

I-VAC

ILLINOIS VACCINATES
AGAINST COVID-19

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

I-VAC NEWSLETTER

MAY 2024

COVID-19 VACCINE UPDATES:

1 NEXT GENERATION COVID-19 VACCINES

Your Local Epidemiologist (YLE) Dr. Katelyn Jetelina skillfully breaks down the groundbreaking research & development of a [suite of next-generation COVID-19 vaccines](#) to address the current limitations of the vaccine. These NextGen vaccines, currently in the clinical trial pipeline, aim to improve transmission prevention, increase coverage against mutations, reduce side effects, and compatibility with other vaccines like the flu shot.

A promising category includes variant-proof vaccines designed to protect against a range of coronaviruses, with several candidates showing positive immune responses in early trials. Another category of NextGen vaccines are nasal vaccines targeting infecting sites in the nose and throat, showing potential effectiveness in clinical trials.

Efforts also include combining COVID-19 and Flu vaccines and developing self-amplifying mRNA vaccines to reduce side effects. Additionally, T cell-targeted vaccines are being explored to enhance immune response against different coronavirus components. Despite progress, rigorous evaluation is needed before these vaccines can be widely used.

2 mRNA COVID-19 VACCINATION SAFE FOR PREGNANCY

A retrospective study examined the [impact of mRNA COVID-19 vaccination during pregnancy](#) on adverse birth outcomes from June 2021 to January 2022. Data analyzing over 55,000 pregnant individuals found that receiving one or two doses of mRNA COVID-19 vaccine was associated with a decreased risk of preterm birth (PTB) compared to unvaccinated individuals. Furthermore, vaccination was **not** linked to increased risks of other adverse outcomes such as small-for-gestational age (SGA) or gestational diabetes. These findings provide reassuring evidence that mRNA COVID-19 vaccination during pregnancy is safe and can help protect against preterm birth. This information is valuable for patients and clinicians considering COVID-19 vaccination during pregnancy.

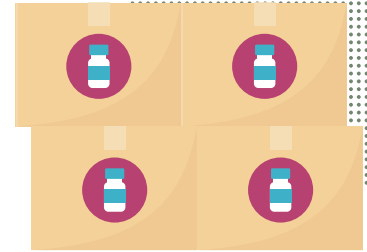


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COVID VACCINE INVENTORY

As the end of the 2023-2024 respiratory virus season is approaching, COVID-19 vaccine products are expiring and availability is changing. Due to reductions in shelf life, CDC recommends that providers order smaller quantities of vaccine (3-4 weeks of usage) and utilize more frequent orders if needed. For the Vaccines for Children (VFC) and Bridge Access Programs (BAP), the following availability is expected:

- **Novavax:** The latest expiry is 5/31/24. This vaccine is no longer available for ordering.
- **Pfizer-BioNTech/Comirnaty:**
 - 6 months–4 years: The latest expiry is 7/31/24. This vaccine is no longer available for ordering.
 - 5–11 years: The latest expiry is 8/31/24. CDC will continue to process orders until supplies are depleted (expected 6/6/24).
 - 12 years and older: Latest expiry is 8/31/24. CDC will continue to process orders until supplies are depleted (expected late May/early June).
- **Moderna/Spikevax:**
 - 6 months–11 years: Latest expiry is late September or better. CDC will continue to process orders until supplies are depleted (sufficient supply is expected for the rest of the season).



MEASLES IN ILLINOIS

As of May 13, 2024, over 60 cases of measles have been [reported in Illinois](#). The majority have been [in Chicago](#), with a handful in suburban counties. There is community spread of measles. In response to this, CDPH has recommended an [“accelerated” 2nd MMR dose](#) for Chicago children (28 days after the first dose). IDPH has not issued state-wide guidance for accelerated doses. However, [SIREN](#) notices have noted that during an outbreak, an early second dose may be appropriate. This is in line with National AAP and CDC guidance when an outbreak is occurring. This accelerated timeline is acceptable for school entry in Illinois. More information is available through the webinar we hosted with CDPH and IDPH on April 25, 2024. [Here](#) is the recording.

MEASLES TESTING AND REPORTING REMINDERS

- Illinois 77 Ill. Administrative Code, Part 690 Control of Notifiable Diseases and Conditions Code was amended effective February 27, 2024. Measles is now a Class 1a disease reportable immediately with the Section renamed to “Measles, Suspect, Probable or Confirmed (Reportable by telephone immediately, within three hours, upon initial clinical suspicion or laboratory test)” to reinforce the urgent need for reporting the disease upon clinical suspicion. Read more from the [May 13, 2024 SIREN here](#).
- Notify CDPH or IDPH immediately upon suspicion of measles:
 - CDPH: Complete the [online RedCap form](#). DO NOT call 311 or 312-743-7216 to report.
 - IDPH: Immediately report to local health department or IDPH.
- It is required in the Illinois Communicable Disease Code that specimens are submitted to IDPH Laboratories.
- Testing through commercial labs can delay the public health response to measles and it is recommended that measles testing be conducted at the state lab
- Refer to this [job aid](#) for more information about specimen collection and shipment.

