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## Written Testimony for the Illinois Senate Health Committee Subject Matter Hearing on the COVID-19 Vaccine

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On behalf of the 2,100 pediatrician members of the Illinois Chapter of the American Academy of Pediatrics, we are here to today to offer our expertise in delivering vaccines and addressing vaccine hesitancy to improve the roll-out of the COVID vaccine in Illinois. We are centering our remarks today on a few specific issues related to the COVID vaccine: the vaccine registry system (known as I-CARE), addressing vaccine hesitancy, pediatricians as adult vaccine providers, and coordination with primary care.

**Improving the Immunization Registry –I-CARE.** The state immunization registry system - ICARE - is the backbone of all federally supplied vaccine programs in Illinois and serves as the primary data source for the COVID vaccine as well all vaccines provided through the Medicaid program. All federally supplied vaccines programs – including both COVID vaccine and Vaccines For Children (VFC) program for children covered by Medicaid – requires that states use a vaccine registry to track the administration of each vaccine and requires that each vial of vaccine be entered and then attached to the record of a child or adult receiving the vaccine. This is a time-consuming but necessary effort to track federally and state-supplied vaccine. In many states, all immunization data is required to be entered in the state registry to allow for better data, identification of disparities and areas for a potential outbreak of preventable disease, and allows any person, school, or health institution to know a person's vaccine history.

The current ICARE system requires a complete update to allow for better and seamless connection with electronic medical records (EMR) and to improve and streamline overall data collection and analysis. The ability of ICARE to properly connect with various in use electronic medical records is spotty and cumbersome, and many of our pediatricians avoid its use because it can be so difficult to connect, track and fix errors in ICARE. In the Fall of 2019, the state had moved forward with securing a new registry system to expand the ability of ICARE to meet current needs and to build on the success of other state registries such as Michigan. However, this procurement was put on hold as COVID response became the priority of the Department. Now that we are in the midst of using the existing ICARE to also track COVID vaccine, we are continuing to see its weaknesses such as long delays in enrolling new sites as COVID vaccine providers, ; difficulty in uploading and tracking data; and more. We are concerned

that as COVID vaccination expands and more sites use ICARE, the system will be overwhelmed, and access to both the COVID vaccine and childhood vaccines will be in jeopardy. Any further data requirements stress an already antiquated and poor functioning system.

We urge the state to move forward with obtaining a new registry that meets the existing and future needs, and the process should be in partnership with all vaccine stakeholders to develop a data system that tracks both childhood, adult, and COVID vaccinees throughout the state.

In addition, we urge the state to pass legislation that all immunizations provided in Illinois are entered into the registry. Currently, immunization data is fragmented between Medicaid claims data, private insurance claims data, entries into ICARE, and school physical forms. We need one uniform place to determine the full immunization rate of children in Illinois, and the true rate of any adult vaccine in Illinois. This data is critical to determine locations in the state that may experience outbreaks of vaccine-preventable diseases as well as finding disparities. We applaud the Illinois Department of Public Health's new guidance to mandate race and ethnicity. This data must be critically analyzed to find and address disparities across Illinois. Updating ICARE is critical to the health of children and adults in our state.

**Addressing Vaccine hesitancy** – As pediatricians, we have been on the front lines of addressing vaccine hesitancy for decades. Although this movement has been focused on childhood immunization, we now see its effects in the roll-out of the COVID vaccine. There are many reasons why a person at risk may refuse a vaccine, and for some populations centuries of discrimination by the medical establishment has justifiably made them hesitant. Even so, there are many ways the medical and community-based organizations can support and increase immunizations in their community. Examples include providing consistent and correct information on vaccines; specific messaging and information based on the unique questions and needs of the community; messaging around the protection of the family vs. individual; and visibly signaling to the community they themselves have received the vaccine. The State must prepare to address COVID vaccine hesitance in a coordinated and methodical way that trains physicians, healthcare personnel, community-based organizations, and other groups such as teachers, daycare workers, and more with specific information and guidance on addressing vaccine hesitancy in their communities. Without a specific focus and work on addressing vaccine concerns, Illinois may never reach the needed levels of vaccination to protect the community at large and stop the development of new COVID variants.

In other states, vaccine education efforts have been developed and supported through vaccine coalitions that bring together large groups of stakeholders to train trusted professionals (physicians, families, parents, teachers, etc.) to provide consistent and accurate information. These groups and individuals are equipped with the information needed to combat hesitancy in their communities and online. A coalition like this in Illinois would connect the state with a nationwide effort to bring together parents, physicians, and community groups to improve immunizations in their state. We urge the state to fund such a coalition in Illinois to address and directly combat vaccine misinformation in a coordinated manner where all groups are working together towards the common goal.

**Pediatricians as adult immunizers**– Pediatricians are experts in vaccines. We store, deliver, and track vaccines every day while also talking to parents about their concerns. Until the release of the COVID vaccine, pediatricians and other pediatric healthcare providers were the vast majority of those using ICARE daily to enter and track information for the VFC program. Those participating in the VFC program are well equipped to navigate the federal training and data collection requirements for the COVID vaccine, as VFC vaccines are also federally provided free

vaccines with very similar requirements. Unfortunately, we have been told that Pediatrician applications to provide COVID vaccine have been deprioritized. Because pediatricians are already in ICARE and are experts in vaccination practices, we urge the state to reach out to community pediatricians to assess interest in providing COVID vaccine to parents of their patients. Pediatricians likely have many teachers, daycare workers, first responders, and others as parents of children in their practice and can provide vaccines to them. Pediatricians, like any adult provider, should be able to both receive COVID vaccine as well as provide vaccine to adults. The Chicago Department of Public Health has already reached out directly to pediatricians who are VFC providers to provide COVID vaccine in their offices, and we urge the state to expand this opportunity throughout Illinois. This will open more venues for vaccine administration and reach hard to reach parents of young children.

**Coordination with Primary Care:** As front-line health care providers, primary care providers are critical to the vaccine infrastructure, and as pediatricians, we have much knowledge to lend to this effort. However, we have largely been left out of the planning for COVID vaccine distribution and have not been provided with any sort of regular update by IDPH. We would welcome an opportunity to be involved, to inform as well as learn about the state COVID vaccine distribution plan so we in turn educate others. As of now, we are left to learn about the plan and any changes through the media or through SIREN releases, which are not available without registering with the site, and difficult to navigate. There is no one place we can go to find needed information, connect with the correct officials, or get questions answered promptly. We urge the state to develop a single point where physicians and healthcare providers can find the most up to date information on Illinois COVID vaccine distribution, including but not limited to: relevant releases through SIREN; general information on the plan itself, including contacts and FAQ for healthcare providers; information and troubleshooting on registering for ICARE and COVID vaccine; contact information for healthcare providers at each local health department; plans for distribution and how they can alert patients when they will be eligible for vaccines.

We are here and willing to help the State of Illinois in any way we can, and we welcome the opportunity to lend our experience in developing vaccination programs to the state. We have more than 2100 pediatricians across Illinois who are willing to step up to this unique challenge. We must do all that we can to support the immunization of adults to protect children from COVID and return the social safety nets that children rely upon to grow up healthy.

Please reach out to Jennie Pinkwater, Executive Director at [jpinkwater@illinoisAAP.com](mailto:jpinkwater@illinoisAAP.com) with any questions.

Thank you for your time,  
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Chair, Committee on Government Affairs  
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