



# Immunization Pearls

Dane County Immunization Coalition

March 2011

## GIVE TDAP!

On Oct. 27, 2010 ACIP voted to expand the use of Tdap vaccines (Adacel and Boostrix) to:

1. include adults over 64 years of age
2. remove any minimum interval from tetanus-diphtheria vaccines (Td) and
3. allow use of Tdap (one dose only) in 7-10 year olds who have never completed the original DTaP series earlier in childhood. This is not an early booster dose.

In 2010, California experienced the highest rates of pertussis disease since 1947 before the DTP vaccine was developed, with over 8,300 reported cases. 10 infants died and many more were hospitalized. Outbreaks have also occurred in other states. Even though Tdap was licensed for use in 2005, immunization rates in adults remain very low at less than 6%.

Infants under 1 year of age are most likely to develop serious complications from pertussis and can die from the disease, especially if they have not yet received at least the first 3 doses of DTaP vaccine. Family members are the source of infection more than 75% of the time for infants, so it is important that any person in contact with a young infant be immunized against pertussis, ideally 2 weeks or more before contact with the infant. This includes parents, grandparents, extended family, friends and childcare providers. With the new guidelines, adults over 64 years can now be immunized to provide a protective cocoon around the baby even if they have had a Td vaccine recently. The vaccine is also being offered postpartum to unimmunized new moms in the hospital prior to discharge with their new babies to protect the newborns at a vulnerable time.

ACIP now recommends no minimum interval from Td to Tdap in those who have never had a dose because the benefits of protection against pertussis outweigh the potential risk for adverse events. Data are now available on receiving Tdap less than 2 yrs from a Td vaccine. While there were local reactions in 68-83% of the time, there were no serious adverse events reported. Data trials in adults over 65 years also showed the frequency and severity of adverse events to be comparable to those under 65 years of age.

Healthcare providers are recommended to have a dose of Tdap vaccine to protect vulnerable patients from disease. The new recommendations which broaden age recommendations and eliminate minimal vaccine intervals make it easier for everyone to be immunized and reduce barriers to pertussis protection.

Wisconsin State Law requires students in grades 6-12 have one dose of Tdap vaccine which provides good immunity to the adolescent population.

Tdap is recommended routinely for wound management when Td/Tdap status is unknown.

Tdap can now be given also to children (7-10 years) who never completed the early series of DTaP vaccine. This is NOT meant as an early booster dose of Tdap vaccine however.

Give all recommended immunizations when opportunity arises—check at every visit.

**See the MMWR report for detailed guidelines of Tdap use at:**

[www.cdc.gov/mmwr/preview/mmwrhtml/mm6001a4.htm?s\\_cid=mm6001a4\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6001a4.htm?s_cid=mm6001a4_w)

**DCIC has many Pertussis outreach materials available to copy or order at our website. Visit:**

[www.publichealthmdc.com/DCIC/whatsnew](http://www.publichealthmdc.com/DCIC/whatsnew).

## ACIP RECOMMENDATIONS FOR THE 2011 PEDIATRIC SCHEDULE: WHAT'S NEW?

The Advisory Committee on Immunization Practices (ACIP) annually publishes an immunization schedule for persons birth through 18 years. This schedule summarizes recommendations for currently licensed vaccines for children aged 18 years and younger and includes recommendations in effect as of 2/11/11. Changes to the previous schedule include the following (see MMWR for footnotes):

- Guidance has been added for the hepatitis B vaccine schedule for children who did not receive a birth dose (2).
- Information on use of 13-valent pneumococcal conjugate vaccine has been added (3).
- Guidance has been added for administration of 1 or 2 doses of seasonal influenza vaccine based upon the child's history of monovalent 2009 H1N1 vaccination (4).
- Use of tetanus and diphtheria toxoids, and acellular pertussis (Tdap) vaccine among children aged 7 through 10 years who are incompletely vaccinated against pertussis is addressed, and reference to a specified interval between tetanus and diphtheria toxoids (Td) and Tdap vaccination has been removed (5).
- Footnotes for the use of human papillomavirus (HPV) vaccine have been condensed.
- A routine 2-dose schedule of quadrivalent meningococcal conjugate vaccine (MCV4) for certain persons at high risk for meningococcal disease, and recommendations for a booster dose of MCV4 have been added (6).
- Guidance for use of Haemophilus influenzae type b (Hib) vaccine in persons aged 5 years and older in the catch-up schedule has been condensed.