A NEW TOOL TO ADDRESS VACCINE HESITANCY

A new study reported in JAMA medical news shows that empathy may be a key tool in helping clinicians overcome patient vaccine hesitancy. The study showed that patients responded better to providers who not only addressed the patients' specific concerns but also conveyed an understanding of their initial viewpoints. Researchers in this study created a special technique called the Empathetic Refutational Interview (ERI), which helps providers guide their conversations through 4 steps:

- **Elicit concern:** Ask patients to share their thoughts.
- **Affirm:** Acknowledge the partial truths without validating misinformation.
- **Offer a tailored refutation:** After rapport is established, explain why a misconception is wrong and replace it with facts.
- **Provide factual information.**

We suggest applying these steps in your next patient interaction, as they were shown to lead to more trustworthiness and openness between patient and provider.



KIDS DON'T NEED TO GET SICK TO BE HEALTHY

This concept is fueled by the belief that kids used to be healthier than they are now. An [article](#) by Your Local Epidemiologist explains why this is not true. Infections used to be the top killer for children, especially those under the age of 5. In the 1900s, infectious disease was one of the top killers overall and this continued worldwide through the 1990s. This demonstrates both the dangers associated with infection and the undeniable efficacy of vaccines.

The "hygiene hypothesis," or the idea that overly clean environments are harmful and that kids need to be exposed to germs to strengthen their immune system, is also used as a basis for these claims. This is an outdated theory that only got part of the story right - it is important for kids to be exposed to "healthy" microbes, not those that cause disease. Ultimately, although infection can help build immunity, it is safer and more effective for kids to avoid disease and receive all recommended vaccines.

COMBO FLU / COVID TEST

Last month, the FDA granted [emergency use authorization \(EUA\)](#) for CorDx, an At Home Multiplex Rapid Test which detects and distinguishes between influenza A, influenza B, and COVID-19 in individuals with respiratory symptoms. It's designed for people aged 14 years and older using self-collected nasal swabs, and for children aged 2 years and older with swabs collected by adults. This at home rapid test was validated through the NIP Independent Test Assessment Program.

NEW REDBOOK NOW AVAILABLE

The new, 33rd edition of the AAP RedBook is now available! All 2024 Red Book chapters were assessed for relevance in the dynamic environment that is the practice of pediatric medicine today, and every chapter has been modified since the last edition, including two new chapters on COVID-19. AAP Members redeem your print copy at aap.org/getredbook. Non-members order your copy [here](#).



THE I-VAC PROGRAM IS TRANSITIONING!

Over the course of the I-VAC program, we have hosted **16 bootcamp trainings** with nearly **700 attendees!** ECHO-Chicago's **learning collaboratives** also brought in additional participants for a total of **488 people**. We also developed dozens of crucial **resources** to help providers tackle **administration, clinical workflows, and outreach**. It has been an honor to collaborate with all of you.

AFTER THREE PRODUCTIVE AND REWARDING YEARS, WE ARE BEGINNING TO SUNSET SOME ASPECTS OF THE PROGRAM.

As we approach the end of I-VAC funding on June 30, 2024, we want to make sure you have access to all the valuable information developed as part of the I-VAC program. We are transitioning the I-VAC website to include messaging about how the pandemic shifted the landscape of healthcare and crisis readiness. You will also be able to find updated information on the following:

- ⊗ How to handle vaccine misinformation
- ⊗ The *Doctors, Patients, Facts* video resources
- ⊗ Dosing, ordering, and storage & handling charts
- ⊗ COVID-19 Vaccine FAQs
- ⊗ Patient outreach posters
- ⊗ Patient handouts with key information
- ⊗ A newsletter archive for future reference

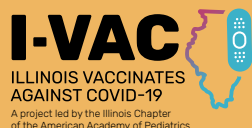
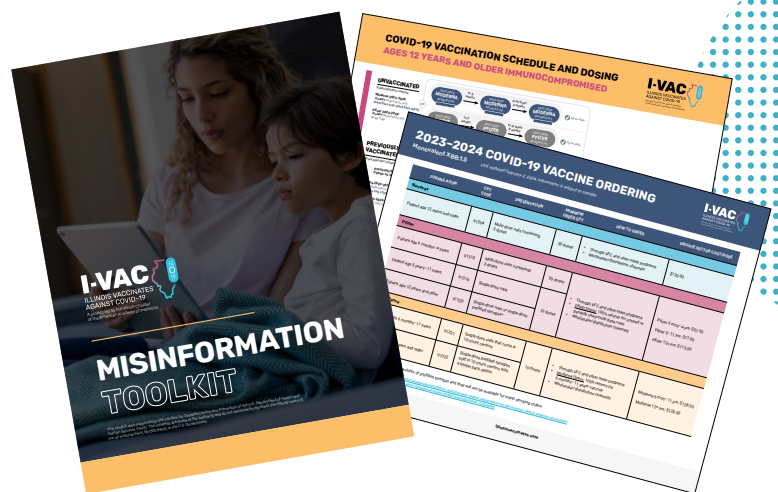
Please continue to follow our efforts and stay up-to-date by bookmarking the [I-VAC webpage](#) and following [@illinoisAAP](#) on Facebook, Twitter/X, and Instagram for the most timely and relevant updates.



State of Illinois COVID-19 Response Overview

May 2024: IDPH After Action Report

[Read the Report](#)



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VISIT OUR WEBSITE

illinoisvaccinates.com

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