

I-VAC

ILLINOIS VACCINATES
AGAINST COVID-19

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



I-VAC NEWSLETTER

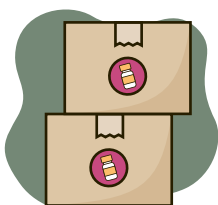
OCTOBER 2023

COVID-19 VACCINE UPDATES CORNER:

COVID-19 VACCINE CODING FOR 2023-2024 PRODUCTS

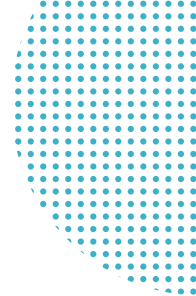
With the FDA authorizing the use of the fall 2023-2024 COVID-19 vaccines and the CDC recommending them for use in everyone ages 6 months and older, [updated CPT codes](#) are available. [Guidelines from the AAP](#) outline coding for vaccine products, administration, and vaccine counseling with or without administration. Centers for Medicare & Medicaid Services (CMS) also has [updated payment allowances](#) and coding information for Medicare Part B coverage on their website.

Vaccine	CVX Code	MVX Code	CPT Code	UoS NDC11	Presentation
COMIRNATY	309	PFR	91320	00069-2362-10	Vial, Single-dose, 30 mcg/0.3 mL
COMIRNATY	309	PFR	91320	00069-2392-10	Syringe, Pre-filled, 30 mcg/0.3 mL
Pfizer-BioNTech COVID-19 Vaccine	310	PFR	91319	59267-4331-02	Vial, Single-dose, 10 mcg/0.3 mL
Pfizer-BioNTech COVID-19 Vaccine	308	PFR	91318	59267-4315-02	Vial, Multi-dose, 3 doses, 3 mcg/0.3 mL AFTER DILUTION
Spikevax	312	MOD	91322	80777-0102-95	Vial, Single-dose, 50 mcg/0.5 mL
Spikevax	312	MOD	91322	80777-0102-96	Syringe, Pre-filled, 50 mcg/0.5 mL
Spikevax	312	MOD	91322	80777-0102-93	Syringe, Pre-filled, 50 mcg/0.5 mL
Moderna COVID-19 Vaccine	311	MOD	91321	80777-0287-92	Vial, Single-dose, 25 mcg/0.25 mL



PFIZER ALLOWING 100% RETURNS ON COVID-19 VACCINES

As of October 1st, Pfizer is allowing for their three-dose vials of COVID-19 vaccine, authorized for children aged 6 months - 4 years, to be returned at 100%. This policy allows for both unopened and partially used vials to be returned, offering greater flexibility to pediatric practices. It aims to address the challenge of predicting vaccine demand, ultimately enhancing access and availability for this critical demographic. To read more about this return policy, [refer here](#).



DISCONTINUATION OF COVID-19 VACCINE PROGRAM

As the US government is no longer purchasing COVID-19 vaccines, the CDC COVID-19 Vaccination Program is over.

The CDC released an update on the required close-out activities including:

STEP 1: Reporting and disposal of remaining USG-provided vaccine inventory

- Report excess remaining USG-provided COVID-19 vaccine inventory using the wastage transaction in jurisdictional reporting systems.
- Properly dispose of those vaccines according to state and local regulations.
- This reporting requirement is for inventory purposes only and will not be used to judge provider performance. Direct questions about disposal activities to your state or local immunization program.

STEP 2: Check the [CDC Provider Agreement Update website](#) for additional program close-out steps.

STEP 3: Using unexpired ancillary supplies

- USG-purchased COVID-19 vaccine doses and ancillary supplies cannot be sold. Ancillary supplies cannot be exchanged for anything of value either.
- They can be shared domestically among other clinics within the practice, other sites offering healthcare services & veterinary clinics.
- Ancillary supplies provided by the USG through the CDC COVID-19 Vaccination Program can be used to administer commercially purchased vaccines.
- Expiration dates printed on the exterior box of the CDC ancillary kit do not apply to all items in the kit. This date is based on the earliest expiry of any of the kit's components. Dispose of expired components in accordance with state and local requirements.
- Exercise discretion with continuing to use unexpired kit components (e.g., needles and syringes) until they expire.
- Per federal funding requirements, ancillary kits **cannot be donated outside of the United States** or to organizations that will use the supplies outside the US.

STEP 4: Vaccines.gov vaccine locator service

- Providers already participating in Vaccines.gov (including those whose data previously was updated by the jurisdiction public health agency) can update their information (instructions in the [Provider Resources](#) section of Vaccines.gov).
- For providers not previously enrolled in Vaccines.gov, more information will be available soon.

Remember participation is required for Bridge Access Programs.

Other information: Vaccine providers are no longer required to complete COVID-19 vaccination record cards following vaccine administration, as the CDC is no longer distributing them.



2023-2024 NOVAVAX COVID-19 VACCINE FORMULATION

On October 3rd, the [FDA authorized](#) an updated COVID-19 vaccine from Novavax for people ages 12 years and older. This product has also been [recommended for use by the CDC](#). The updated formulation contains the XBB.1.5 strain like other fall COVID-19 vaccines. [Under this authorization](#), people 12 and older can receive one dose of the updated Novavax vaccine if they were previously vaccinated with any COVID-19 vaccine and have not already received a fall 2023-2024 mRNA vaccine. Those who are unvaccinated can receive two doses of the updated Novavax vaccine. The previous Novavax formulation may not be administered and should be disposed of according to state/jurisdictional guidelines.



