mexico
    - Indiana
    - Maryland
    - Utah
    - Kentucky
    - Michigan
    - Missouri
    - Wisconsin
    - The Department of Veterans Affairs
    - Tennessee
    - US Virgin Islands
    - Puerto Rico
    - Mississippi

I-CARE & HL7

- Share Electronic Health Record (EHR) with I-CARE using HL7 data exchange.
  - Contact EHR vendor to determine HL7 compatibility.
- Begin HL7 onboarding process: Onboarding Questionnaire.
- Fill out the HL7/Data Quality Updates Form when changing EMRs, implementing HL7, etc.
- For information on HL7 messages: I-CARE HL7 Specifications.

Vaccine Ordering and Tracking

Manual pages 20-22

Ordering Vaccines

- The following should be up-to-date before submitting an order:
  - Vaccine inventory
  - Patient immunization records
  - Temperature logs for all appliances
  - Data logger certificates of calibration
  - Vaccine incident reports for temperature excursions
  - Delivery hours, including lunch hours or other closures
- IDPH recommends placing **smaller and more frequent orders.**

Vaccine Management — Borrowing Vaccines

- Borrowing between VFC & private vaccine inventory **must be under rare, unplanned occurrences.**
  - Cannot serve as a replacement for privately purchased inventory.
- Must be properly documented and reported.
- Borrowed doses **must** be replaced.

Incorrect or Missing Vaccine Shipment

- Verify a shipment is accurate by ensuring the packing slip matches the vaccines received. Cross-check all lot numbers against inventory in I-CARE.
- Vaccine Shipping Incident Report – To notify IDPH of shipping issues.

Shipping labels are emailed to the VFC Primary Coordinator on file. If another staff member needs to receive the label, or a label needs to be reissued, submit a Replacement Return Label request.

Storage and Temperature Monitoring

Manual pages 23-26

Required Equipment

- Storage units should be placed in a well-ventilated room, between 68°F - 77°F, without anything blocking them.
  - Refrigerators should maintain temps between 2° C - 8° C (36°F - 46°F).
  - Freezers should maintain temps between -50° C and -15° C (-58°F - +5°F).
  - Recommended to set temps in Celsius and record to 1 decimal place.
- Record temperatures:
  - Any time staff are in the clinic, at least 3x/week.
  - 2x/day and the min/max temps at the start of every day.

Required Equipment

Purpose-built or pharmaceutical-grade refrigerators and freezers are preferred.

- Stand-alone refrigerator and freezer units may also be used.
- Household refrigerator/freezer units – only the refrigerator compartment can be used.
- Never store vaccine in a dorm-style or bar-style combined refrigerator/freezer unit.

Required Equipment

- VFC vaccines must be stored separately from other vaccine types.
- Some purpose-built units separate public & private vaccine stock electronically.
  - If electronic, an inventory printout must be available upon request.
- Power Supply:
  - Plug in only one storage unit per electrical outlet.
  - Post “DO NOT UNPLUG” warning signs at outlets and on storage units.
  - Use caution when using power outlets that can be tripped or switched off.

Digital Data Loggers

- DDLs must have a current certificate of calibration.
- Some purpose-built units have built-in DDLs. Make sure these meet all the requirements.
- A back-up DDL must be available.
- Data from DDLs should be downloaded and reviewed **at least weekly.**
- DDL files must be retained for a **minimum of 3 years.**
- Temperature data logger data files must be made available upon request.

DDLs

The DDL must be equipped with:

- A temperature probe or sensor.
- An active temperature display outside the unit that can be easily read without opening the unit's door.
- Continuous temperature monitoring and recording capabilities and capacity to routinely download data.

Back-Up DDLs:

- Must have a readily available backup device with a valid certificate of calibration testing.
- Calibration testing date for the backup device should be staggered or differ from that of the primary device.
- IDPH recommends that clinics **have at least two backup DDLs.**

DDLs

Certificates of Calibration Testing must include:

- Model/device number.
- Serial number.
- Date of calibration (report or issue date).
- Confirmation the instrument passed testing (or instrument in tolerance).

Certificates of Calibration must indicate at least one of the following:

- Conforms to ISO 17025.
- Testing was performed by an ILAC/MRS Signatory body accredited laboratory.
- Is traceable to the standards maintained by NIST.
- Meets specifications and testing requirements for the American Society for Testing and Materials (ASTM) Standard E2877 tolerance Class F (0.5 °C) or better.

Temperature Excursions

Any temperature reading outside the recommended ranges in the manufacturers' package inserts.

- Manufacturers will help determine if the vaccine is still viable.
- Review storage & handling policies and take the appropriate actions.
- Complete the Vaccine Incident Report in I-CARE.
- Unsure if an excursion occurred?
  - Mark vaccine "DO NOT USE!"
  - Do not use or discard until the manufacturer determines viability and IDPH VFC is contacted.

Inventory Management

Manual pages 27-29

Inventory Management

- Vaccine accountability is one of the program's highest priorities because vaccine losses are absorbed directly by the VFC program's budget.
- Review the IDPH Vaccine Loss and Replacement Policy.
  - Serves as the policy for management of incidents that result in loss of all publicly funded vaccines provided through the IDPH Immunization Program.

Transferring Vaccines

- Acceptable when:
  - The vaccine is six months or less from the expiration date and unable to be used.
  - A Vaccine Preventable Disease outbreak is occurring.
  - A clinic closes.
- Transfer requests will be reviewed on a case-by-case basis when:
  - Vaccines are more than six months from the expiration date.
  - There is an immediate need before an order can be received.
- The cold chain must be maintained (use DDL when transferring).
  - Ensure the transportation container is approved for vaccine storage.
- If a site does not have a place to transfer to, they can use the Provider List to find one.

Off-Site Clinics

Manual pages 30-31

Temporary Off-Site Vaccine Clinics

- Request process:
  - Submit annual Off-Site Vaccination Clinic Plan for approval before off-site clinics can be held.
  - Once approved, notify IDPH 48 hours prior to each individual clinic.
  - Review the Off-Site Clinic Dashboard and Off-Site Clinic Procedures and Best Practices.
- Transportation, storage, and handling must meet VFC program guidelines.
  - How to Transport Vaccines for an Off-Site Clinic

Achieving Inventory Accuracy

Manual pages 32-35

Achieving Inventory Accuracy

- Complete vaccine inventory weekly to ensure physical stock matches I-CARE's inventory.
  - Review I-CARE vaccine inventory.
  - Compare I-CARE inventory to physical vaccine inventory.
  - Mark any expired/spoiled vaccines and return those doses.
  - The Inventory Analysis Helper Report (IAHR) can help show administered shot errors that may not be deducted properly from a site's vaccine inventory.
  - If discrepancies still exist, use the Inventory Discrepancy form to request assistance.

Removing & Returning Vaccines

Removing Expired Vaccines

- Click on the lot and select “Add Transaction.”
- Select the “Transaction Type” as “Expired/Spoiled (Return)”.
- Enter the appropriate code and fill the quantity.
- Hit the green SAVE button.

Returning Vaccines

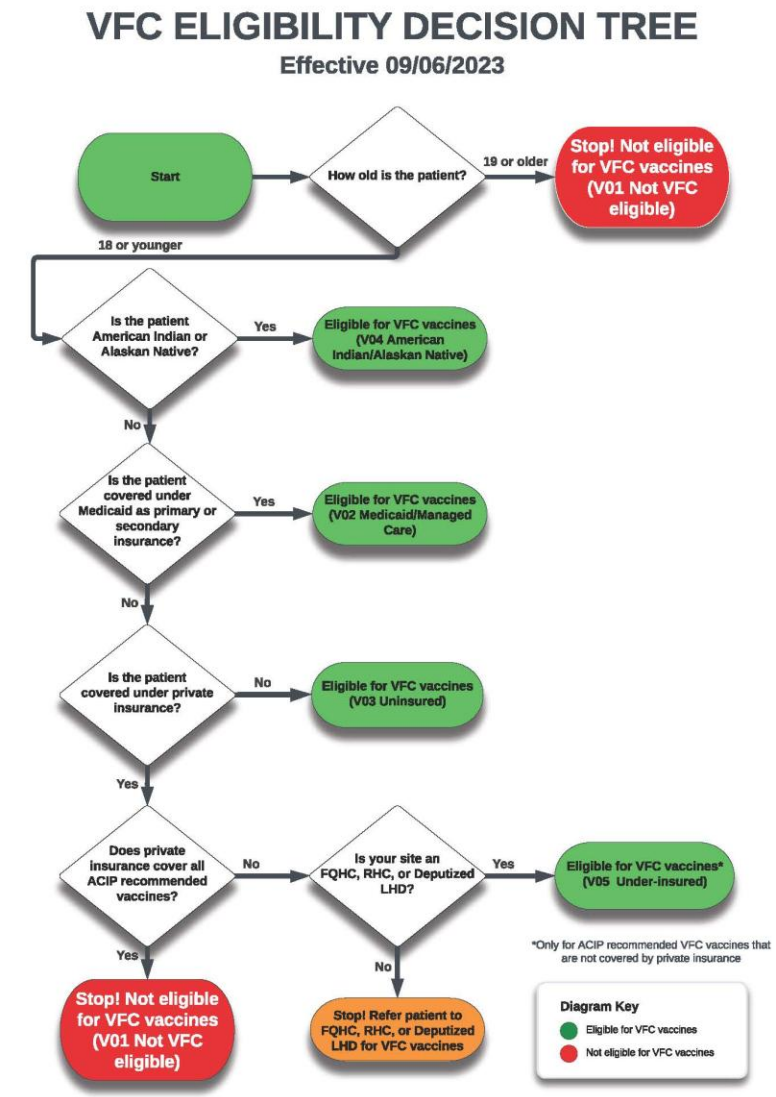
- All VFC vaccines received from IDPH should be returned upon expiration.
- Remove expired vaccines from the storage unit and enter them into I-CARE.
- The Primary Coordinator will receive an email with the Return Label and packing slip.

Administering VFC Vaccines

Manual pages 36-42

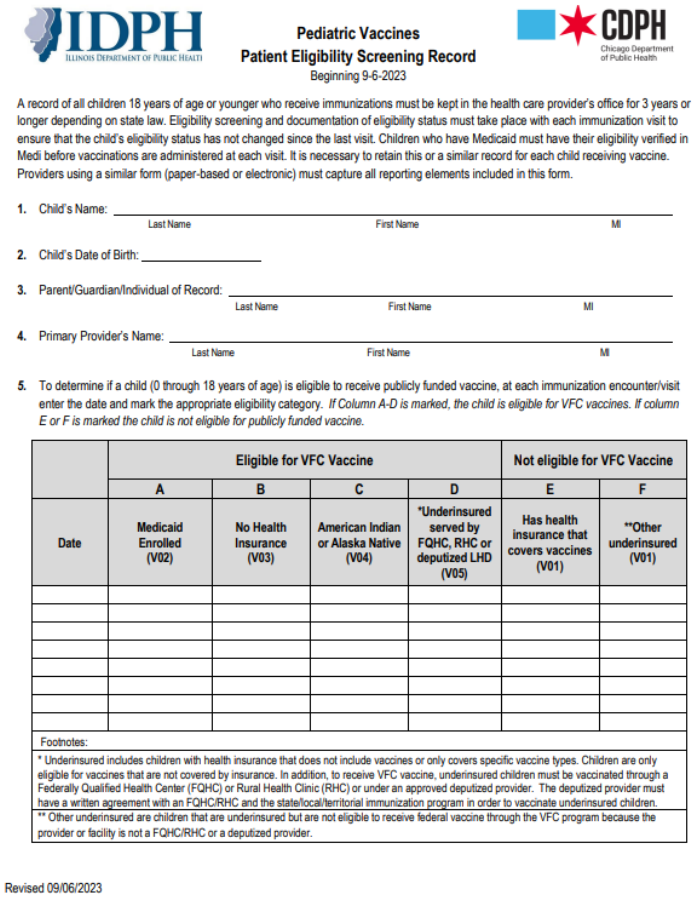
Eligibility

VFC Eligibility Criteria	Definition
American Indian or Alaska Native (AI/AN)	This population is defined by the Indian Health Care Improvement Act (25 U.S.C. 1603). (AI/AN children are VFC-eligible under any circumstance.)
Medicaid-eligible	Children who are eligible for the Medicaid program. For the purposes of the VFC program, the terms “Medicaid-eligible” and “Medicaid enrolled” are used interchangeably.
Uninsured	Children not covered by any health insurance plan.
Underinsured	Underinsured means the child has health insurance, but the insurance policy: 1. Children who have health insurance, but the coverage does not include any vaccines. 2. Children who have health insurance, but the coverage does not include all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP). 3. Children who have health insurance, but coverage has a fixed dollar limit (or cap) for vaccines. 4. Children who have health insurance, but the insurance does not provide first-dollar coverage for vaccines.



Patient VFC Eligibility Screening

- Providers must verify VFC eligibility before administering VFC vaccines.
- Use the MEDI system or equivalent system (with HFS 270/271 electronic transaction data).
- The Patient Eligibility Screening Form allows recording of responses to VFC eligibility questions.
  - Providers or parents/guardians may complete the VFC eligibility portion of the form.



IDPH Illinois Department of Public Health

Pediatric Vaccines
Patient Eligibility Screening Record
Beginning 9-6-2023

CDPH Chicago Department of Public Health

A record of all children 18 years of age or younger who receive immunizations must be kept in the health care provider's office for 3 years or longer depending on state law. Eligibility screening and documentation of eligibility status must take place with each immunization visit to ensure that the child's eligibility status has not changed since the last visit. Children who have Medicaid must have their eligibility verified in Medi before vaccinations are administered at each visit. It is necessary to retain this or a similar record for each child receiving vaccine. Providers using a similar form (paper-based or electronic) must capture all reporting elements included in this form.

1. Child's Name: _____ (Last Name / First Name / MI)
2. Child's Date of Birth: _____
3. Parent/Guardian/Individual of Record: _____ (Last Name / First Name / MI)
4. Primary Provider's Name: _____ (Last Name / First Name / MI)
5. To determine if a child (0 through 18 years of age) is eligible to receive publicly funded vaccine, at each immunization encounter/visit enter the date and mark the appropriate eligibility category. *If Column A-D is marked, the child is eligible for VFC vaccines. If column E or F is marked the child is not eligible for publicly funded vaccine.*

	Eligible for VFC Vaccine				Not eligible for VFC Vaccine	
	A	B	C	D	E	F
Date	Medicaid Enrolled (V02)	No Health Insurance (V03)	American Indian or Alaska Native (V04)	*Underinsured served by FQHC, RHC or deputized LHD (V05)	Has health insurance that covers vaccines (V01)	**Other underinsured (V01)

Footnotes:

* Underinsured includes children with health insurance that does not include vaccines or only covers specific vaccine types. Children are only eligible for vaccines that are not covered by insurance. In addition, to receive VFC vaccine, underinsured children must be vaccinated through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) or under an approved deputized provider. The deputized provider must have a written agreement with an FQHC/RHC and the state/local/territorial immunization program in order to vaccinate underinsured children.

** Other underinsured are children that are underinsured but are not eligible to receive federal vaccine through the VFC program because the provider or facility is not a FQHC/RHC or a deputized provider.

Revised 09/06/2023

Child's Insurance Status	VFC-Eligible?	VFC Eligibility Category
Enrolled in Medicaid.	Yes	Medicaid (V02).
Has private health insurance plan with Medicaid as secondary Insurance.	Yes	Medicaid (V02). The provider should choose the option that is most cost-effective for the family.
Has health insurance covering all vaccines but has not yet met plan's deductible or paid for other services received at visit.	No	Insured (V01). This applies even when primary insurer would deny reimbursement for the cost of the vaccine and its administration because the plan's deductible has not been met.
Has health insurance covering all vaccines but has not yet met plan's deductible or paid for other services received at visit and has Medicaid as secondary insurance.	Yes	Medicaid (V02).
Has health insurance covering all vaccines, but the plan has a fixed dollar limit or cap on amount that it will cover.	Yes	Insured (V01) until the fixed dollar limit is met. Underinsured (V05) after the fixed dollar limit is reached.
Has an insurance plan that does not cover all ACIP-recommended vaccines.	Yes	Underinsured (V05). Child can only receive vaccines not covered by the plan.
Has health insurance, but plan does not cover any vaccines.	Yes	Underinsured (V05). With implementation of ACA, this situation should be rare.
Has no health insurance coverage.	Yes	Uninsured (V03).
Has private health insurance that covers all vaccinations and is AI/AN.	Yes	AI/AN (V04). The provider should choose the eligibility category most cost effective for the family.
Has Medicaid and is AI/AN.	Yes	Medicaid (V02) or AI/AN (V04). Providers should use Medicaid for the administration fee (least out-of-pocket expense for family).