See "Recommended Immunization Schedules" below.

## ACIP RECOMMENDATIONS FOR ADULT SCHEDULE 2011

### Changes in the Schedule since Last Version

The Advisory Committee on Immunization Practices (ACIP) annually reviews the recommended Adult Immunization Schedule to ensure that the schedule reflects current recommendations for the licensed vaccines. In October 2010, ACIP approved the Adult Immunization Schedule for 2011, which includes several changes. These changes were published in Morbidity and Mortality Weekly Report (MMWR) on February 4, 2011. In brief, these changes include:

- The influenza vaccination footnote (#1) is revised and shortened to reflect a recommendation for vaccination of all persons aged 6 months and older, including all adults. The high-dose influenza vaccine (Fluzone), licensed in 2010 for adults aged 65 years and older, is mentioned as an option for this age group.
- The Td/Tdap vaccination footnote (#2) has language added to indicate that persons aged 65 years and older who have close contact with an infant aged less than 12 months should get vaccinated with Tdap; the additional language notes that all persons aged 65 years and older may get vaccinated with Tdap. Also added is the recommendation to administer Tdap regardless of interval since the most recent Td-containing vaccine.
- The HPV vaccination footnote (#4) has language added to the introductory sentences to indicate that either quadrivalent vaccine or bivalent vaccine is recommended for females.
- The MMR vaccination footnote (#6) has been revised mainly by consolidating common language that previously had been part of each of the three vaccine component sections into one introductory statement.
- The revaccination with PPSV footnote (#8) clarifies that one-time revaccination after 5 years only applies to persons with indicated chronic conditions who are aged 19 through 64 years.
- The meningococcal vaccination footnote (#9) has language added to indicate that a 2-dose series of meningococcal conjugate vaccine is recommended for adults with anatomic or functional asplenia, or persistent complement component deficiencies, as well adults with human immunodeficiency (HIV) virus infection who are vaccinated. Language has been added that a single dose of meningococcal vaccine is still recommended for those with other indications. Also, language has been added to clarify that quadrivalent meningococcal conjugate vaccine (MCV4) is a quadrivalent vaccine.
- The language for the selected conditions for the Hib footnote (#12) has been shortened to clarify which persons at high risk may receive 1 dose of Hib vaccine.

See "Recommended Immunization Schedules" below.

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### Recommended Immunization Schedules

- 0-6 year olds in 2011: [www.cdc.gov/vaccines/recs/schedules/downloads/child/0-6yrs-schedule-pr.pdf](http://www.cdc.gov/vaccines/recs/schedules/downloads/child/0-6yrs-schedule-pr.pdf)
- 7-18 years olds in 2011: [www.cdc.gov/vaccines/recs/schedules/downloads/child/7-18yrs-schedule-pr.pdf](http://www.cdc.gov/vaccines/recs/schedules/downloads/child/7-18yrs-schedule-pr.pdf)
- Catch-up Schedule 4 months-18 years: [www.cdc.gov/vaccines/recs/schedules/downloads/child/catchup-schedule-pr.pdf](http://www.cdc.gov/vaccines/recs/schedules/downloads/child/catchup-schedule-pr.pdf)
- Adult Schedule for 2011: [www.cdc.gov/vaccines/recs/schedules/downloads/adult/adult-schedule.pdf](http://www.cdc.gov/vaccines/recs/schedules/downloads/adult/adult-schedule.pdf)

