



I-VAC

ILLINOIS VACCINATES
AGAINST COVID-19

A project led by the Illinois Chapter
of the American Academy of Pediatrics



I-VAC NEWSLETTER

NOVEMBER 2023

COVID-19 VACCINE UPDATES CORNER:

1 COVID-19 CLINICAL GUIDANCE UPDATES

Age Transitions:

Updated guidance for children who transition during the initial COVID-19 vaccination series from age 4 to 5 years and children who are moderately or severely immunocompromised and transition from age 11 to 12 years to receive the age-appropriate dosage based on their age on the day of vaccination.

COVID-19 vaccine doses from the same manufacturer should be administered whenever recommended. In the following circumstances, an age-appropriate COVID-19 vaccine from a different manufacturer may be administered:

- Same vaccine not available at the vaccination site at the time of the clinic visit
- Previous dose unknown
- Person would otherwise not receive a recommended vaccine dose
- Person starts but is unable to complete a vaccination series with the same COVID-19 vaccine due to a contraindication

Read more [here](#).

Moderna COVID-19 Vaccine:

Healthcare providers who administer the Moderna COVID-19 Vaccine (2023-2024 formula) to individuals ages 6 months through 11 years should ensure the correct volume of the vaccine (0.25 mL) is withdrawn from the vial and administered to the recipient. **Discard vial and excess volume after extracting a single dose.** Read more on this advisory [here](#).

Updated Vaccine Naming Conventions in I-CARE:

The 2023–2024 mRNA COVID-19 vaccines have received minor name changes in I-CARE to better represent the proprietary names of each vaccine. The fully licensed products now contain their brand names, Comirnaty or Spikevax, while the Emergency Use Authorized vaccines contain the manufacturer names, Pfizer-BioNTech or Moderna. Find more details [here](#).



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ADULTS'/PARENTS' VIEWS ON COVID-19 VACCINATION – UNPACKING NEW INFORMATION



The latest poll from the [KFF COVID-19 Vaccine Monitor](#) shows many adults who are planning on getting the latest COVID-19 vaccine themselves are not planning on vaccinating their children. Almost 50% of all adults surveyed will “definitely” or “probably” get the new COVID-19 vaccine while more than half of the parents surveyed are not planning on getting their kids vaccinated. Intended updated vaccine uptake is higher than that of previous years but remains lower than the original rollout. The poll also shows that there is a slightly larger interest in getting flu and RSV vaccines than there is in the COVID-19 vaccine. Political party affiliation continues to play a role with Republicans surveyed showing lower rates of vaccination and higher rates of skepticism when asked questions about trust in vaccine information, perceptions of COVID-19 threat, other precautionary measures, and testing. Overall, the survey shows that most US adults are open to being vaccinated and receiving vaccine related information while also showing disparities like lack of vaccination in children and issues obtaining an affordable COVID-19 test when needed.



A qualitative [study](#) surveyed a group of parents and legal guardians of children between the ages of 2–17 years old coming from areas disproportionately affected by vaccine hesitancy, such as rural dwellers, urban Black persons, and Spanish speakers. Participants largely reported trust in their healthcare providers and in public health resources such as the CDC, Mayo Clinic, and Johns Hopkins websites. However, all hesitant inclusion groups had participants who distrusted and shared rumors about COVID-19 vaccines, the government, and pharmaceutical companies. Overall, vaccine acceptors and refusers shared similar views and opinions about maintaining autonomy in the decision to vaccinate their children and expressed desire for more information on side effects.



A [survey](#) administered by the Colorado Department of Public Health and Environment also collected information on parental attitudes toward routine vaccinations pre- and post-pandemic. The survey found 20% of respondents were vaccine hesitant but such attitudes did not change from the pre-pandemic period to the post pandemic period. However, post pandemic, parents are more likely to be unsure about trusting vaccine information. There has also been an increase in polarization of attitudes regarding childhood vaccines and more people are looking towards “natural immunity” by getting sick rather than gearing towards vaccination. There were higher rates of hesitancy in parents who identified as Black or Asian compared to white parents, parents who preferred English speaking over Spanish speaking, parents with self-pay or public insurance compared to private, and parents with only a high school education.



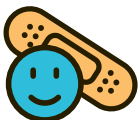
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PASSIVE POSITIVES

As of the end of October, under 5% of the US population had received a COVID-19 vaccine for the 2023–2024 season. Dr. Katelyn Jetelina, Your Local Epidemiologist, wrote a great post about what can be done to encourage vaccination, which is available here: [Fall 2023 vaccine coverage and reaching “passive positives”](#).

All of us—friends, family, neighbors, schools, pharmacies, doctor offices, health departments, and employers—need to be laser-focused on “passive positives.” These are people who have gotten COVID-19 shots in the past and generally approve of vaccination but are unlikely to expend energy to find another shot and are likely ambivalent about receiving one. *This is a large group—perhaps 35–40 percent of the vaccine-eligible population.*

Here’s what you can do to encourage vaccination among this group:



Remind people that they have good feelings about vaccines.
Actively encourage patients to focus on the benefits of vaccination.