Referring a Child

- Underinsured children are only eligible for vaccines that are not covered by health insurance and can only be vaccinated through a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), or deputized provider.
- LHDs should complete the Request Memorandum of Understanding (MOU) form to request a delegated authority from an FQHC or RHC to vaccinate underinsured children.
  - The FQHC or RHC **must** be a VFC provider.
  - LHDs should retain a copy of their MOU and submit it every 24 months during VFC recertification.

VIS & Record Keeping

immunize.org/vaccines/vis

- Give patient's guardian a Vaccine Information Statement (VIS) for any vaccine under the National Vaccine Injury Compensation Program (NVICP).
- It is required to document the following and maintain the records for at least three years:
  - Name of vaccine administered
  - Date vaccine was administered
  - Date VIS was given
  - Publication date of VIS
  - Name of vaccine manufacturer
  - Vaccine lot number
  - Name and title of person who administered the vaccine
  - Address of clinic where vaccine was administered

Vaccine Stock for Non-VFC Patients

- CDC **does not** require VFC providers to maintain a full stock of all recommended vaccines for privately insured children if they don't plan to offer all vaccines to this population.
  - This includes COVID-19 vaccines and RSV monoclonal antibodies.
- We hope that you will still stock and offer all recommended vaccines to all patients!
  - Private vaccine stock must be stored separately and clearly labeled.

Billing - Medicaid Secondary Insurance*

Option 1: The provider can administer VFC vaccines and bill Medicaid for the administration fee.

Considerations:

- Easiest way for a provider to use VFC vaccines and bill Medicaid for the administration fee.
- No out-of-pocket costs to the parent for the vaccine or the administration fee.

Option 2: The provider can administer private stock vaccines and bill the primary insurance carrier for both the cost of the vaccine and the administration fee.

Considerations:

- The provider may be reimbursed a higher dollar amount if a privately purchased vaccine is administered and both the vaccine and the administration fee are billed to the primary insurer.

*Consider these options for AI/AN populations that qualify for VFC under a second category, as the family may be responsible for administration fees.

Administration Fees

- Patients and families cannot be charged for publicly purchased vaccines.
- Bill only Medicaid for the administration fee for VFC-eligible children enrolled in Medicaid (per vaccine and not per antigen).
  - Administration fee for non-Medicaid VFC children cannot exceed $23.87.
- Unpaid VFC vaccine administration fees may not be sent to collections, and VFC providers may not refuse to vaccinate an eligible child due to inability to pay.

Reporting Adverse Reactions

Healthcare providers are **required** to report to VAERS:

- Adverse events (AEs) in the VAERS Table of Reportable Events Following Vaccination.
- AEs listed by the manufacturer as a contraindication.

Healthcare providers are **strongly encouraged** to report to VAERS:

- AEs that occur after administering a vaccine licensed in the U.S.
- Vaccine administration errors

Report AEs after administration of RSV monoclonal antibodies alone to MedWatch online. Report AEs after the coadministration of an RSV monoclonal antibody and vaccine to VAERS.

Compliance Site Visits and Immunization Quality Improvement for Providers (IQIP)

Manual pages 43-44

Compliance Site Visits

- Sites must be enrolled and active in the VFC program for **3-6 months** before receiving a compliance site visit.
  - Repeated every **12-24 months**.
  - Clinics also enrolled in the Adult Immunization Program (AIP) and Illinois Vaccine Access Program (IVAP) will receive site and compliance reviews during their VFC visit.
- This visit includes reviewing:
  - The Provider Profile
  - Vaccine ordering and inventory management
  - Policies, procedures, and the Vaccine Management Plan
  - Vaccine storage and handling equipment, procedures, and documentation
  - VFC screening requirements and billing practices
  - Availability of all vaccines for VFC-eligible patients
  - VFC-related document retention

IQIP

A 12-month process that includes **4 visits over the course of a year.**

- **Initial Visit:** Discuss clinic workflow, baseline coverage levels, and review the national IQIP Strategies and best practices.
- **Check-Ins:** Completed at 2, 6, and 12 months. Technical assistance is provided at each visit, and coverage levels are compared to baseline at 6 and 12 months.

Reporting Fraud/Abuse

Manual page 45

Fraud and Abuse

- Fraud and abuse may include:
  - 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 inability to pay an administration fee.
  - Failing to screen for and document eligibility at each visit.
  - Failing to properly maintain VFC records and requirements.
  - Failing to properly store and handle VFC vaccines, etc.

Fraud and Abuse Protocol for Illinois Providers for additional details and expectations.

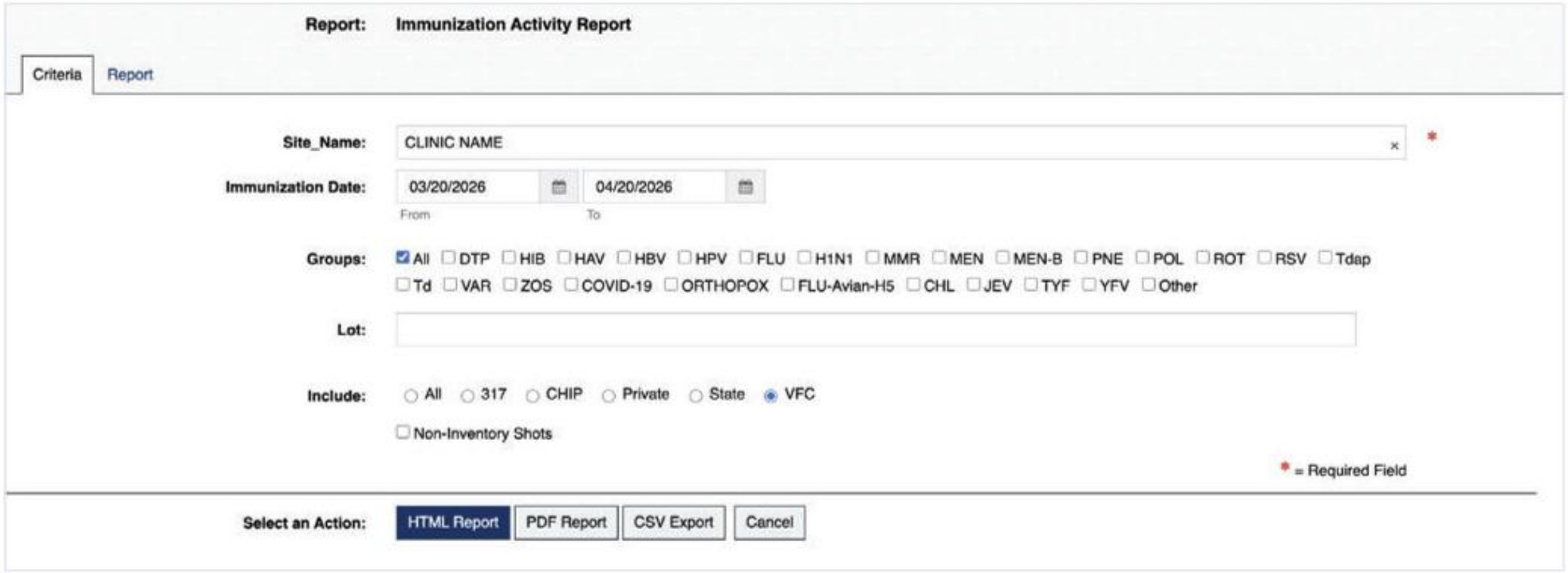
I-CARE Reports

Manual Pages 46-55

Vaccine Accountability Report

Vaccine	Brand	NDC	Doses on Hand	Lot Num/ Exp Date	Wst/Exp Doses	Age: <1	1	2	3-5	6	7-10	11-12	13-18	>18	Total
COVID-19	Moderna COVID-19 (2023-2024 6m-11y) [OUT OF STOCK]	80777-0287-92	--	AU5557B (VFC) 06/15/2024	--	--	1	1	3	--	1	1	--	--	7
COVID-19	Spikevax COVID-19 (2023-2024 12+ years) [OUT OF STOCK]	80777-0102-95	--	8060364 (VFC) 05/31/2024	2	--	--	--	--	--	--	--	3	--	3
COVID-19	Moderna COVID-19 (2023-2024 6m-11y) [OUT OF STOCK]	80777-0287-92	--	AU5562B (VFC) 06/22/2024	--	3	3	--	1	--	2	1	--	--	10
COVID-19	Spikevax COVID-19 (2023-2024 12+ years)	80777-0102-95	10	8062120 (VFC) 09/30/2024	--	--	--	--	--	--	--	2	8	--	10

Immunization Activity



Patients

Patient List Export:

- I-CARE can generate a comma-delimited text file, i.e. an Excel spreadsheet, of patients that match a given criterion.

Managing Active Patients:

- Use the main search bar or the “Patients” tab, which provides a more robust search.

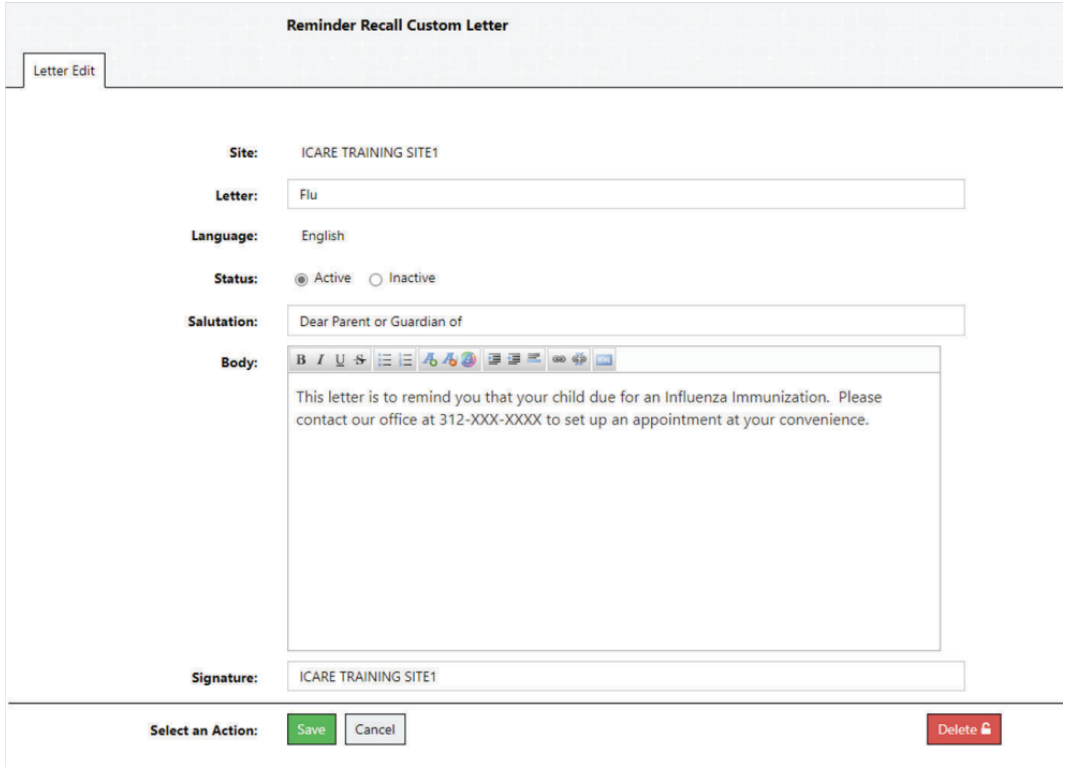
Immunizations Due & Immunizations Given

- Immunizations Due Report: Active patients who are overdue for a particular vaccination.
  - Use this report to determine which patients need to come in and help use vaccines that are expiring soon.
- Immunizations Given Report: Active patients who received a dose during the specified time frame.
  - Use this report to review immunizations given over specific time frames, to target missing doses, or review possible data entry issues.

Reminder Recall & Customize Letters

- Reminder Recall Reports:
  - To remind patients of a future vaccination or to target patients who are past due for a vaccination.

- Customize Letters:
  - To create customized messages to send to patients about returning for forecasted or overdue vaccinations



Childhood & Adolescent Coverage Level

- Childhood Coverage Level Report:
  - Active patients and the percentage of how many patients who are fully vaccinated for each vaccine group before their 2nd birthday.
- Adolescent Coverage Level Report:
  - There is a 13-year-old report and a 17-year-old report.

Invalid Doses & Missed Opportunities

- Invalid Doses: Used in quality assurance review and flags any problems.
  - Looks at each vaccine/vaccine group and matches it against the vaccine administration schedule to make sure vaccines are being administered correctly.
- Missed Opportunities: A summary of patients who have missed opportunities
  - Used in quality assurance visits.

Site Updates

Manual pages 56-57

Moving & Unenrolling

New Location

- Notify the IDPH Immunization Program before a move so the equipment and plan to transport the VFC vaccines can be reviewed/approved.
  - Vaccine Program Site Updates form in I-CARE.
- Notification should occur **AT LEAST 30 DAYS** ahead of time.

Adult Immunization Program (AIP)

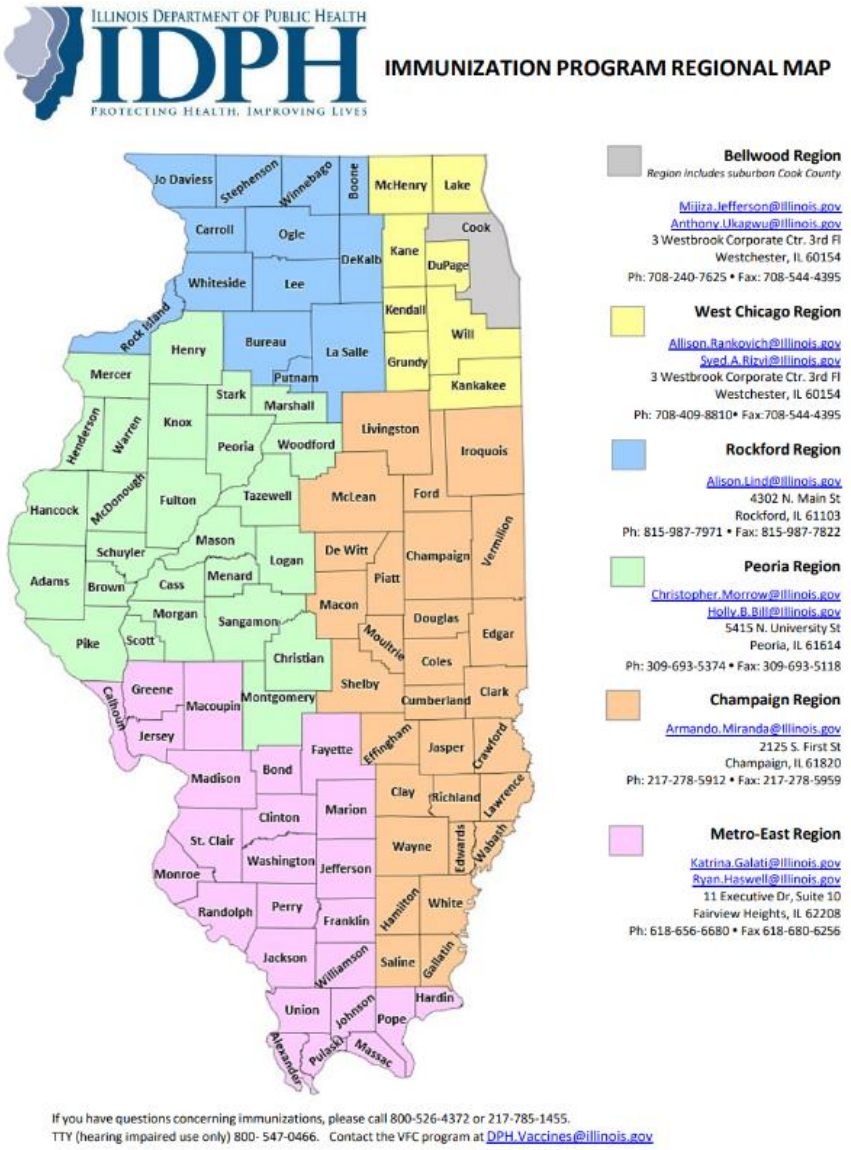
- Provides low- to no-cost vaccines to uninsured and underinsured adults ages 19 years and older.
- Most individuals with Medicaid, Medicare, or private insurance are not eligible.
- LHDs, FQHCs, and RHCs can order these vaccines to distribute.
- Most routine vaccines, except HPV and PCV, due to funding limitations.