## MADISON METROPOLITAN SCHOOL DISTRICT VACCINE INFORMATION

The Student Immunization Law requires students to have a minimum number of doses of vaccine, some of which are less than those currently recommended by the Advisory Committee on Immunization Practices (ACIP). For children to be considered compliant with immunizations, children must present evidence to their current school that they have received protection against measles, mumps, rubella (MMR), diphtheria, tetanus, pertussis, polio, hepatitis B and varicella **within 30 days of enrollment**. The school immunization law requires children to have:

- 3 doses of Hepatitis B vaccine are required for all grades. Students aged 11 through 15 years who received the licensed 2-dose formulation meet the Hepatitis B requirement.
- 2 doses of MMR vaccine are required for all grades. Both doses of MMR vaccine must be received on or after the first birthday.
- 4 doses of DTaP vaccine are required for all grades. For students in kindergarten, at least one dose of DTP/DTaP/DT must be received after the fourth birthday.
- 1 dose of Tdap is required for grades 6-12.
- 4 doses of polio vaccine are required for all grades. Students who received the 3rd dose after the 4th birthday meet the requirement.
- 1-2 doses of varicella vaccine (or a history of chicken pox disease) are required for all grades. (In 2011-12 school year, 2 doses are required for grades K-3, 6-9, and 12. See immunization requirement for more information.)

Children are considered 'behind schedule' if they do not meet these requirements. Families will receive a warning letter on the 15th day of school if they have no immunization record, or they are behind schedule. They will then have approximately 2 weeks to receive the needed vaccines. The family will then receive a letter warning that the child will be excluded from school if the vaccines are not received by the 30th day of enrollment. Families may complete an immunization waiver

(personal conviction, medical or religious) if they choose to not vaccinate their child.

For the 2010-2011 school year, MMSD sent 1,904 warning letters on the 15th day of school, 1,035 2nd warning letters on the 25th day of school, and 162 exclusion warning letters on the 30th day of school. (There are approximately 24,850 students attending MMSD this school year). For the 2010-2011 school year, MMSD's immunization compliance rate is 98%. The compliance rate has ranged from 97.5%- 98.7% within the last 5 years.

For the 2010-2011 school year, MMSD's waiver rate is 3.1%. The waiver rate has increased from a rate of 2.5% in 2005-2006 to the current rate of 3.1%. Many times, waivers are signed for just one vaccine such as varicella or for the 2nd dose of varicella. Some waivers are for children who have no vaccines at all.

It is preferred that children to be vaccinated on time, prior to the start of the school year, so they will be on track and protected. Families will then avoid having to receive warning letters from school and the last minute rush to get vaccines. The summer is a great time for providers to offer physical appointments where children can receive the vaccines that they need to be up to date and full protected against vaccine preventable disease.

MMSD is also piloting a project to share immunization data with the WIR, which will better enable us to track children who are and are not meeting requirements, and reduce errors, and save time for staff and parents.



To read more about school immunization requirements, see:

[www.dhs.wisconsin.gov/publications/p4/P44021.pdf](http://www.dhs.wisconsin.gov/publications/p4/P44021.pdf)

For 2011-2012 vaccine requirements:

<http://stusvcweb.madison.k12.wi.us/files/stusvc/2011-12ImmFormReqsEnglish1page.pdf>

