

I-VAC

ILLINOIS VACCINATES
AGAINST COVID-19

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

I-VAC NEWSLETTER

APRIL 2024

COVID-19 UPDATES CORNER:

PEMGARDA FOR COVID-19 PREVENTION

The [FDA and CDC have authorized and recommended Pemgarda](#) (pemivibart) for use in immunocompromised adolescents and adults 12 and older. Pemgarda is a monoclonal antibody that is intended to be used as pre-exposure prophylaxis for the prevention of COVID-19. This authorization applies to those who are unlikely to receive sufficient immunity from COVID-19 vaccination and who are not currently infected or recently exposed to the virus.

The CDC's [interim clinical considerations](#) now consider use of Pemgarda. Pemgarda is not a substitute for vaccination and those who are eligible for Pemgarda should still be vaccinated following the recommended schedule. Administration of Pemgarda should be deferred at least 2 weeks after the administration of COVID-19 vaccine.



PFIZER DILUENT

As of March 11, Pfizer has changed the diluent pack size for CDC orders of Pfizer COVID-19 Vaccine (2023-2024 Formula) for ages 6 months through 4 years. Previously, diluent was supplied in a 10-pack, but it will now be provided in a 25-pack. Providers will receive sufficient diluent to administer all doses ordered. Unused diluent should be discarded. Contact Pfizer customer service for inquiries. For more information, refer to the [IDPH Siren](#) and review how to use [vaccines with diluent](#) through immunize.org.



INFECTIOUS DISEASE UPDATES

> MENINGOCOCCAL DISEASE

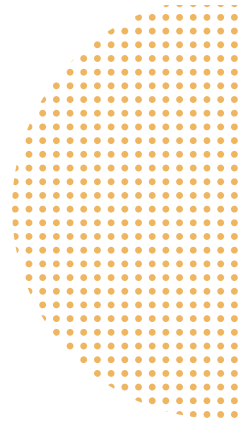
The CDC issued a [Health Advisory](#) warning healthcare providers about the increasing cases of invasive meningococcal disease in the United States, primarily caused by *Neisseria meningitidis* serogroup Y. There were 422 cases reported in 2023 which is the highest since 2014. 143 cases have already been reported as of March 25, 2024, showing a significant increase over the previous year. A specific strain, ST-1466, has been responsible for most cases, disproportionately affecting people aged 30-60, Black or African American individuals, and those with HIV. Healthcare providers should stay alert for meningococcal disease, as patients might not show typical symptoms of meningitis. They should also ensure that everyone advised to get the meningococcal vaccine, including those with HIV, is up to date with their vaccinations.

> AVIAN FLU

The CDC issued a health advisory confirming human infection with highly pathogenic avian influenza A(H5N1) virus in the United States, linked to presumed infected dairy cattle. [The alert](#) includes interim recommendations for preventing, monitoring, and investigating potential human infections with this virus, with updated instructions for clinicians and state health departments.

> MPOX

Cases of mpox are [increasing in the US](#), with 664 cases so far this year compared to 307 last year. An outbreak in the Democratic Republic of the Congo is also significantly impacting children. There are no recommendations for vaccine boosters at this time.





UPDATES ON MEASLES

NATIONAL

As of April 12, 2024, 121 measles cases have been reported across the US. [According to the CDC:](#)

- 95% of cases are among unvaccinated or under-vaccinated people.
- 58% of cases are hospitalized - this is high, but may be inflated by those isolating at hospitals
- The majority of cases and hospitalizations are among those under 5 years old.

STATE

As of April 15, 2024, [64 measles cases have been reported in Illinois](#), with 58 of those in Chicago, 2 each in Suburban Cook and Will counties, and 1 each in Lake and DuPage counties. The Chicago Department of Public Health is giving second doses of MMR to residents of the Halsted Street shelter in Pilsen 28 days after their first dose. This aligns with CDC vaccine recommendations during an outbreak. CDC recommendations also allow MMR to be administered as young as 6 months for those traveling internationally.