IVAP (Illinois Vaccine Access Program)

- State-funded program which provides low- to no-cost vaccines to Illinoisians.
- LHDs, FQHCs, and RHCs can order these vaccines to distribute.
- COVID-19 vaccines and RSV monoclonal antibodies are included for individuals regardless of insurance status.
  - Note: Administer VFC to eligible patients when the provider has doses in stock.
- Prevnar 20 and Gardasil 9 are available for adults 19 years+ who are uninsured or underinsured.
  - These replace vaccines that are no longer available in the AIP program.

IDPH Regional Contacts

DPH.Vaccines@illinois.gov



Questions

Break!

Please return at: 10:05

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

Tricia Scerba, MD, MBA

Learning Objectives

After this session, participants will be able to:

- Apply the respiratory virus immunization recommendations for the 2026 – 2027 season.
- Summarize current vaccine schedules and recommendations.
- Outline new vaccine products and updates.

Value of Immunizations



An AAP study demonstrated that routine childhood vaccines help prevent unnecessary morbidity and mortality, as well as have cost-saving impacts.

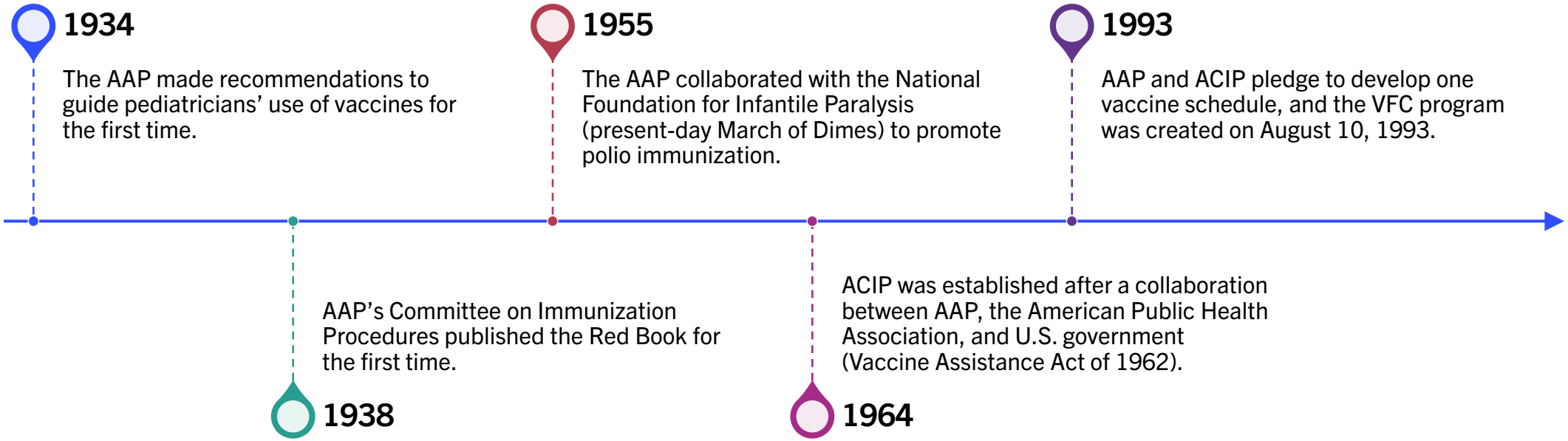


Estimated vaccine costs of $8.5 billion were entirely offset by the avoided $63.6 billion in disease-related costs.

https://publications.aap.org/pediatrics/article/150/3/e2021056007/188497/Value-of-the-Immunization-Program-for-Children-in?autologincheck=redirected

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History of AAP Vaccine Recommendations



https://publications.aap.org/aapnews/news/32762/AAP-has-been-leading-voice-on-childhood-vaccine?autologincheck=redirected
https://www.cdc.gov/vaccines-for-children/about/index.html

Illinois Follows Evidence-Based, Science-Based Vaccine Recommendations

IDPH ILLINOIS DEPARTMENT OF PUBLIC HEALTH **NEWS RELEASE**

FOR IMMEDIATE RELEASE
August 11, 2026

CONTACT:
James.Leach@illinois.gov

KEY POINTS FOR MEDIA:

- IDPH continues to endorse the American Academy of Pediatrics (AAP) immunization schedule, meaning IDPH does not recommend adjustments to the childhood immunization schedule based on the President's executive order
- Vaccines are proven safe and effective in protecting children from serious preventable illness
- IDPH remains committed to clear, science-based guidance to help Illinois families make healthy, informed choices

IDPH Reaffirms Existing Child Immunization Schedule Based on Science

Federal executive order does not change Illinois science-based approach to life-saving vaccines

SPRINGFIELD – The Illinois Department of Public Health (IDPH) is reminding Illinoisans that the state's existing endorsement of the 2026 American Academy of Pediatrics (AAP) Child and Adolescent Immunization Schedule remains unchanged, despite a federal executive order this week seeking to make changes to established vaccine guidance. IDPH notes that years of study confirm the vaccines on the existing child and adolescent schedule are safe and effective in keeping children healthy and protecting them from the effects of serious preventable illnesses.

"A thoughtless piece of paper does not reverse decades of research and scientific evidence about protecting kids," **said Governor JB Pritzker.** "While the president tries to confuse and distract the American public, Illinois will continue to follow the science-based guidance that keeps our children safe from serious illness."

"The Illinois Department of Public Health is committed to ensuring Illinois residents have reliable access to vaccines and guidance supported by the most up-to-date science," **said Dr. Sameer Vohra, Director of the Illinois Department of Public Health (IDPH)**. "Despite the latest Presidential Executive Order, IDPH's endorsement of the American Academy of Pediatrics 2026 Childhood Vaccine Schedule remains in effect, unanimously supported by Illinois' Immunization Advisory Committee. IDPH will continue to be guided by science and work closely with clinical and community leaders to provide recommendations that allow Illinoisians to make the best choices to keep themselves and their families safe and healthy."

Federal Vaccine Policies

A lot of announcements, changes, changing back, confusion, etc.

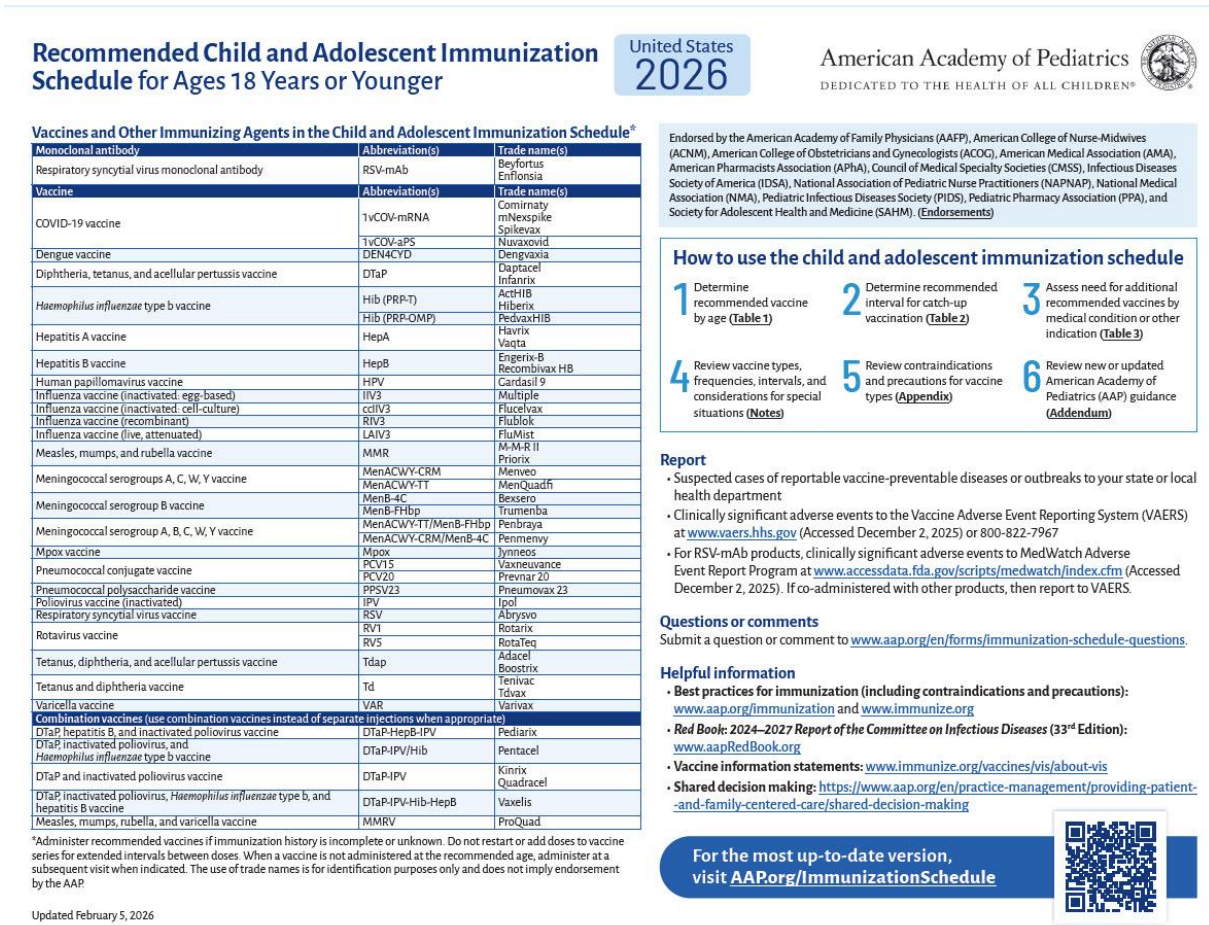
Bottom line: Clinical operations have not changed - please continue to vaccinate based on the AAP recommendations, as endorsed by IDPH.

https://publications.aap.org/aapnews/news/34722/AAP-s-historic-victory-in-vaccine-lawsuit-a?searchresult=1?autologincheck=redirected
https://www.whitehouse.gov/presidential-actions/2026/08/delivering-gold-standard-childhood-vaccine-recommendations-for-americans/
https://publications.aap.org/aapnews/news/35792/AAP-Executive-order-to-reduce-childhood-vaccines?autologincheck=redirected
https://illinoisaap.org/wp-content/uploads/2026/08/20260811_IDPH_News_Release_Vaccine_Guidance.pdf

Using the AAP Immunization Schedule

To make immunization recommendations, healthcare providers should:

1. Determine recommended vaccine by age (Table 1).
2. Determine appropriate intervals for catch-up, if needed (Table 2).
3. Assess for medical conditions and other indications (Table 3).
4. Review special situations (Vaccination Notes).
5. Review contraindications and precautions to vaccination (Appendix).
6. Review new or updated vaccine guidance (Addendum).



Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger — United States 2026

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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	Beyfortus Enflonsia
Vaccine	**Abbreviation(s)**	**Trade name(s)**
COVID-19 vaccine	1vCOV-mRNA	Comirnaty mNexspike Spikevax
	1vCOV-aPS	Nuvaxovid
Dengue vaccine	DEN4CYD	Dengvaxia
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel Infanrix
Haemophilus influenzae type b vaccine	Hib (PRP-T)	ActHIB Hiberix
	Hib (PRP-OMP)	PedvaxHIB
Hepatitis A vaccine	HepA	Havrix Vaqta
Hepatitis B vaccine	HepB	Engerix-B Recombivax HB
Human papillomavirus vaccine	HPV	Cardasil 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	Menveo
	MenACWY-TT	MenQuadfi
Meningococcal serogroup B vaccine	MenB-4C	Bexsero
	MenB-FHbp	Trumenba
Meningococcal serogroup A, B, C, W, Y vaccine	MenACWY-TT/MenB-FHbp	Penbraya
	MenACWY-CRM/MenB-4C	Penmenvy
Mpox vaccine	Mpox	Jynneos
Pneumococcal conjugate vaccine	PCV15	Vaxneuvance
	PCV20	Prevnar 20
Pneumococcal polysaccharide vaccine	PPSV23	Pneumovax 23
Poliovirus vaccine (inactivated)	IPV	Ipol
Respiratory syncytial virus vaccine	RSV	Abrysvo
Rotavirus vaccine	RV1	Rotarix
	RV5	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 *Haemophilus influenzae* type b vaccine	DTaP-IPV/Hib	Pentacel
DTaP and inactivated poliovirus vaccine	DTaP-IPV	Kinrix Quadracel
DTaP, inactivated poliovirus, *Haemophilus influenzae* 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 February 5, 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

https://publications.aap.org/pediatrics/article/157/3/e2025075754/206175/Recommended-Childhood-and-Adolescent-Immunization?autologincheck=redirected

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Table 1
PAGE 2

Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2026

American Academy of Pediatrics
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These recommendations must be read with the Notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the outlined purple bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2). To assess need for additional recommended vaccines by medical condition, see Table 3.

Vaccine and other immunizing agents	Birth	1 mos	2 mos	4 mos	6 mos	8 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs
Respiratory syncytial virus (RSV-mAb [nirsevimab, clesrovimab])	1 dose during RSV season depending on maternal RSV vaccination status (See Notes)					1 dose nirsevimab during RSV season (See Notes)												
Hepatitis B (HepB)	1st dose	2nd dose			3rd dose													
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1st dose	2nd dose	See Notes													
Diphtheria, tetanus, and acellular pertussis (DTaP <7 yrs)			1st dose	2nd dose	3rd dose				4th dose				5th dose					
Haemophilus influenzae type b (Hib)			1st dose	2nd dose	See Notes			3rd or 4th dose (See Notes)										
Pneumococcal conjugate (PCV15, PCV20)			1st dose	2nd dose	3rd dose			4th dose										
Inactivated poliovirus (IPV)			1st dose	2nd dose	3rd dose								4th dose					See Notes
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)					1 or more doses of 2026–2027 vaccine (See Notes)							1 or more doses of 2026–2027 vaccine (See Notes)	1 or more doses of 2026–2027 vaccine (See Notes)					
Influenza					1 or 2 doses annually (See Notes)										1 dose annually (See Notes)			
Measles, mumps, and rubella (MMR)					See Notes			1st dose					2nd dose					
Varicella (VAR)								1st dose					2nd dose					
Hepatitis A (HepA)					See Notes			2-dose series (See Notes)										
Tetanus, diphtheria, and acellular pertussis (Tdap ≥7 yrs)															1 dose			
Human papillomavirus (HPV)															2-dose series	See Notes		
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥6 weeks)		See Notes													1st dose		2nd dose	
Meningococcal B (MenB-4C, MenB-FHbp)															See Notes			
Respiratory syncytial virus vaccine (RSV [Abrysvo])															Seasonal administration during pregnancy if not previously vaccinated			
Dengue (DEN4CYD: 9–16 yrs)															Seropositive in areas with endemic dengue (See Notes)			
Mpox																		

- Range of recommended ages for all children
- Range of recommended ages for catch-up vaccination
- Range of recommended ages for certain high-risk groups or populations
- Recommended vaccination for those who desire protection
- Recommended vaccination based on shared clinical decision-making

Table 2
PAGE 3

Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More than 1 Month Behind, United States, 2026

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The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. **Always use this table in conjunction with Table 1 and the Notes that follow.**

Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Children age 4 months through 6 years					
Hepatitis B	Birth	**4 weeks**	**8 weeks *and* at least 16 weeks after first dose:** minimum age for the final dose is 24 weeks		
Rotavirus	6 weeks: Maximum age for first dose is 14 weeks, 6 days.	**4 weeks**	**4 weeks:** maximum age for final dose is 8 months, 0 days		
Diphtheria, tetanus, and acellular pertussis	6 weeks	**4 weeks**	**4 weeks**	**6 months**	**6 months:** A fifth dose is not necessary if the fourth dose was administered at age 4 years or older ***and*** at least 6 months after dose 3
Haemophilus influenzae type b	6 weeks	**No further doses needed** if first dose was administered at age 15 months or older **4 weeks** if first dose was administered before the 1st birthday **8 weeks (as final dose)** if first dose was administered at age 12 through 14 months	**No further doses needed** if previous dose was administered at age 15 months or older **4 weeks** if current age is younger than 12 months and first dose was administered at younger than age 7 months ***and*** at least 1 previous dose was PRP-T (ActHib, Pentacel, Hiberix), Vaxelis, or unknown **8 weeks and age 12 through 59 months (as final dose)** if current age is younger than 12 months ***and*** first dose was administered at age 7 through 11 months; **OR** if current age is 12 through 59 months ***and*** first dose was administered before the 1st birthday ***and*** second dose was administered at younger than 15 months; **OR** if both doses were PedvaxHIB and were administered before the 1st birthday	**8 weeks (as final dose):** This dose only necessary for children age 12 through 59 months who received 3 doses before the 1st birthday	
Pneumococcal conjugate	6 weeks	**No further doses needed** for healthy children if first dose was administered at age 24 months or older **4 weeks** if first dose was administered before the 1st birthday **8 weeks (as final dose for healthy children)** if first dose was administered at the 1st birthday or after	**No further doses needed** for healthy children if previous dose was administered at age 24 months or older **4 weeks:** if current age is younger than 12 months ***and*** previous dose was administered at <7 months old **8 weeks (as final dose for healthy children)** if previous dose was administered between 7–11 months (wait until at least 12 months old); **OR** if current age is 12 months or older ***and*** at least 1 dose was administered before age 12 months	**8 weeks (as final dose):** This dose is only necessary for children age 12 through 59 months regardless of risk, or age 60 through 71 months with any risk, who received 3 doses before age 12 months	
Inactivated poliovirus	6 weeks	**4 weeks**	**4 weeks** if current age is <4 years **6 months (as final dose)** if current age is 4 years or older	**6 months (minimum age 4 years for final dose)**	
Measles, mumps, and rubella	12 months	**4 weeks**			
Varicella	12 months	**3 months**			
Hepatitis A	12 months	**6 months**			
Meningococcal ACWY	2 months MenACWY-CRM 6 weeks MenACWY-TT	**8 weeks**	See Notes	See Notes	
Children and adolescents age 7 through 18 years					
Meningococcal ACWY	Not applicable (N/A)	**8 weeks**			
Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis	7 years	**4 weeks**	**4 weeks:** if first dose of DTaP/DT was administered before the 1st birthday **6 months (as final dose):** if first dose of DTaP/DT or Tdap/Td was administered at or after the 1st birthday	**6 months:** if first dose of DTaP/DT was administered before the 1st birthday	
Human papillomavirus	9 years	**Routine dosing intervals are recommended**			
Hepatitis A	N/A	**6 months**			
Hepatitis B	N/A	**4 weeks**	**8 weeks *and* at least 16 weeks after first dose**		
Inactivated poliovirus	N/A	**4 weeks**	**6 months:** A fourth dose is not necessary if the third dose was administered at age 4 years or older ***and*** at least 6 months after the previous dose	A fourth dose of IPV is indicated if all previous doses were administered at <4 years **OR** if the third dose was administered <6 months after the second dose	
Measles, mumps, and rubella	N/A	**4 weeks**			
Varicella	N/A	**3 months** if younger than age 13 years **4 weeks** if age 13 years or older			
Dengue	9 years	**6 months**	6 months		

Table 3 Page 4

Recommended Child and Adolescent Immunization Schedule by Medical Indication, United States, 2026

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Always use this table in conjunction with Table 1 and the Notes that follow. Medical conditions are often not mutually exclusive. If multiple conditions are present, refer to guidance in all relevant columns. See Notes for medical conditions not listed.

Vaccine and other immunizing agents	Pregnancy	Immunocompromised (excluding HIV infection)[a]	HIV infection CD4 percentage and count[a]		CSF leak or cochlear implant	Asplenia or persistent complement component deficiencies	Heart disease or chronic lung disease (CLD)	Kidney failure, End-stage renal disease or on dialysis	Chronic liver disease	Diabetes
			<15% or <200/mm³	≥15% and ≥200/mm³						
RSV-mAb (nirsevimab, clesrovimab)		1 dose clesrovimab or nirsevimab during 1st RSV season depending on maternal RSV vaccination status (See Notes)								
		1 dose nirsevimab 2nd RSV season (See Notes)					1 dose nirsevimab 2nd RSV season for CLD (See Notes)			
Hepatitis B										
Rotavirus		SCID[b]								
DTaP/Tdap	DTaP: not applicable Tdap: 1 dose each pregnancy									
Hib		HCT[c]: 3 doses	See Notes			See Notes				
Pneumococcal										
IPV										
COVID-19	*	See Notes								
Influenza inactivated, recombinant		Solid organ transplant: 18 yrs (See Notes)								
LAIV3							Asthma, wheezing: 2–4 years[d]			
MMR	**									
VAR	**									
Hepatitis A										
HPV	**	3-dose series (See Notes)								
MenACWY										
MenB										
RSV (Abrysvo)	Seasonal administration (See Notes)									
Dengue										
Mpox	See Notes									

*For more information, refer to https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/12/covid-19-vaccination-considerations-for-obstetric-gynecologic-care

- Recommended for all age-eligible children who lack documentation of a complete immunization series
- Not recommended for all children, but recommended for some children based on increased risk for severe outcomes from disease
- Recommended for all age-eligible children, and additional doses may be necessary based on medical condition or other indications. See Notes.
- Precaution: Might be indicated if benefit of protection outweighs risk of adverse reaction
- Contraindicated or not recommended. **Vaccinate after pregnancy, if indicated

a. For additional information regarding immunization in immunocompromised children, see https://publications.aap.org/redbook/book/755/chapter/14074446/Immunization-and-Other-Considerations-in
b. Severe combined immunodeficiency
c. Hematopoietic cell transplantation
d. LAIV3 contraindicated for children 2–4 years of age with asthma or wheezing during the preceding 12 months

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

HPV Vaccine

- Recommended for children between 9 and 12 years old.
- 2-3 doses recommended depending on age of initiation.
- A Vaccine Integrity Project study found that there is **no evidence** connecting the HPV vaccine to severe adverse events.
- The 2025 National Immunization Survey-Teen reports HPV vaccination coverage **did not** increase for the fourth consecutive year.
  - Among adolescents aged 13–17 years, 77.7% had received ≥1 dose of HPV vaccine and 63.4% were up to date with the HPV vaccination series.

https://www.aap.org/en/patient-care/immunizations/human-papillomavirus-vaccines/how-to-recommend-hpvvaccination/?srsltid=AfmBOoqFnuQ5Lp1QKIZSUowH8BcWA_w80gzlOzxlONL0pXXaAuoNKvLi

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MMR Vaccine

- There is no separated, licensed vaccine in the U.S.
  - 1 dose is **93% effective** against measles.
  - 2 doses are **97% effective** against measles.
- A valid second dose can be given earlier if administered at least 28 days after the first dose.

MMR Vaccine Considerations

An early dose* **does not count** toward regular schedule.

International Travel or Domestic Outbreaks**

- **Infants 6–11 months*** who are traveling should receive an early dose before departure.
  - Then follow recommended schedule and get another dose at 12–15 months and a final dose at 4–6 years.
- **Children over 12 months old** should get a first dose immediately and get a second dose 28 days after first dose.

**Check LHD vaccination guidance.

https://illinoisaap.org/wp-content/uploads/2026/09/20260902_IDPH_Health_Advisory_Measles_Update.pdf
https://www.cdc.gov/measles/travel/index.html

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MMRV Vaccine

- Only licensed for use in children who are 12 months - 12 years.
- Schedule:
  - 2-dose series given at age 12–15 months & age 4–6 years.
  - 2nd dose can be given as soon as **3 months** after 1st dose
- If the first dose is an MMR administered on or after 12 months of age, and then the second dose is MMRV administered at least 28 days later, it is considered valid.

Live-Attenuated Vaccines

- When possible, give first doses of MMR and Varicella at the same encounter.
  - If these live-attenuated vaccines are not given on the same day, the patient must wait 28 days before receiving the other live-attenuated vaccine.
  - If administered before 28 days, the vaccine administered is considered invalid and must be repeated at least 28 days later.
- The 4-day grace period should not be applied to the 4-week interval between two different live vaccines.

Meningococcal Vaccines

- The age indication for MenQuadfi (MenACWY) has been expanded to children as young as 6 weeks, down from 2 years.
- **Pentavalent vaccines**: Allow full meningococcal vaccine series to be completed in 3 injections instead of 4.
  - Penbraya (Pfizer) and PenMenvy (GSK).
  - To be used when both MenACWY and MenB are indicated at the same visit.
  - Approved for healthy people ages **16-23 years** who choose to receive MenB vaccination after a discussion with their health care provider and individuals 10 years and older who are at increased risk.
  - Penbraya **must** be followed by Trumenba (Pfizer) after 6 months.
  - PenMenvy **must** be followed by Bexsero (GSK) after 6 months.
- Bexsero or Trumenba: MenB
  - 2-dose schedule, with each dose administered **6 months apart.**

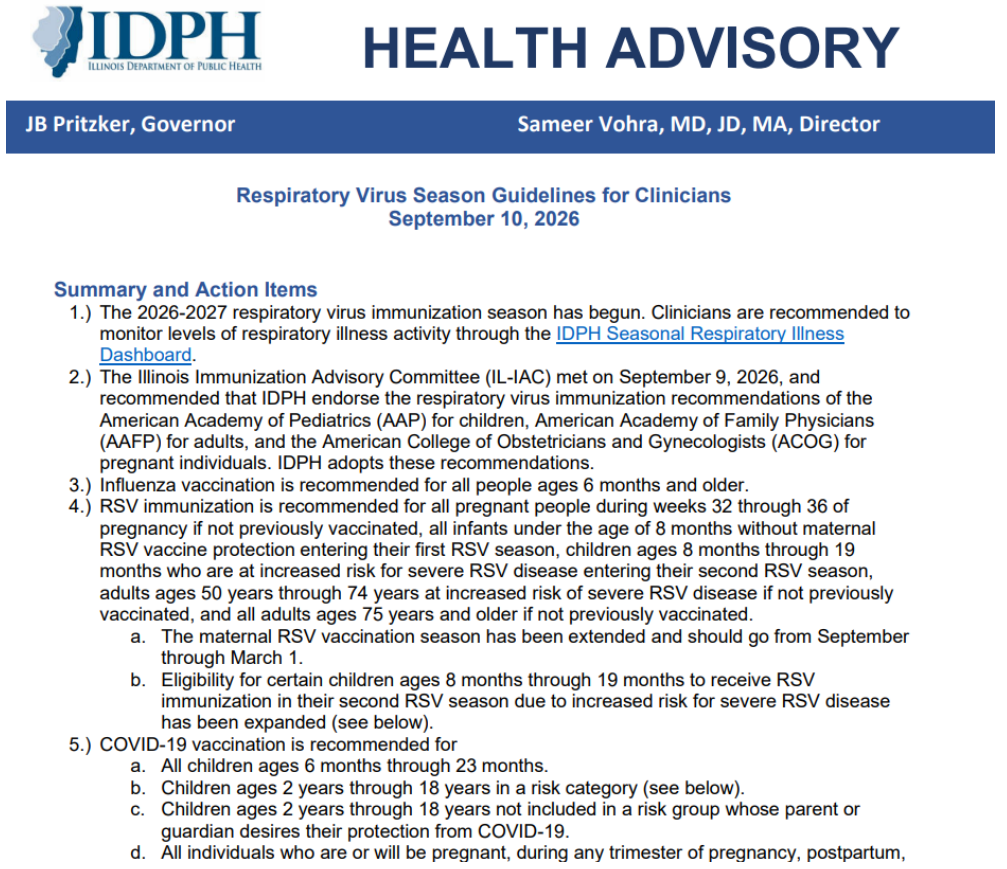
https://publications.aap.org/aapnews/news/35919?autologincheck=redirected

Respiratory Virus Season Guidelines

- RSV
- COVID-19
- Flu

IDPH Respiratory Virus Guidelines

- IDPH adopted recommendations consistent with AAP for children, AAFP for adults, and the ACOG.
- Director Dr. Vohra issued a standing order for the 2026-27 COVID-19 vaccine.



IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

HEALTH ADVISORY

JB Pritzker, Governor | Sameer Vohra, MD, JD, MA, Director

Respiratory Virus Season Guidelines for Clinicians
September 10, 2026

Summary and Action Items

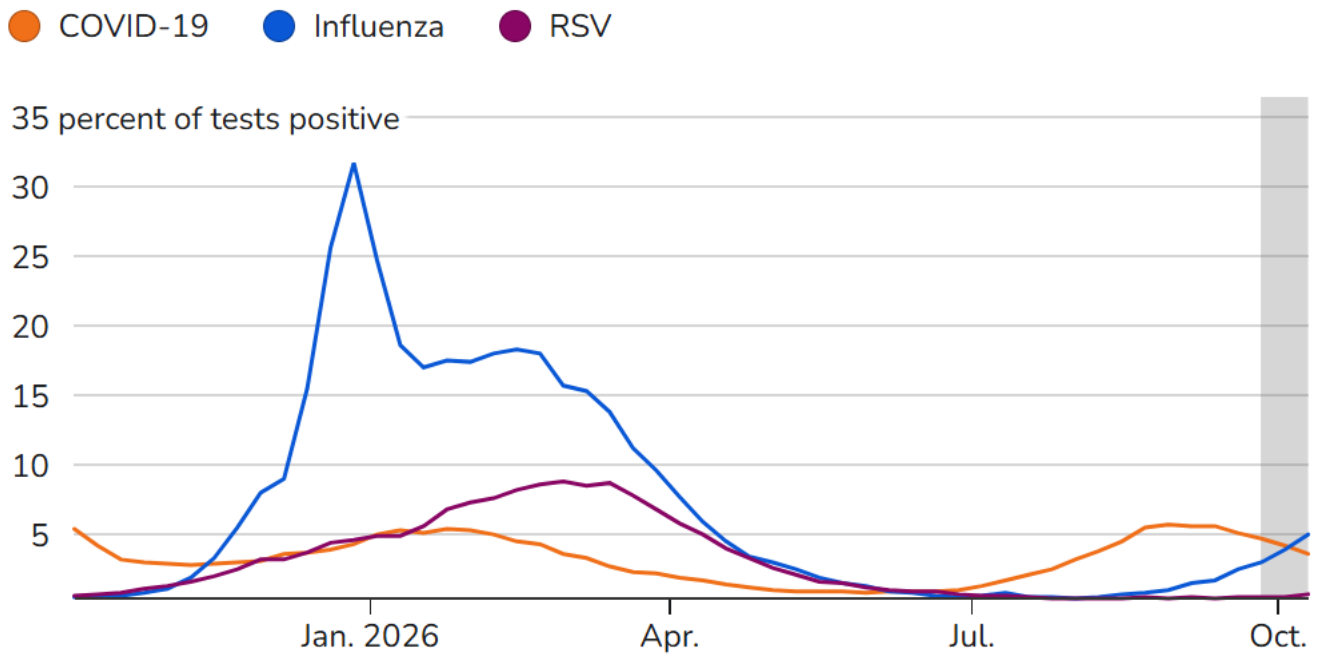
1.) The 2026-2027 respiratory virus immunization season has begun. Clinicians are recommended to monitor levels of respiratory illness activity through the IDPH Seasonal Respiratory Illness Dashboard.
2.) The Illinois Immunization Advisory Committee (IL-IAC) met on September 9, 2026, and recommended that IDPH endorse the respiratory virus immunization recommendations of the American Academy of Pediatrics (AAP) for children, American Academy of Family Physicians (AAFP) for adults, and the American College of Obstetricians and Gynecologists (ACOG) for pregnant individuals. IDPH adopts these recommendations.
3.) Influenza vaccination is recommended for all people ages 6 months and older.
4.) RSV immunization is recommended for all pregnant people during weeks 32 through 36 of pregnancy if not previously vaccinated, all infants under the age of 8 months without maternal RSV vaccine protection entering their first RSV season, children ages 8 months through 19 months who are at increased risk for severe RSV disease entering their second RSV season, adults ages 50 years through 74 years at increased risk of severe RSV disease if not previously vaccinated, and all adults ages 75 years and older if not previously vaccinated.
    a. The maternal RSV vaccination season has been extended and should go from September through March 1.
    b. Eligibility for certain children ages 8 months through 19 months to receive RSV immunization in their second RSV season due to increased risk for severe RSV disease has been expanded (see below).
5.) COVID-19 vaccination is recommended for
    a. All children ages 6 months through 23 months.
    b. Children ages 2 years through 18 years in a risk category (see below).
    c. Children ages 2 years through 18 years not included in a risk group whose parent or guardian desires their protection from COVID-19.
    d. All individuals who are or will be pregnant, during any trimester of pregnancy, postpartum,

https://illinoisaap.org/wp-content/uploads/2026/09/respiratory-virus-season-guidance-2026-27.pdf

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Overall Trends - National

- COVID-19 activity is increasing.
  - Low compared to previous waves.
- Influenza activity is increasing early in the season but is still relatively low.