UPCOMING EVENTS:



BEYOND THE NEEDLE PODCAST

Have you listened to our podcast, Beyond the Needle? 23 episodes are currently available [here](#) or you can also tune in wherever you listen to your podcasts! CME is also available.



ECHO LEARNING COLLABORATIVES

COVID-19 learning collaboratives for those serving both pediatric and adult populations are back! As we dive deep into respiratory virus season, upcoming meetings will also address the recently authorized RSV prevention tools. Check out the expected topics below and [register](#) today!

- **October 24:** RSV in Pediatric Populations - Facilitated by Daniel Johnson, MD; Jen Burns, CPNP, APN and Steve Schrantz, MD
- **November 7:** RSV in Pregnant Populations - Facilitated by Ed Linn, MD and Steve Schrantz, MD



I-VAC MINI BOOTCAMP

We are hosting a virtual, 2-hour mini bootcamp on **Friday October 27th, from 8 a.m.–10 a.m.** to review commercialization, clinical updates, and guidance for the new 2023-2024 COVID-19 vaccines.

[Register here!](#)

COVID-19 VACCINE ORDERING THROUGH IDPH

Illinois (non-Chicago) providers can now order COVID-19 vaccines using the following guidance:

- ▷ **VFC Program** - COVID-19 vaccine can be ordered as a “Pediatric/VFC Limited Qty” order in I-CARE.
- ▷ **317 Routine Adult Vaccine Program** - COVID-19 vaccine is not available through the 317 Routine Adult Vaccine Program (see Bridge Access Program below).
- ▷ **Bridge Access Program (18 years of age and older)** - The COVID-19 vaccine will always be considered a limited quantity order. It can now be ordered in I-CARE through the COVID tab.

All limited-quantity orders will be reviewed and processed weekly. Order quantities may be reduced. More ordering details can be found in the [SIREN issued on 10/5/23](#). Please note, vaccine deliveries will not be available on the following days:

- Friday, November 10th – Veteran’s Day (IDPH closed)
- Wednesday, November 22nd – Day before Thanksgiving
- Thursday, November 23rd – Thanksgiving (IDPH closed)
- Friday, November 24th – Day after Thanksgiving (IDPH closed)



EFFECTIVENESS OF MATERNAL COVID-19 VACCINATION

COVID-19 during pregnancy can have serious consequences for both mothers and infants, especially since infants <6 months cannot receive the vaccine. A [recent CDC study](#) by the Overcoming COVID-19 Network found that maternal vaccination during pregnancy is effective, with a 35% effectiveness for infants <6 months and 54% for infants <3 months in preventing COVID-19 hospitalization. Notably, 78% of infants hospitalized with COVID-19 were born to unvaccinated mothers. This highlights the vital role of maternal vaccination during pregnancy in safeguarding both maternal and infant health and reducing hospitalizations. Expecting mothers should remain up-to-date with COVID-19 vaccination to protect and save two lives.

MEET OUR REGIONAL ADVISORS!

I-VAC has recruited clinicians throughout Illinois to serve as advisors to other providers in their region. These advisors help inform I-VAC activities, answer COVID-19 vaccine questions, and address support requests (which can be submitted [here](#)). Our team will be interviewing each of the advisors to learn more about them and their experiences vaccinating.

In this issue, meet Dr. Andrea Kane, a pediatrician located in Bloomington, Illinois.

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

A: The COVID-19 pandemic has not dramatically changed the way that we vaccinate although we did get a little bit behind on routine vaccinations in our under 2 y/o population. However, we have gotten them mostly caught up. We saw a lot of cases of varicella, stemming from parents with adult shingles, which was interesting in terms of medical education. We haven't seen varicella outbreaks in a long time. We were seeing some spikes in preventable diseases but at this point, my practice is caught up on vaccine rates as they were prior to the COVID-19 pandemic.

Q: What ways, as a provider, do you stay up to date on vaccine recommendations?

A: I just try to keep an eye on CDC output and credible social media. I also read Dr. Katelyn Jetelina's *Your Local Epidemiologist* biweekly newsletter. We also have a practice-wide vaccine committee where we hold monthly meetings updating all staff on changes to recommendations.

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

A: My practice staff is relatively small; we have 4 pediatricians and 3 vaccinating nurses, so it is fairly easy to relay synthesized information between all staff. I also print and email recommendation updates to all staff.

Q: How do you address skeptical or hesitant patients and their parents?

A: I ask them why they are nervous about it. I have also seen effectiveness in sharing about my own family, including my children. I emphasize that my own family received COVID-19 vaccines immediately as they became available, which ensures ethos. Mainly, listening to their concerns. Most parents I see are hesitant because their child already had COVID-19 and it wasn't severe.

Q: Do you ever see families concerned about receiving vaccines due to being immunocompromised?

A: I see the immunocompromised population wanting vaccines more.

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

A: I am a VFC provider so that takes care of cost and insurance as barriers. We have an onsite social worker on staff to coordinate transportation. Most insurance companies will cover transportation to well child visits. Many patients also utilize local transportation. Bloomington has very reliable public transportation that can drop off in front of the clinic.

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

A: I am a firm believer in stating which vaccines a patient is due for versus prompting a decision. For example, you are due for x, y, and z vaccines today. I phrase respiratory and HPV vaccines as routine vaccinations so that families are aware these are equally as vital as other routine vaccines.