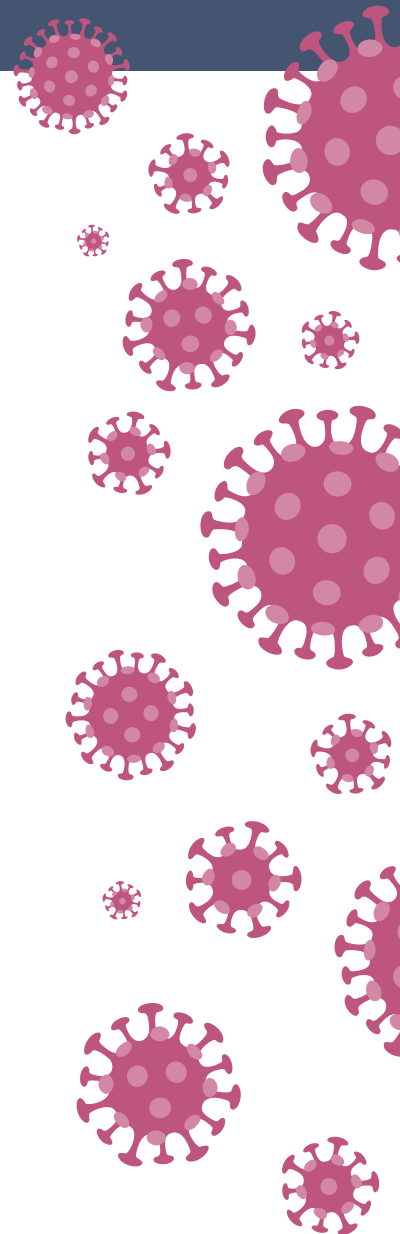
Both IDPH and CDPH continue to issue guidance and information as this situation continues to unfold. ICAAP is collecting these and resources from the AAP, CDC and more and posting them all to our [emerging issues webpage](#).

Note there are slightly different reporting processes in place for clinics in Chicago and those outside of Chicago:

- Chicago:** You must complete an [online form](#) to report suspected cases and request testing, this replaces the previous method of reporting to 311. Do not call 311 or 312-743-9000 to report.
- Illinois:** Healthcare providers and facilities need to immediately report suspect measles cases to their local health department or to IDPH. If unable to reach their local health department after-hours, providers can call IEMA at 217-782-7860 to reach someone at IDPH.

ADDITIONAL RESOURCES

- Public Health Communications Collaborative: [Measles Outbreak Messaging](#)
- Measles Updates for Clinicians: Recognition, Reporting, and Responses: [Slides](#) & [Recording](#)
- AAP Webinar: [Identifying Measles in the Pediatric Setting](#)
- [Video tutorial](#) on generating and using I-CARE reminder/recall reports to identify patients due/overdue for vaccine



RESPIRATORY VIRUS SEASON IS ALMOST OVER

Respiratory virus season is coming to an end, with the number of people going to the doctor for cough and fever steadily declining. Here are some important insights from the 2023 - 2024 respiratory virus season and considerations for the 2024 - 2025 season:

> INFLUENZA

Influenza-associated hospitalizations increased this season compared to other “post-COVID” seasons, but outpatient visits and pediatric mortality have declined comparatively. A recent [Morbidity and Mortality Weekly Report \(MMWR\)](#) summarized the effectiveness of the 2023–24 influenza vaccine:

- Pediatric protection against outpatient visits was 59% to 67% and 52% to 61% against hospitalization.
- For adults, effectiveness against outpatient visits ranged from 33% to 49% and from 41% to 44% against hospitalization.
- Vaccines were especially protective against influenza B which ranged from 64% to 89% for pediatric patients and from 60% to 78% for all adults.

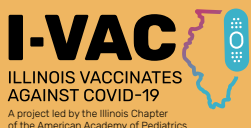
The AAP is [recommending flu vaccination](#) for everyone 6 months and older in the 2024-2025 season, with updated trivalent vaccines. The change from quadrivalent to trivalent vaccines is due to decreased circulation of influenza B/Yamagata viruses, thus the removal of that strain from the vaccine. Next season’s vaccines will also include an updated influenza A (H3N2) component, aligning with the [World Health Organization](#) recommendations. AAP expresses no preference towards a seasonal flu product, as they all offer substantial health benefits and protection against severe illness.

> RSV

Administration of nirsevimab is seasonal and to be given between **October 1 and March 31**. Therefore, you should suspend the administration of nirsevimab and plan to resume in October 2024. Administration of Abrysvo (the RSV vaccine for pregnant persons) ended January 31 and will resume September 1. All remaining VFC doses of Abrysvo and nirsevimab have expiration dates that will allow them to be used for parts or all of the next RSV season. Please mark and store the remaining doses at the proper temperature.

I-VAC QUALITY IMPROVEMENT PROJECT

Join a 7-month learning collaborative and [quality improvement project](#). The goal of this project is to build the capacity of primary care providers to increase COVID-19 vaccination rates through improving communication with patients and families about vaccines, optimizing practice office systems, and understanding reasons for missed vaccinations opportunities during office visits. Participants will be able to improve knowledge of best practices, network and problem solve with others, and earn American Board of Pediatrics Part 4 Maintenance of Certification (MOC) credit as well as continuing medical education credits.



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