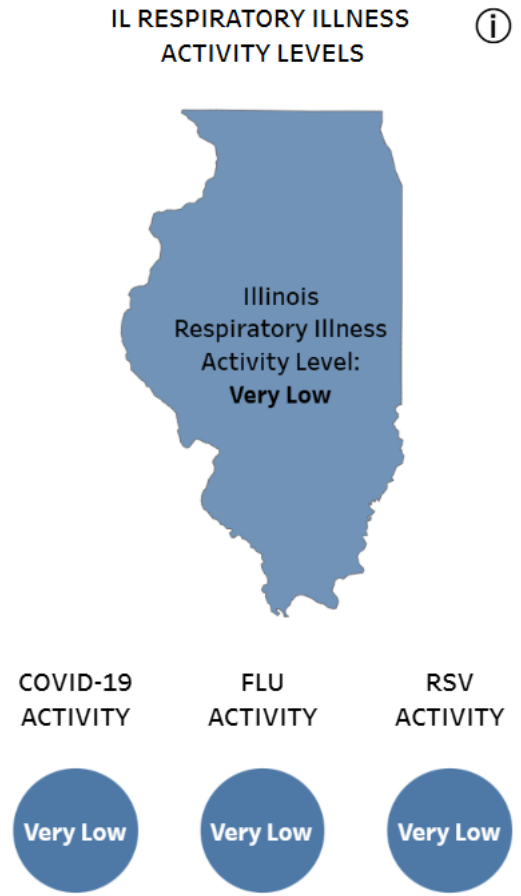


https://www.cdc.gov/respiratory-viruses/data/activity-levels.html?cove-tab=1

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Overall Trends - Illinois

- Test percent positivity October 4-10:
  - Flu: 3.0%
  - COVID: 1.8%
  - RSV: 0.2%
  - Entero/Rhinovirus: 21.9%



https://dph.illinois.gov/topics-services/diseases-and-conditions/respiratory-disease/surveillance/respiratory-disease-report.html

A Look Back: RSV

National

- “Delayed” season – cases increased in December and continued into March.
- National test positivity for children 0-17 peaked in mid-January at **25.6%**.
- RSV immunization season extended to April 30, 2026, in 48 jurisdictions (including IL).
- Across all ages, RSV made up **12%** of all ER visits.
  - Highest hospitalization rate for those <1 year old: **40.8 /100,000**

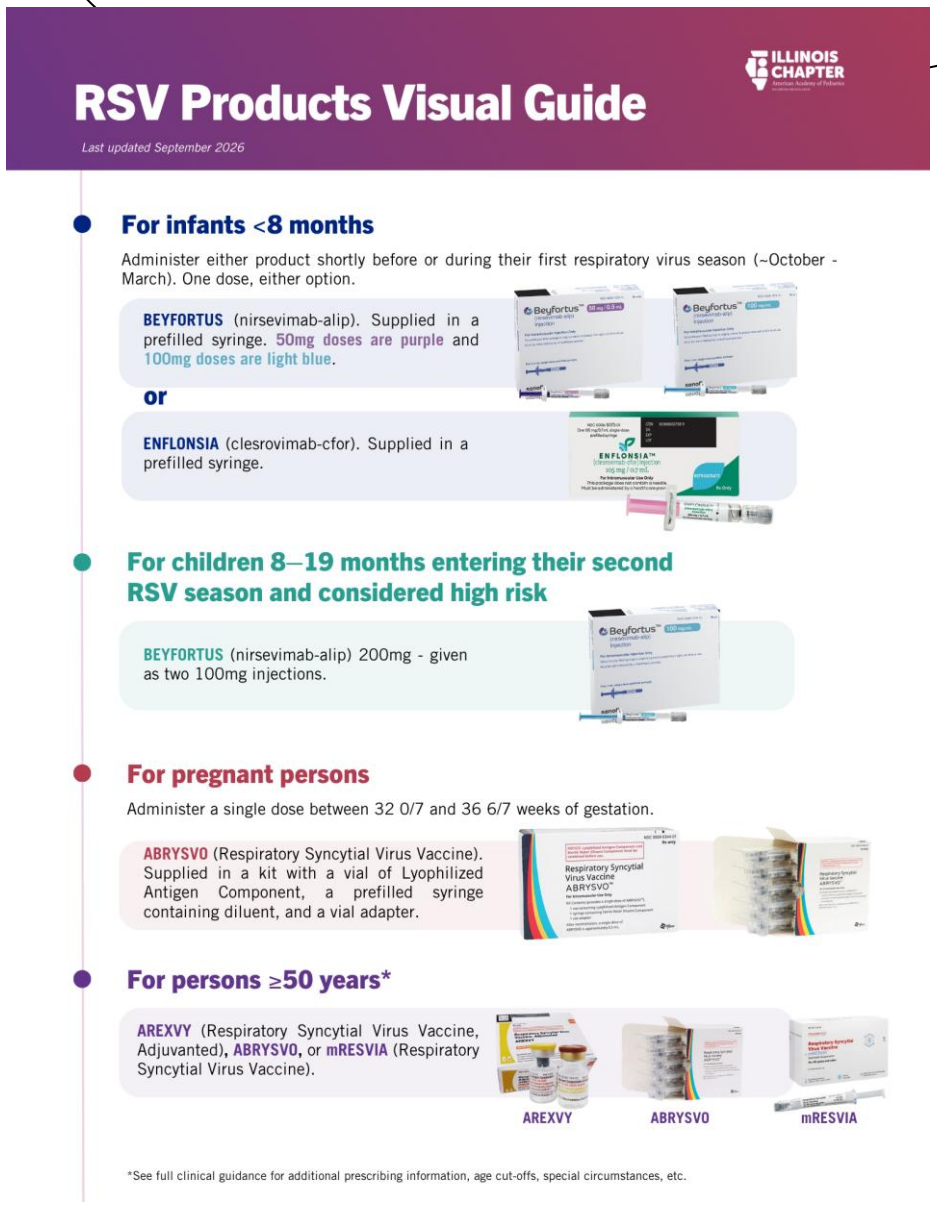
Illinois

- RSV percent positivity was 8% the first week of March, well above the 3% threshold.
- RSV-related hospital admissions for 0–4-year-olds peaked in December at 11.8%.
- Two pediatric RSV-related deaths.

RSV Prevention

- Nirsevimab (Beyfortus) – monoclonal antibody
- Clesrovimab-cfor (Enflonsia) – monoclonal antibody
- Abrysvo – maternal vaccine

[AAP RSV Immunization Administration Guide]



Source: ICAAP

Nirsevimab - ALL infants <8 months old

- Born shortly before/during RSV season or entering their first RSV season (October-March).
- Administer one appropriate dose **within one week of birth** if:
  - Mother did not receive Abrysvo
  - Mother's vaccination status is unknown
  - Mother received Abrysvo less than 14 days before delivery
- Dosing:
  - **50mg/0.5ml** with **purple** plunger rod (for infants weighing <**5kg**)
  - **100mg/1ml** with **light blue** plunger rod (for infants weighing ≥**5kg)**

Nirsevimab - High Risk Children 8 - 19 Months

High risk now **also** includes:

- Children born preterm at less than 32 weeks gestation, regardless of the need for medication or other support.
- Children with hemodynamically significant congenital heart disease.
- Children with anatomic pulmonary abnormalities or neuromuscular disorders that put them at risk for severe RSV disease.
- Children with Down syndrome or other chromosomal differences placing them at higher risk of severe RSV disease.

https://publications.aap.org/aapnews/news/35919?autologincheck=redirected
https://publications.aap.org/pediatrics/article/doi/10.1542/peds.2026-079047/208784 Recommendations-for-the-Prevention-of-Respiratory
https://publications.aap.org/pediatrics/article/doi/10.1542/peds.2026-079049/208787/Recommendations-for-the-Prevention-of-Respiratory

Clesrovimab - ALL infants < 8 months old

- Born shortly before/during RSV season or entering their first RSV season (October-March).
- Administer one appropriate dose within a week of birth during RSV season if:
  - Mother did not receive Abrysvo
  - Mother's vaccination status is unknown
  - Mother received Abrysvo less than 14 days before delivery
- Dosing:
  - **105mg/0.7ml** same dose for all infants <8 months regardless of weight

Note: Not approved for second season administration.

RSV Immunization Effectiveness

- NEJM 2025 - Nirsevimab effectiveness during the 2025-2026 season:
  - 84% effective against medically attended infection in infants
  - 77% - 83% effective against hospitalization for babies under 12 months

- NEJM 2025 – Clesrovimab:
  - 60.4% effective against infection
  - 84.2% effective against hospitalization

Effectiveness of RSV Prevention Strategies in US Infants: 2024–2025
Clesrovimab for Prevention of RSV Disease in Healthy Infants

Abrysvo - Pregnant Persons

- One dose should be administered during RSV season for those between 32 – 36 weeks of gestation.
  - The maternal vaccination season has been extended and should go from September 1 through March 1.
- Babies born 1-2 months after maternal vaccination have immediate protection.
- No data on revaccinating with every pregnancy – these studies are ongoing.
- Babies born to pregnant people who received a dose during a previous pregnancy should receive nirsevimab or clesrovimab.

https://www.acog.org/news/news-releases/2026/09/acog-releases-2026-27-respiratory-virus-season-immunization-recommendations

VFC RSV Monoclonal Antibody Products for the 2026–2027 Season

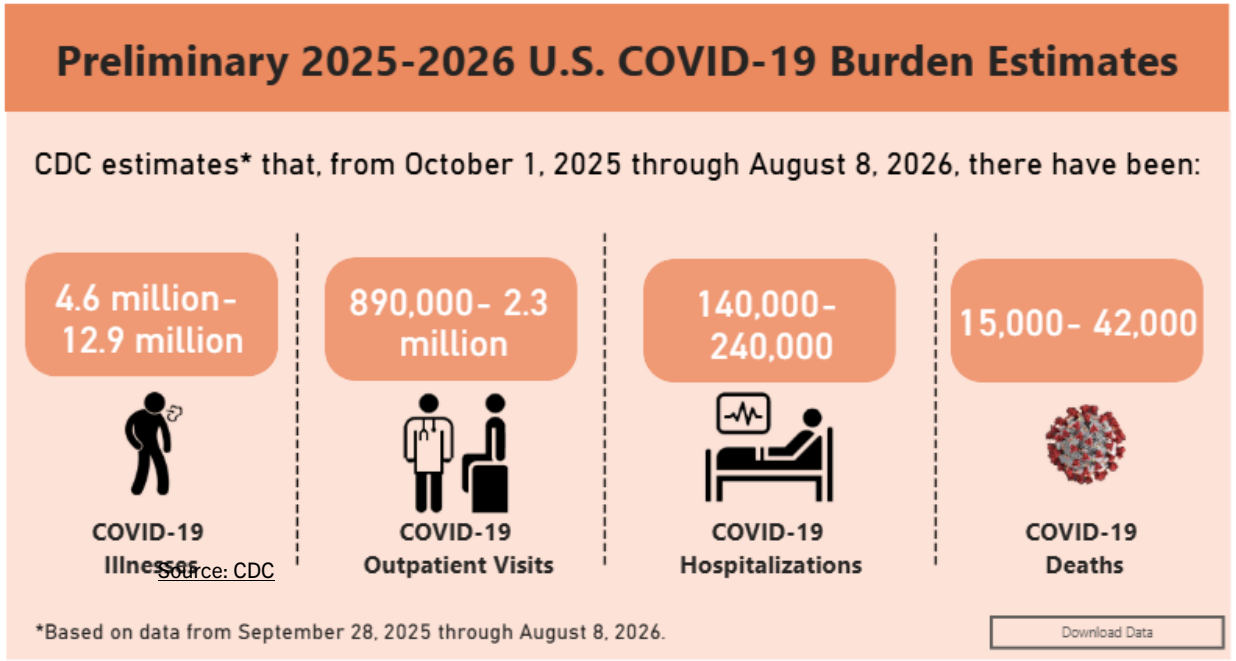
Manufacturer	Brand	Age Group	Packaging	NDC Code	Program
Sanofi	Beyfortus (nirsevimab)	0 – 7 months Less than 5 kg	50mg/0.5mL PFS 5-dose pack	49281-0575-15	VFC IVAP
Sanofi	Beyfortus (nirsevimab)	0 – 7 months 5 kg and greater and 8-19 months with risk factors, second season (2 injections)	100mg/mL PFS 5-dose pack	49281-0574-15	VFC IVAP
Merck	Enflonsia (clesrovimab)	0 – 7 months	105 mg/0.7mL PFS 1-dose pack	00006-5073-01	VFC IVAP
Merck	Enflonsia (clesrovimab)	0 – 7 months	105 mg/0.7mL PFS 10-dose pack	00006-5073-02	VFC IVAP

VFC RSV Vaccine Products for the 2026–2027 Season

Manufacturer	Brand	Age Group	Packaging	NDC Code	Program
Pfizer	Abrysvo	For pregnant children/adolescents 18 years or younger	0.5 mL Act-o-Vial 1-dose pack	00069-2465-01	VFC

A Look Back: COVID-19

- Infants made up a disproportionate number of hospitalizations.
  - Highest among those less than 6 months.
- Among vaccine eligible groups, hospitalization was highest in children 6-11 months.



Source: CDC

Comparison of COVID—19-Associated Inpatient Burden by Variant Period in Hospitalized Children Age <5 years in the United States

Most US Kids Hospitalized for COVID Had Chronic Illnesses; Less Than 4% Were Vaccinated

A Look Back: COVID-19

Illinois

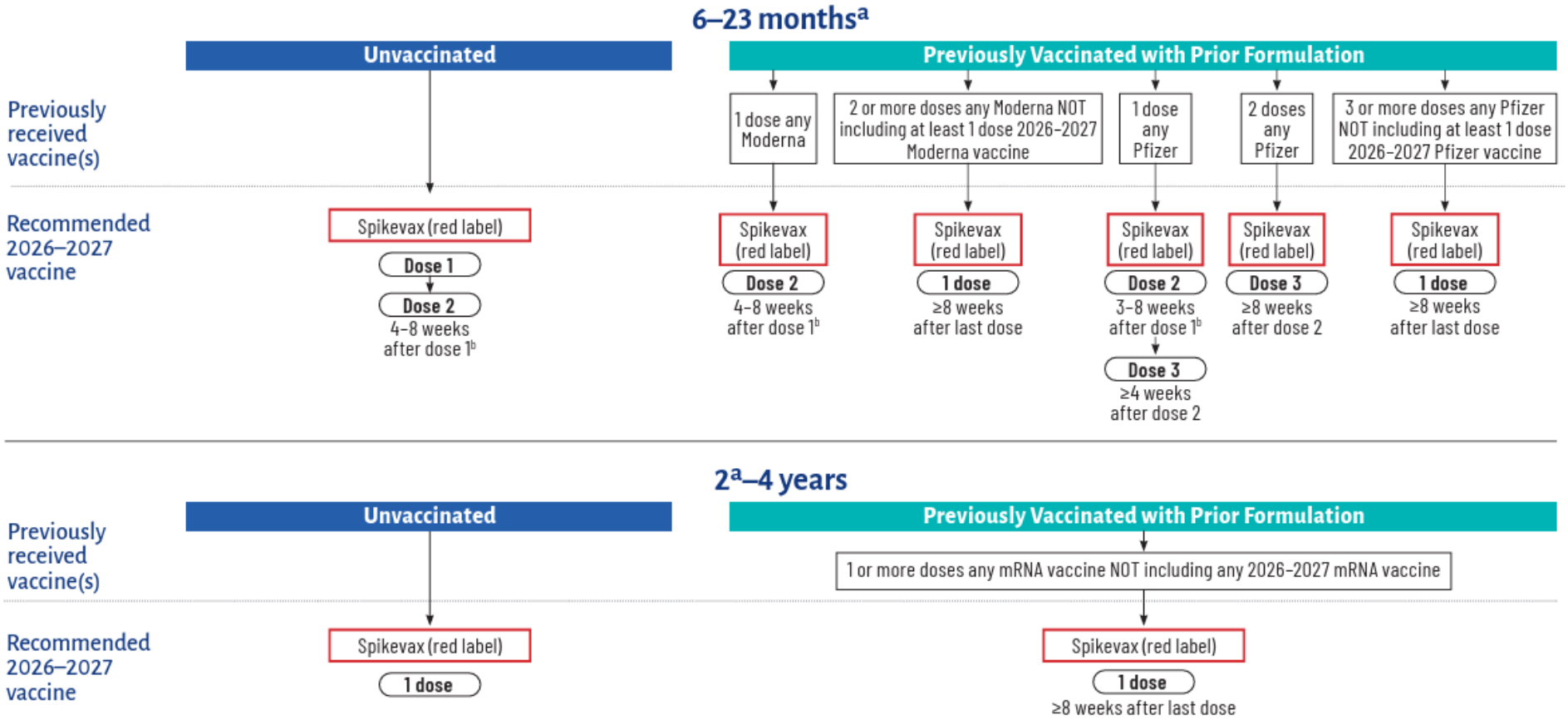
- Between September 1, 2025 and May 2, 2026: 65 ICU admissions for children aged 0-4 years old.
- One pediatric COVID-19 death for the season.