Share information about eligibility.
People may be confused.



Remind patients about vaccines even during visits for other reasons.



UPCOMING EVENTS:

LEARNING COLLABORATIVES WITH ECHO CHICAGO

November 21, 5:30 p.m.

December 5, 5:30 p.m.

December 19, 5:30 p.m.

[Register Here](#)



UPDATED COVID-19 VIS

[Vaccine Information Statements \(VIS\)](#) are available for the Moderna and Pfizer 2023–2024 COVID-19 vaccine products for ages 12+. Providers are required to distribute VISs to patients or guardians prior to receiving vaccines by law (more on this [here](#)). For the Novavax vaccine and Moderna and Pfizer vaccines for those under 12 years of age, VISs are not available and [EUAs](#) should be distributed in their place.

SUNSETTING THE U.S. GOVERNMENT COVID-19 THERAPEUTICS DISTRIBUTION PROGRAM

A new [guide](#) from Health and Human Services serves to provide direction for providers as the U.S. government slows down distribution of COVID-19 therapeutics and transitions them to the commercial market. Paxlovid and Lagevrio became available for commercial ordering on November 1, 2023. Paxlovid will continue being available for ordering through the government for awardees until December 15, 2023. All EUA labeled Paxlovid with an expiration date of December 31, 2023 or later will be eligible for return through the Pfizer return process in exchange for a credit for an NDA labeled course starting November 15, 2023. A co-pay savings program for eligible commercially insured patients and a no cost program for federally insured or uninsured patients is also now available. For Lagevrio products, government inventory should be used until depleted or expired and will continue to be distributed at no cost to the patient. Lagevrio cannot be returned unless expired. Once inventory is depleted, the Merck Patient Assistance Program will continue to provide Lagevrio for free to eligible patients. See the guide for further details and for information regarding disposal and data reporting requirements.



MEET OUR REGIONAL ADVISORS!

In this issue, meet Rachel Caskey, MD, who is located in Chicago, Illinois.

Q: Can you tell me a little bit about yourself?

A: I'm an internist and pediatrician at UIC, I have been here the last 15 years. I am also a health services researcher. Early in my career I became interested in vaccine adoption behaviors. It was mostly driven by the new (at the time) HPV vaccine. It was very controversial at first but that interested me in how patients' perceptions impacted uptake. My research has evolved into vaccine education and providing continuing medical education on various other vaccines and vaccine hesitancy.

Q: How has the COVID-19 pandemic impacted pediatric vaccination in your practice?

A: Several ways. A logistical barrier early on was that clinics were closed. So, there was no access to vaccines and appointments for a period of time. This decreased the overall likelihood of vaccinations. Certain clinics were already struggling with maintaining staffing, especially for nurse visits. Families at the beginning opted to not worry about well visits especially during catastrophic pandemic. In the grand scheme, well visits were not a priority. I am still seeing patients get caught up with their vaccines. Final point is that the pandemic and COVID-19 vaccines brought hesitancy back to the forefront. Hesitancy has always been around but always with a relatively small group of people who are particularly loud. Mainstream media brought up many questions about other routine vaccines. However, we are seeing pediatric vaccine rates recovering. I'm not seeing the same recovery for adult vaccinations.

Q: What ways do you stay up to date on vaccine recommendations?

A: I read a lot and sign up for vaccine listservs. I follow CDC updates and review ACIP minutes and slides at least twice a year. I focus on following reliable sources.

Q: How do you ensure all staff in your practice are aware of the same recommendations as clinical providers?

A: It is important to keep staff updated on recommended vaccines. UIC has strong vaccine requirements. It is difficult to get exemptions which has helped maintain high vaccination rates. There has been some pushback from some staff. The most striking example was when I overheard an MA telling a patient that the flu vaccine is dangerous. I felt frustrated but, it was also humbling. I had assumed all staff were well versed in vaccine confidence. I also realized education is important. We need to make it clear that we have biases but also if staff have questions, they should go to providers first before relaying false information to patients. The dialogue should include what we know and what we don't know. It is important to offer a safe place for staff that is not patient facing. It took the MA 30 seconds to share false information and it might take me years to build vaccine confidence with that patient.

Q: How do you address hesitant patients and their parents? Is there a topline message that you share with patients who are hesitant?

A: Answer questions and concerns first. It is important to not introduce other misinformation to them. If the patient does not share their concerns a presumptive recommendation is provided. "You are due for flu and COVID-19 vaccines today." Make it clear it is a medical recommendation.

Q: How do you navigate under vaccinated or unvaccinated patients' accessibility barriers?

A: We don't face cost issues due to most patients being privately insured. Transportation barriers are addressed by care coordinators within the clinic. Payors also provide transportation services, and we can help them sign up. When their insurance does not cover transportation then UIC can assist.

Q: What tips do you have for fellow providers as we enter respiratory virus season?

A: Start with the basics. If you are sick, stay home. Minimize spread, get vaccinated, and wash your hands. We have many products available to prevent severe disease.