COVID-19 Recommendations

- All children ages 6-23 months.
- Children ages 2-18 years: single dose of age-appropriate 2026-2027 COVID-19 vaccine regardless of vaccination status for those who:
  - are at high risk of severe COVID-19,
  - are residents of long-term care facilities or other congregate settings,
  - have never been vaccinated or,
  - have household contacts at high risk for severe COVID-19.
- Children not in one of these groups whose parent or guardian desires their protection from COVID-19 also should be offered a single dose of the updated vaccine.

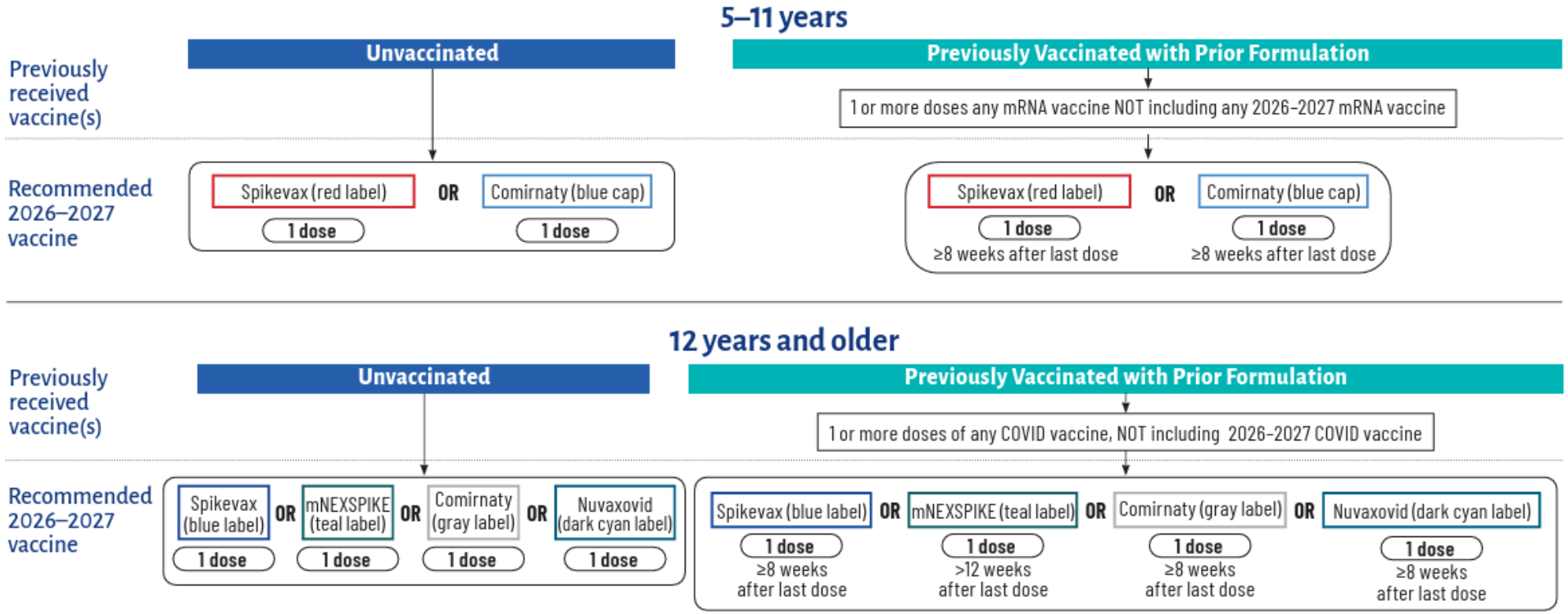
Pediatric COVID-19 Vaccine Dosing Quick Reference Guide

Dosing Schedule 6mo-4yrs



[Pediatric COVID-19 Vaccine Dosing Quick Reference Guide - AAP]

Dosing Schedule 5yrs-12+yrs



[Pediatric COVID-19 Vaccine Dosing Quick Reference Guide - AAP]

COVID Vaccine Effectiveness

- Vaccine Integrity Project: 76% reduction in COVID-related ED visits in children 9 months – 4 years.
  - Vaccinating pregnant women reduces hospitalization in infants by 50%-54% the first two months of life.
- *NEJM*: For children that did not have a complete vaccine series in 2024-2025, VE ~66%.
  - VE of 45-56% against ED visits in children 5 – 17 years old.
- Protective against Long COVID at 57% against one long COVID symptom and 73% against two symptoms.
- Linked to a lower risk of myocarditis in teens and young adults.

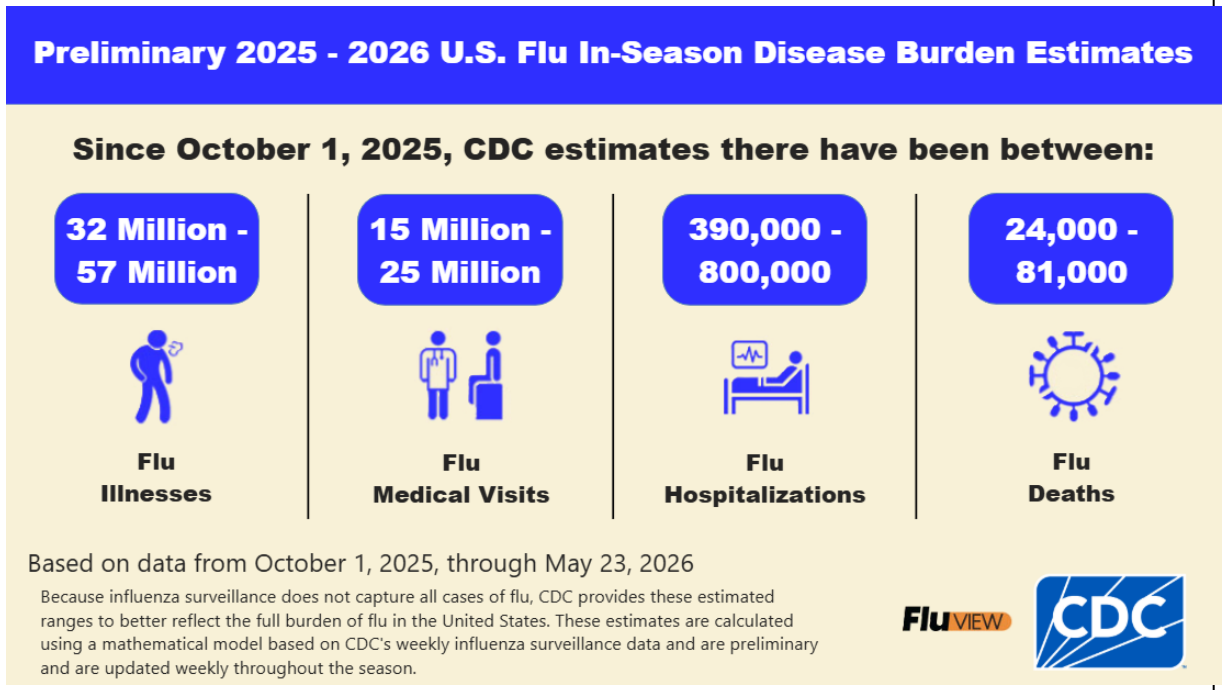
Updated Evidence for Covid-19, RSV, and Influenza Vaccines for 2025–2026
Vaccinated Kids at 57% to 73% Lower Risk of Long COVID, CDC Study Suggests
Cardiac Outcomes Following SARS-CoV-2 Infection Versus BNT162b2 Vaccination in Adolescents and Young Adults: A Cohort Study of 4 Million Individuals
2026-2027 Respiratory Season Evidence Review Executive Summary

2026-2027 COVID-19 Vaccine Code Sets in I-CARE

Vaccine Name	CVX	MVX	CPT	Unit of Sale NDCs
Comirnaty COVID-19 (5-11 years)	310	PFR	91319	00069-2609-10 Comirnaty COVID-19 (5-11 years); PFR; SDV; 10-pack
Comirnaty COVID-19 (12+ years)	309	PFR	91320	00069-2631-10 Comirnaty COVID-19 (12+ years); PFR; SYR; 10-pack
Spikevax COVID-19 (6m-11 years)	311	MOD	91321	80777-0115-80 Spikevax COVID-19 (6m-11y); MOD; SYR; 10-pk
Spikevax COVID-19 (12+ years)	312	MOD	91322	80777-0114-96 Spikevax COVID-19 (12+ years); MOD; SYR; 10-pk
MNEXSPIKE COVID-19 (12+ years)	334	MOD	91323	80777-0401-60 mNEXSPIKE COVID-19 (12+ years); MOD; SYR; 10-pk
Nuvaxovid COVID-19 (12+ years)	313	NVX	91304	49281-0026-50 Nuvaxovid COVID-19 (12+ years); NVX; SYR; 10-pk

A Look Back: Flu

- AAP reports 191 pediatric deaths
- Just **49.3%** of children and adolescents were vaccinated, down from 50% from 2025 and 54% in 2024.
- IL coverage 53.7%.



https://www.cdc.gov/flu-burden/php/php/data-vis/2025-2026.html

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Influenza Vaccine

- One dose for individuals 6 months and older without medical contraindications.
- Children 6 months through 8 years who have not received at least two doses of the trivalent or quadrivalent flu vaccine prior to July 1, 2026, will need two doses this season.
  - Children 9 years+ only need one dose.
- Pregnant persons can be vaccinated with IIV3 or RIV3 vaccines.
- LAIV should not be used for immunocompromised persons.

VFC Influenza Vaccine Products for the 2026-2027 Season

Manufacturer	Brand	Age Group	Packaging	NDC Code	Program
AstraZeneca	FluMist TIV	2-49 years	0.2mL Sprayer 10-dose pack	66019-0113-10	VFC
GSK	Fluarix TIV	6 months and older	0.5mL PFS 10-dose pack	58160-0725-52	VFC AIP
GSK	FluLaval TIV	6 months and older	0.5mL PFS 10-dose pack	19515-0822-52	VFC AIP
Sanofi	Fluzone TIV	6 months and older	0.5mL PFS 10-dose pack	49281-0426-50	VFC AIP
Seqirus, Inc	Flucelvax TIV	6 months and older	0.5mL PFS 10-dose pack	70461-0656-03	VFC AIP

Respiratory Virus Testing and Reporting Guidance

1. With the exception of laboratories enrolled as sentinel site reporters, routine testing performed for inpatient and outpatient clinical care, including PCR testing, should be obtained at clinical and hospital laboratories.
   - Only send to IDPH if approved on a case-by-case basis or for influenza specimens that cannot be subtyped
2. To authorize the submission of specimens not related to the respiratory sentinel program, LHD staff must complete the IDPH Communicable Disease Test Authorization Form.
3. Specimens received at the IDPH laboratory that are not authorized by IDPH or the LHD will be rejected and stored until further information is obtained from the submitter.

Respiratory Virus Testing and Reporting Guidance

4. Report the following to the LHD:
    - Suspected novel influenza
    - Pediatric respiratory-associated death due to SARS-CoV-2, Influenza, or RSV
    - Intensive Care Unit (ICU) hospitalizations with SARS-CoV-2, Influenza, or RSV
    - Outbreaks of respiratory illness in a congregate setting
5. Seasonal Respiratory Illness Dashboard updated weekly.
6. If your practice or facility is interested in participating in respiratory surveillance, please fill out the online form.

Illinois Vaccination Coverage Dashboards

School Vaccination Coverage Dashboard

- Data from ISBE: Showcases immunization data and comprehensive school program information annually from 2014 to the previous school year.

Influenza Vaccination Coverage Dashboard

- Data from I-CARE: Displays flu vaccination coverage data among Illinois residents monthly and cumulatively for current and previous flu seasons from 2019 – current season.

COVID-19 Vaccination Coverage Dashboard

- Data from I-CARE: Displays COVID vaccination coverage data among Illinois residents who have received at least 1 dose of the COVID-19 vaccine, since September 2023

AAP Immunization Fact Sheets

- Currently available for flu, COVID, RSV, HepB, Hib, MMR, and rotavirus.

[AAP Immunization Fact Sheets]



Immunization Facts for Families

MMR (Measles, Mumps, Rubella)

Updated September 8, 2026

The MMR vaccine is routinely recommended for all children starting at 1 year of age. It keeps them healthy by protecting them from three diseases: measles, mumps, and rubella.

The MMR vaccine protects your child from:

- **Measles:** causes high fever, cough, runny nose, red and watery eyes, and rash. Serious complications from measles infections include pneumonia, seizures, encephalitis (swelling of the brain that can lead to deafness and intellectual disability), and death. Measles infection can also cause immune amnesia, which is when past immunity to other diseases is erased, increasing risk for infections they were once protected against.
- **Mumps:** causes fever, headache, muscle aches, tiredness, loss of appetite, and swollen and tender glands under the ears. Sometimes, it causes deafness and organ swelling.
- **Rubella:** causes fever, sore throat, cough, runny nose, rash, headache, eye irritation, joint pain, and swollen lymph nodes.

Separate vaccinations for measles, mumps and rubella are not available in the U.S.

Why should my child get the MMR vaccine?

The MMR vaccine is the best way to protect your child from 3 serious illnesses. Measles is one of the most contagious viruses in the world, and an unvaccinated child who is exposed may need to quarantine and miss school for 21 days. Two doses of MMR vaccine are 97% effective at protecting children from measles.

Getting the MMR vaccine also helps protect your family and community. When enough people are vaccinated, these diseases have a harder time spreading, which helps protect babies and others who are a higher risk of severe illness.

Who should receive the MMR vaccine and when?

The American Academy of Pediatrics (AAP) recommends the MMR vaccine for:

- All children, with the first dose at 1 year of age and a second dose between 4 and 6 years old for full protection.
- If living in or traveling to areas with measles outbreaks, children may get their first dose at 6 through 11 months old, followed by two more doses after they turn 12 months old for full protection.
- All children and adolescents who did not receive the MMR vaccination on schedule can receive 2 MMR doses given at least 4 weeks apart.

The MMR vaccine contains weakened live viruses, but the vaccine can't cause infection. Tell your child's doctor about any health conditions they have before vaccination.

How do measles, mumps, and rubella spread?

Measles is highly contagious and spreads easily through droplets from breathing, coughing, or sneezing, or from touching contaminated surfaces and then touching your eyes, nose, or mouth. Measles can stay in the air or on surfaces for up to 2 hours, so an unvaccinated person can get sick just by entering a room after someone with measles has left. Nine out of 10 people exposed to **measles** will catch it if they are unvaccinated, have not had it before, or have weakened immune systems.

Mumps and rubella spread through saliva or close contact with an infected person. People with **mumps** may have no symptoms but can still spread the virus. People with **rubella** are contagious 7 days before and 7 days after a rash appears. During pregnancy, rubella infection can cause miscarriage, stillbirth, and birth defects.

What are the side effects of the vaccine?

Some children may have soreness or redness where the shot was given, mild fever, or a mild rash. Very rarely, fever may cause a brief seizure, called a febrile seizure. While febrile seizures can be scary, they do not cause long-term harm and are relatively common when children have illnesses associated with fever.

Learn more

If you have questions about vaccines and keeping your child healthy, talk with your pediatrician.
Visit www.healthychildren.org/MMR for more information on MMR vaccines from the AAP.
View and download AAP Immunization Fact Sheets at www.aap.org/IZFactSheets.

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Questions?

Vaccine Trends

Monica Del Ciello, MPH
ICAAP

Learning Objectives

After this session, participants will be able to:

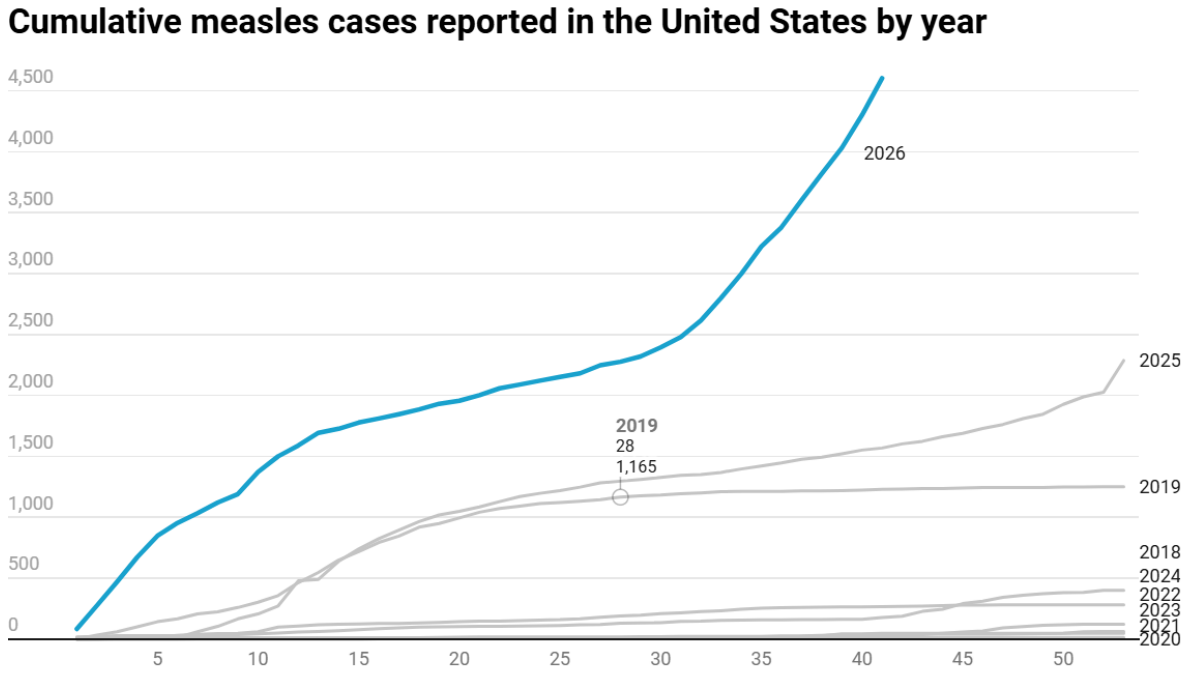
Describe the current vaccine landscape and how to address vaccine hesitancy.

Summarize current routine immunization rates nationally and statewide.

Explain the impact of ongoing vaccine preventable disease outbreaks and how to prepare for potential cases.

Measles Outbreaks Nationwide

- As of October 15, there have been 4,410 confirmed measles cases in the U.S.
- 95% of cases have been among people who are unvaccinated or whose vaccination status is unknown.
- 15% of children under 5 with measles required hospitalization.



https://publichealth.jhu.edu/ivac/resources/us-measles-tracker
https://www.cdc.gov/measles/data-research/index.html

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Measles Outbreaks in Illinois

- As of October 15, there are 23 confirmed measles cases in Illinois for 2026.
  - 87% are individuals who are unvaccinated.
- Outbreak in Douglas County declared on August 31.
  - At least eleven linked cases.
- Known exposure locations are posted on [IDPH's Measles Exposure Location]website.
- Conduct reminder/recall to ensure patients are up-to-date.



Illinois measles cases locations, source: [Johns Hopkins University]

https://dph.illinois.gov/topics-services/diseases-and-conditions/measles.html
https://illinoisaap.org/wp-content/uploads/2026/09/20260902_IDPH_Health_Advisory_Measles_Update.pdf

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Current Respiratory Virus Trends

- Illinois Respiratory Illness Activity Level is currently **low**.
  - **COVID-19** Activity: Very low, hospital admissions are **increasing**.
  - **Flu Activity:** Very low, hospital admissions are **increasing**.
  - **RSV Activity**: Very low, hospital admissions are stable.
- Statewide updates released weekly via Seasonal Respiratory Illness Dashboard.
- Flu activity nationally is higher than usual for this time of year, with flu emergency department visits rising in nearly every state.
  - Most flu viruses reported to public health laboratories during the week of October 3 were influenza A(H1N1)pdm09.

https://illinois-doit-prod-idph.amsadobe.com/topics-services/diseases-and-conditions/respiratory-disease/surveillance/respiratory-disease-report.html
https://publications.aap.org/aapnews/news/36454/Measles-cases-top-4-000-flu-increasing?searchresult=1

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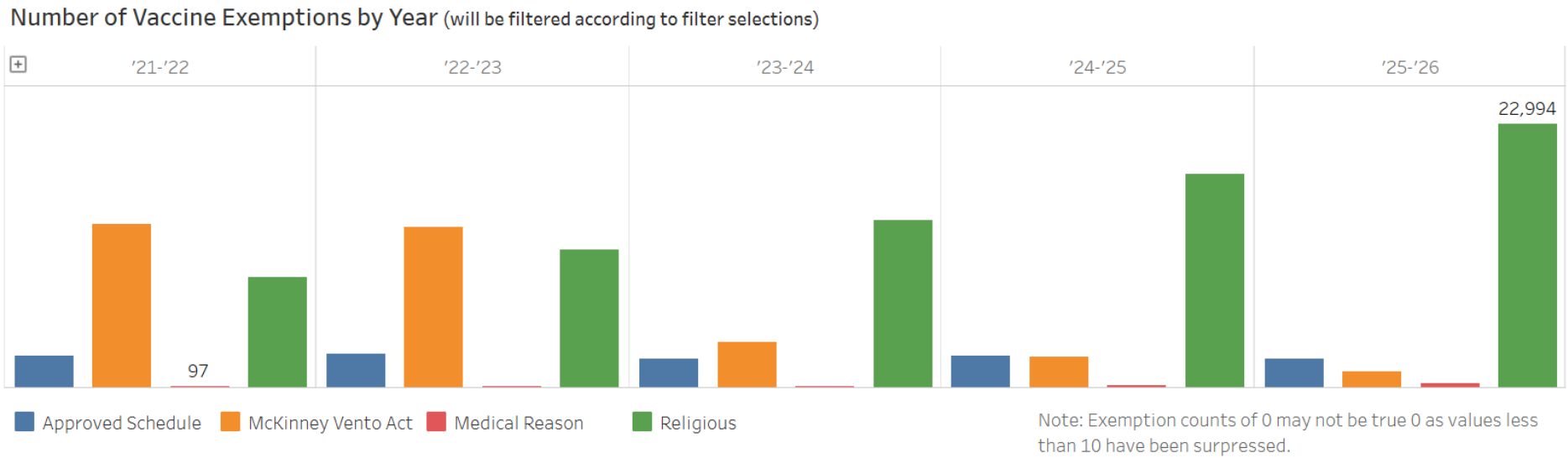
School Vaccination Coverage Rates

- For the 2025-2026 school year, 10 of the 11 school required vaccines in IL reached a 95% immunization rate.
- Only the meningococcal vaccine was below the 95% threshold, but the vaccination rate has increased from 93.88% to 94.39%.
- National school vaccination coverage among kindergartners decreased for all reported vaccines from the year before.

Vaccine	School Year 2025-2026	Change from School Year 2024-2025
Varicella (chickenpox)	96.46%	0.36
DTP/DTaP/Td (diptheria, tetanus, whooping cough)	96.15%	0.19
Hepatitis B	97.25%	-0.03
Hib	95.68%	1.01
Measles, Mumps, Rubella (MMR)	96.78%	0.24
Meningococcal	94.39%	0.51
Pneumococcal	95.61%	1.31
Polio	96.29%	0.24
Tdap (tetanus, diptheria, whooping cough)	95.82%	0.42

School Exemptions

- The number of religious exemptions has steadily increased nationally since the COVID-19 pandemic.
  - In the 2025-2026 school year, exemptions increased to **4.2**%, up from **3.6**% in 2024-2025.
- Illinois allows for medical and religious exemptions only.



https://dph.illinois.gov/topics-services/prevention-wellness/immunization/coverage-dashboards/school-vaccination-coverage-dashboard.html
https://www.cdc.gov/schoolvaxview/data/index.html?fbclid=PAVERFWATwY5pwZG9mAmZkaWQWUMoRRghkGTjX3NBybjQS5-tkyjm1HGV4dG4DYWVtAjExAHNydGMGYXBwX2lkDzEyNDAyNDU3NDI4NzQxNAABp-oKXR0VaFnRDRzMdab9SACWNmjcfYISArEmsI00q2hbPeA1lwjFHqlri6AM_aem_ZAtkKjzUQ4Rd6WNEmdw_kA

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Religious Exemptions

- If a parent brings a religious exemption form, you are required to counsel them on:
  - Not following vaccine recommendations may endanger the health or life of the unvaccinated child, or others around them.
  - During a disease outbreak or after exposure, schools may exclude children who are not vaccinated to protect other students.
  - Options available if the family chooses to vaccinate in the future.
- ICAAP Clinician's Guide to Exemptions for Minimum Immunization Requirements is available to download and print to help during these conversations with parents and guardians.

School Immunization Toolkit

Includes:

- Outreach & Materials Timelines
- Immunization Requirements by Age
- Legal & School Code Review
- Parent/Guardian Outreach
- Vaccine Info for New Arrivals
- Resources for Un/Underinsured Families
- Exemption Information

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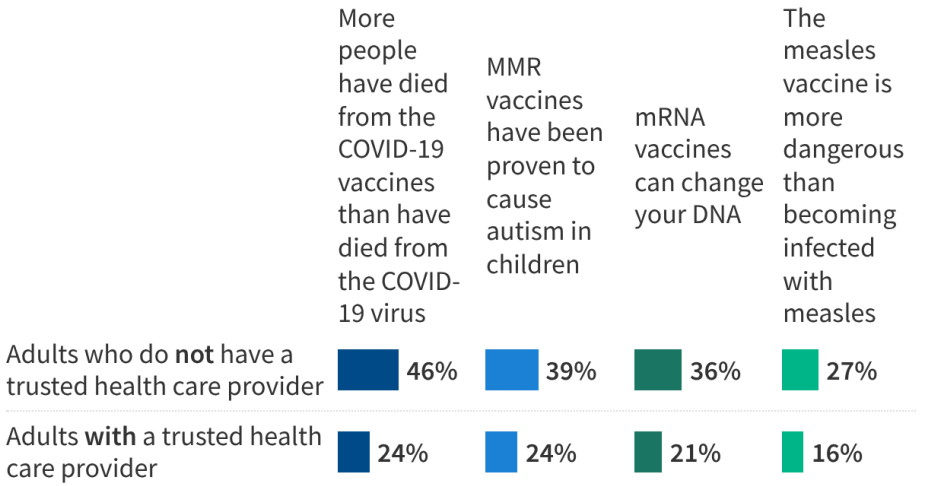
Misinformation Online

- Although adults still mostly rely on doctors' advice, they are seeking more outside information.
- Nearly **60%** say they've made at least one health decision they regret due to inaccurate information.

Figure 4

Adults Without a Trusted Health Care Provider Are More Likely to Believe Vaccine Myths

Percent who say the following false claims about vaccines are **definitely** or **probably true:**



Note: Adults with or without a trusted health care provider are those who say they do or do not have a doctor or other medical provider who they trust to answer questions about their own health. See topline for full question wording.

Source: KFF Tracking Poll on Health Information and Trust (May 7-31, 2026)

KFF

Source: https://www.axios.com/2025/04/24/trust-health-advice-gen-z-edelman
https://www.kff.org/public-opinion/kff-tracking-poll-on-health-information-and-trust-update-on-common-vaccine-myths/?utm_campaign=Common%20Health%20Coalition&utm_medium=email&_hsenc=p2ANqtz-9s0cixskZjL_j80aFN4V75jknBoQx7k40XAkPrTzY41jvfidIK5CXXsVvVCajdk8h1LK3HN8FeJuxhkJLuaRWfWrBeWeD6J8D7r4GmKlrNgAIEMXA&_hsmi=426254179&utm_content=426254179&utm_source=hs_email

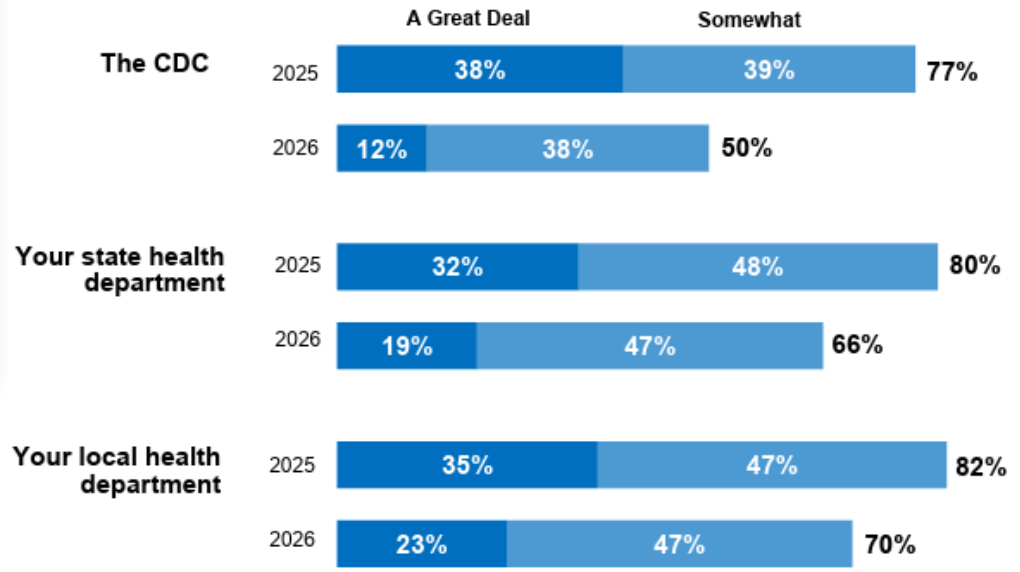
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The Source Matters

- State and local public health agencies are now substantially more trusted than the CDC.
- Clinicians remain the most trusted source for health recommendations.
- 34% of respondents in a recent AXIOS/IPSOS survey are confident in AAP childhood immunization guidance, compared with 9% for CDC guidance.

Figure 1. Changes in Public Trust in Federal, State, and Local Public Health Agencies, 2025 – 2026

Percent saying they trust the recommendations of public health agencies to improve health:



Source: Harvard T.H. Chan School of Public Health/de Beaumont Foundation polls: March 19 – April 1, 2026, n=2205 U.S. adults ages 18 and older, and March 10 – 31, 2025, n=3343 U.S. adults.

https://hsph.harvard.edu/wp-content/uploads/2026/06/dBF-Harvard_OneYearInPollReport_June-2026.pdf?utm_source=newsletter&utm_medium=email&utm_campaign=newsletter_axiosvitals&stream=to
https://publications.aap.org/aapnews/news/36552/Survey-More-trust-the-AAP-than-the-federal?searchresult=1

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ICAAP Statewide Vaccine Survey

Vaccination behavior (household)

- Follow schedule fully: **70.8%** (368)
- Delay some: 10.6% (55)
- Selective vaccination 11.3% (59)
- Do not vaccinate: 5.8% (30)

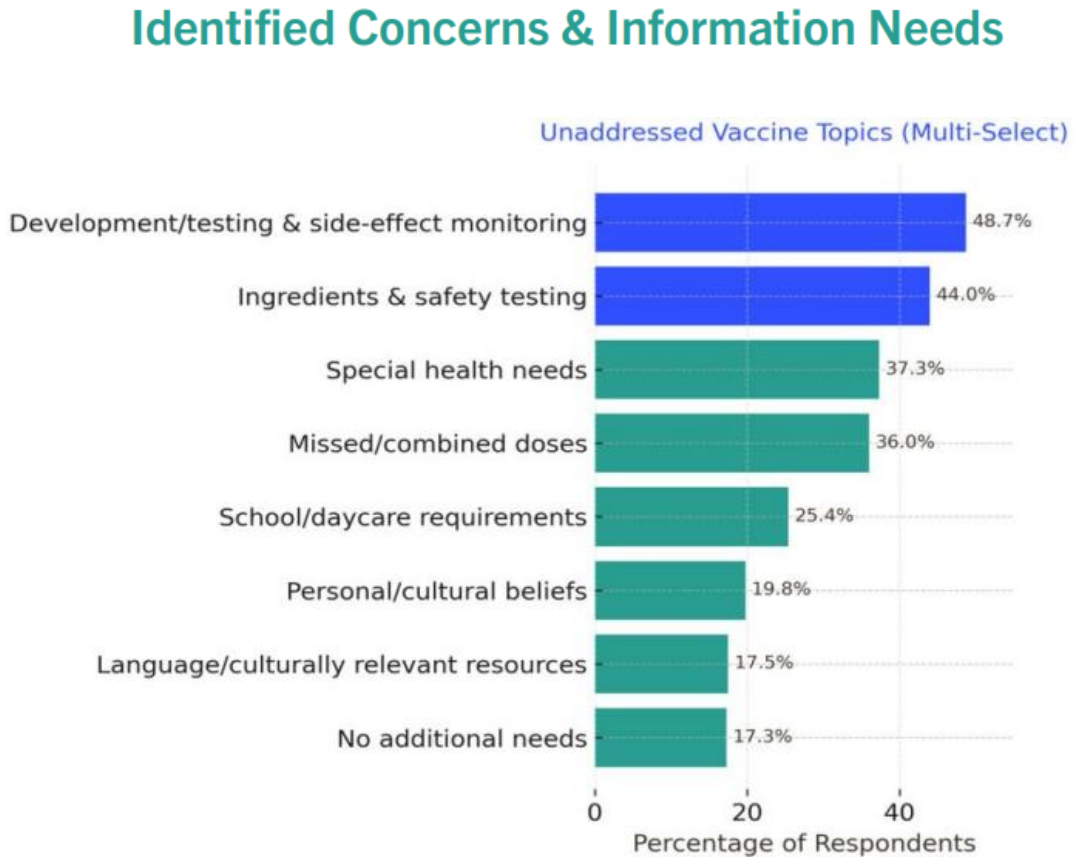
Confidence in vaccine safety (1-5)

- 5: (Very confident) 41.9%
- 4: 29.8%
- 3: 17.5%
- 2: 5.0%
- 1: (Not confident) 5.8%

71.7% of respondents were either very confident (5) or confident (4) in vaccine safety.

ICAAP Statewide Vaccine Survey *(cont.)*

- Parents and guardians across Illinois stated that information about vaccine testing and side-effect monitoring was an unaddressed vaccine topic.



Strategies for Addressing Hesitancy

Give Your Strong Recommendation

- Healthcare professionals remain the most trusted source for vaccine-related information. Ensure information is presented out of concern for children and the community.
- Avoid using the phrase “safe and effective.”

Presumptive Approach

- Start each vaccine conversation with a strong, positive “You are due for x vaccine today.”

https://www.aap.org/en/patient-care/immunizations/communicating-with-families-and-promoting-vaccine-confidence/talking-with-vaccine-hesitant-parents/?srsltid=AfmBOooe8DbcWVtjGanYfQ6tpiQtwOOxsdPNLB-399IOH1iHugMfiMKW

https://www.smartbrief.com/original/messaging-makes-a-difference-when-it-comes-to-getting-kids-vaccinated?utm_term=1D811E4A-183C-4CF2-AC77-286886860756&lrh=08209ef0e44a68efaec582b1f109b530c9e5d573bd599f488e2ba63d6d8554c1&utm_campaign=754C9E92-7324-4921-8730-2676BDB6861D&utm_content=ED1B26E4-2A7C-4C77-924B-744B8990365D&utm_source=brief

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Strategies for Addressing Hesitancy

Use Analogies and Comparisons

- Compare vaccination to other public health measures families implement without hesitation, like a car seat or seat belts.
- Use relatable comparisons, like using an umbrella when it's raining (you may get a little wet, but it will keep you from getting soaked).

Show Your Vaccine Confidence

- Display posters in clinic spaces with vaccine confident messages.
- Share your own stories of why you got vaccinated and why you recommend vaccines.

https://www.youcanknowthings.com/introducing-the-communication-lab-and-one-more-thing/?ref=you-can-know-things-newsletter

Responding to Patient Questions

"Would it be okay to tell you why I get the flu vaccine myself and why I recommend it for my family and patients?"

"Even healthy people can get the flu, with anything from cold symptoms to hospitalization. Flu vaccines are the best way to be protected against these risks."

Would it be okay to tell you why I'm so passionate about the COVID-19 vaccine?"

"We know COVID-19 is still causing millions of infections every year, and the vaccine can significantly reduce your risk for severe disease from these infections."

https://www.pharmacyplaybook.org/#responses
https://www.trustedmessengerprogram.org/

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Social Media Resources

The Vaccines for Children Social Media Toolkit	This campaign raises awareness about VFC providers and pediatric vaccine messaging to encourage vaccination uptake.
The Super Strength Social Media Toolkit	This campaign builds the relationship between provider and parent/guardian, fostering trust over the shared goal of optimal health for children.
Rory the Lion Social Media Campaigns	ICAAP has two social media campaigns that help families cut through the noise with trusted, easy-to-understand information about vaccines.
The Only Difference Toolkit	Age-specific messaging *(babies, kindergarten, 6th grade, 9th grade, and 12th grade)* emphasizing how vaccines help children stay the same kids they've always been, just with stronger immune protection.



Scan Me

Vaccine Health Equity

- Health equity means that all people have a fair and just opportunity to be as healthy as possible.
- Achieving health equity requires:
  - Valuing every person and their health fairly.
  - Addressing unfair practices and unjust conditions that can harm the health of specific groups in society.
  - Working with different groups in specific, sensitive ways to address health issues that affect them.

https://www.frameworksinstitute.org/wp-content/uploads/2023/05/Talking-about-Health-Equity.pdf

Vaccine Communication with Spanish-Speaking Audiences

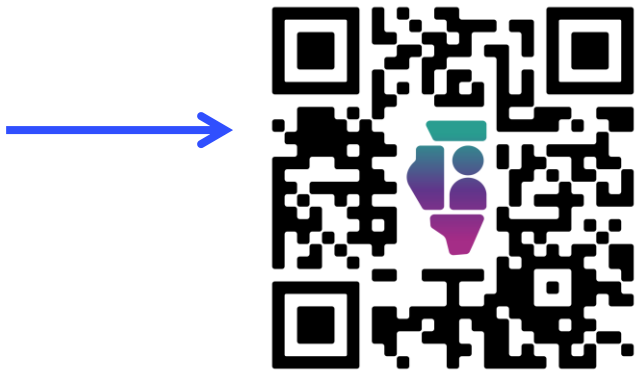
- **Community-focused messaging:** Study participants felt a strong sense of collective responsibility when vaccination was framed as a mutual exchange: "If I do my part and you do yours, we both benefit."
  - This message is only effective when personal, not bureaucratic. Must be warm and welcoming, like an invitation to protect others in the community.
- **Effective Framing:** Historical examples of vaccine efficacy, particularly the chickenpox vaccine, have effectively demonstrated the collective benefits of childhood immunization.
- **Ineffective Framing:** Individualistic family approach; once participants were focused on an individual child, they were more likely to focus on potential vaccine side effects.

https://www.frameworksinstitute.org/resources/dos-and-donts-when-communication-about-childhood-vaccines-with-spanish-speaking-audiences/
https://www.frameworksinstitute.org/resources/framing-childhood-vaccination-for-spanish-speakers-in-the-united-states/

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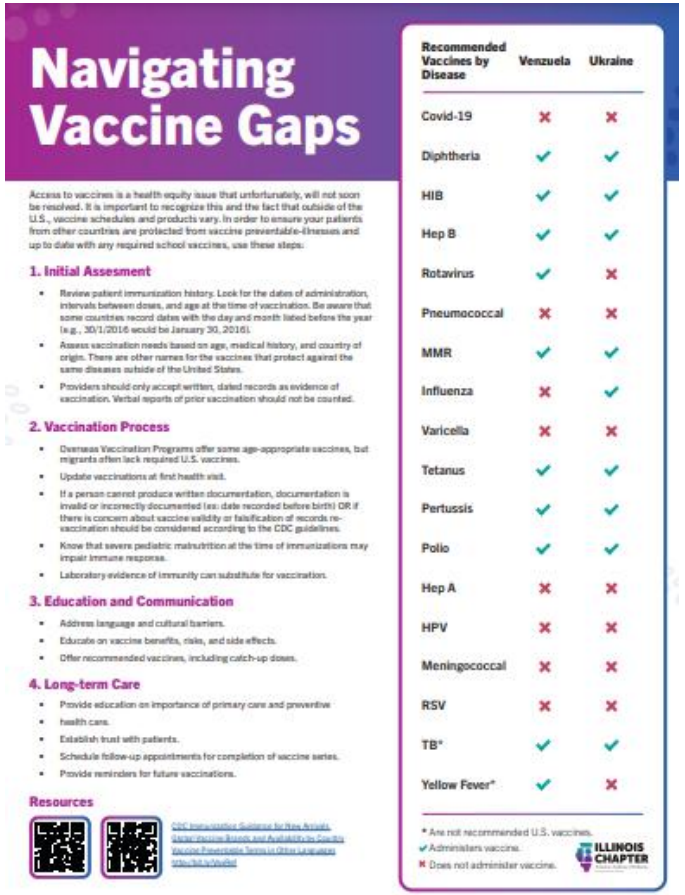
Vaccinating Migrant Populations

- Newly arrived children eligible for vaccinations through the VFC program
- CDC New Arrival Vaccination Schedule
- Immigrant Health Coverage
- ICAAP Supporting New Arrivals Webpage
  - Navigating Vaccine Gaps
  - Accessing Health Services in IL
  - ICAAP Global Vaccine Schedule Comparison (QR Code)



Interpreting International Vaccine Records

- When reading international vaccine records, place special care in understanding the dates, intervals, and age of vaccination.
- **Navigating Vaccine Gaps** – handout with guidance on assessing new arrival patients, sharing important vaccine information, and developing long-term care plans.
- **Global Vaccine Schedule Comparison Chart** – helps identify which products may have been used before a child arrived in the U.S. and the timing of any vaccinations.



Navigating Vaccine Gaps

Access to vaccines is a health equity issue that unfortunately, will not soon be resolved. It is important to recognize this and the fact that outside of the U.S., vaccine schedules and products vary. In order to ensure your patients from other countries are protected from vaccine preventable-illnesses and up to date with any required school vaccines, use these steps:

1. Initial Assesment

- Review patient immunization history. Look for the dates of administration, intervals between doses, and age at the time of vaccination. Be aware that some countries record dates with the day and month listed before the year (e.g., 30/1/2016 would be January 30, 2016).
- Assess vaccination needs based on age, medical history, and country of origin. There are other names for the vaccines that protect against the same diseases outside of the United States.
- Providers should only accept written, dated records as evidence of vaccination. Verbal reports of prior vaccination should not be counted.

2. Vaccination Process

- Overseas Vaccination Programs offer some age-appropriate vaccines, but migrants often lack required U.S. vaccines.
- Update vaccinations at first health visit.
- If a person cannot produce written documentation, documentation is invalid or incorrectly documented (ex: date recorded before birth) OR if there is concern about vaccine validity or falsification of records re-vaccination should be considered according to the CDC guidelines.
- Know that severe pediatric malnutrition at the time of immunizations may impair immune response.
- Laboratory evidence of immunity can substitute for vaccination.

3. Education and Communication

- Address language and cultural barriers.
- Educate on vaccine benefits, risks, and side effects.
- Offer recommended vaccines, including catch-up doses.

4. Long-term Care

- Provide education on importance of primary care and preventive
- health care.
- Establish trust with patients.
- Schedule follow-up appointments for completion of vaccine series.
- Provide reminders for future vaccinations.

Resources

Recommended Vaccines by Disease	Venzuela	Ukraine
Covid-19	✗	✗
Diphtheria	✓	✓
HIB	✓	✓
Hep B	✓	✓
Rotavirus	✓	✗
Pneumococcal	✗	✗
MMR	✓	✓
Influenza	✗	✓
Varicella	✗	✗
Tetanus	✓	✓
Pertussis	✓	✓
Polio	✓	✓
Hep A	✗	✗
HPV	✗	✗
Meningococcal	✗	✗
RSV	✗	✗
TB*	✓	✓
Yellow Fever*	✓	✗

* Are not recommended U.S. vaccines.
✓ Administers vaccine.
✗ Does not administer vaccine.

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People with Disabilities

- People with disabilities face many challenges with vaccination
  - Making appointments
  - Getting to appointments
  - Sensory challenges
- Some questions to ask…
  - What is the impact of vaccines on people living with disabilities?
  - What can disability agencies, organizations, and service providers contribute?
  - Are people living with disabilities who are employed at your organization willing to share their experiences?
  - Are programs and program materials accessible, such as in large-text or audio version for vision-impaired patients?

https://www.nachc.org/wp-content/uploads/2026/07/Best-Practices-Resource-Guide-for-HC-serving-Individuals-with-Developmental-Disabilities.pdf

https://www.ama-assn.org/media/24926/download

https://www.cdc.gov/disability-and-health/about/disability-and-health-information-for-healthcare-providers.html

How to Make Vaccination Sensory-Friendly

- Provide sensory-friendly hours
- Provide less crowded areas or quiet spaces
- Reduce bright lights
- Allowing additional time for patients
- Offering breaks during longer appointments
- Give clear and precise instructions
- Offer sensory toys
- Offer accessible areas

https://www.nachc.org/wp-content/uploads/2026/07/Best-Practices-Resource-Guide-for-HC-serving-Individuals-with-Developmental-Disabilities.pdf

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Autism & Vaccines

- Vaccination is not associated with increased autism risk.
  - A July 2026 study of 2.5 million children found that the first MMR vaccination was not associated with increased autism risk. Debunking a prominent myth about the link between the MMR vaccine and autism.
- AAP evidence-based resources:
  - AAP videos Understanding the Rise in Reported Autism Rates and Do Vaccines Cause Long Term Side Effects: FAQs on Vaccines and in Spanish, ¿Las Vacunas Causan Autismo?
  - Additional HealthyChildren.org articles for parents: Autism Spectrum Disorder in Children - HealthyChildren.org and How Is Autism Diagnosed? - HealthyChildren.org

AAP Online and Social Media Resources

- AAP has compiled a list of pediatricians with trustworthy and factual content on children's health online.

- AAP Resources:
  - Fact-Checked Webpage
  - Communicating with Families and Promoting Vaccine Confidence
  - Parent Handout for Spotting Misleading Health Claims
  - Vaccine Confidence Campaign
  - AAP *Redbook* Webinars

https://www.healthychildren.org/English/family-life/Media/Pages/follow-pediatricians-for-trustworthy-content-on-childrens-health.aspx

Questions?

Awards

- Best Infant Series Coverage

- Best HPV Coverage

Winners!

Upcoming ICAAP Events

- November 10 at 12PM: *What Pediatric Clinicians Need to Know: Changes to the DCFS Hotline and the New Safe Model*



illinoisaap.org/upcoming-events/

Free CME/CE available for ICAAP webinars!

ICAAP'S ANNUAL EDUCATION CONFERENCE 2026

Pre-conference on Autism: Wednesday, November 18 & Conference Day: Thursday, November 19

Educational content and networking with colleagues from across the state. Ideal for:

- ICAAP Members
- Pediatricians
- Pediatric Residents
- Pediatric Specialists
- Pediatric Nurses
- Pediatric Dentists
- Family Physicians
- Clinicians Working with Children



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Topics Include:

- Supporting Immigrant Children
- Growth and Pubertal Disorders
- Common Pediatric Sports Injuries
- Mental Health
- Advocacy
- And more!

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Visit illinoisaap.org/annual-educational-conference or scan the QR code for the full agenda, registration information and more.

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Mental Health Resources for Rural Communities

Clinician Resources

Medication Quick-Reference Tools

ADHD Medication Charts: Dosing and formulation guidance for ages Preschool age (3-5 years) | Ages 6+

Anxiety & Depression Medication Charts: Dosing and formulation guidance for Preschool age (3-5 years) | Ages 6+

Peer Advisors

Mental health peer advisors are ready to support your needs and provide guidance. While they do not offer case consultations, they can offer support in integrating mental health care screening and delivery into the primary care setting.
Ask an Advisor

Family Resources

Parent Guides

Autism - A free week-long series walking parents through early signs, the diagnosis process, therapy access, school rights, and Illinois-specific resources.

Pre-Teen/Teen Mental Health - A 6-day series helping parents understand their teen's brain development, navigate social media and screen time, recognize warning signs, and build lasting resilience.

Anxiety Management Tools

CBT and Relaxation Techniques - English | Spanish
Apps for Kids and Teens - English | Spanish
Books and Workbooks - English

Thank you!

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