## RESOURCES FOR IMMUNIZATION INFORMATION

- Did you miss the Fall 2010 Immunization Symposium (General Immunization updates with Dr. Jim Conway and Dr. Bill Atkinson) or Immunization Grand Rounds (Pediatric Imm update with Dr. Greg DeMuri)? You can watch it online at: [www.publichealthmdc.com/DCIC/educational](http://www.publichealthmdc.com/DCIC/educational).
- Questions about which diluents to use, how long it's safe to use after reconstitution, or how to store the diluent? Check out this resource: [www.immunize.org/catg.d/p3040.pdf](http://www.immunize.org/catg.d/p3040.pdf).
- Ever wonder what those vaccine abbreviations mean? Visit: [www.cdc.gov/vaccines/about/terms/vacc-abbrev.htm](http://www.cdc.gov/vaccines/about/terms/vacc-abbrev.htm).
- Do you ever wonder about how to schedule the different pediatric combination vaccines? Try this chart to help get the intervals and combinations correct at: [www.eziz.org/PDF/IMM-922.pdf](http://www.eziz.org/PDF/IMM-922.pdf).
- There's an App for that! At: [www.ImmunizationEd.org](http://www.ImmunizationEd.org) you can find "Shots 2010" app for iPhone, iTouch, Blackberry Pc, Pocket PC's with the updated version coming out in late February. (It's free software, use at your own risk.)
- How to respond to vaccine hesitant parents? There's helpful information, handouts and web resources available at many sites. For a few, try:
  - [www.immunize.org/catg.d/p2070.pdf](http://www.immunize.org/catg.d/p2070.pdf)
  - [www.chop.edu/service/vaccine-education-center/home.html](http://www.chop.edu/service/vaccine-education-center/home.html)
  - [www.immunizeca.org/what-we-do/provide-vaccine-safety-information](http://www.immunizeca.org/what-we-do/provide-vaccine-safety-information)
  - [www.cdc.gov/vaccines/vac-gen/default.htm](http://www.cdc.gov/vaccines/vac-gen/default.htm)
  - [www.aap.org/immunization](http://www.aap.org/immunization)
  - [www.immunizationinfo.org](http://www.immunizationinfo.org)
- Another good internet resource for parents is "Vaccinate your baby" at: [www.vaccinateyourbaby.org](http://www.vaccinateyourbaby.org) with a variety of topics of interest for parents regarding immunizations for children.
- Interested in the HISTORY OF VACCINES and how far we've come? Check out this for an interesting read: [www.historyofvaccines.org](http://www.historyofvaccines.org).
- DCIC has many Pertussis outreach materials available to copy or order at our website. Check it out at: [www.publichealthmdc.com/DCIC/whatsnew](http://www.publichealthmdc.com/DCIC/whatsnew).
- Have you subscribed to any of the various immunization newsletters? Stay up-to-date with Immunization news by subscribing:
  - Immunization Works (CDC): [www.cdc.gov/vaccines/news/newsltrs/imwrks](http://www.cdc.gov/vaccines/news/newsltrs/imwrks)
  - Immunization Action Coalition at: [www.immunize.org/subscribe](http://www.immunize.org/subscribe)
    - + IAC Express
    - + Adult Vaccines
    - + Needle Tips
- More immunization information is available at these websites for information and news:
  - Nurse Training on Immunization Project (webinars): [www.nursetip.org](http://www.nursetip.org)
  - Every Child By Two: [www.ecbt.org](http://www.ecbt.org)
  - CHOP (Children's Hospital of Philadelphia) Vaccine Education Center: [www.chop.edu/service/vaccine-education-center/home.html](http://www.chop.edu/service/vaccine-education-center/home.html)
  - PKIDS (Parents of Kids with Infectious Diseases): [www.pkids.org](http://www.pkids.org)
  - Immunization Action Coalition has a new and interesting "Video of the Week" posted on their home page each week. See it at: [www.immunize.org](http://www.immunize.org)
- And if you need help figuring out what vaccines to give a client, check in Wisconsin Immunization Registry at:
  - <https://www.dhfs.wisconsin.gov/immunization/registry> or the Interactive Vaccine Scheduler from CDC at:
  - [www.cdc.gov/vaccines/recs/Scheduler/catchup.htm](http://www.cdc.gov/vaccines/recs/Scheduler/catchup.htm).
- For reporting possible adverse reactions to vaccines, you or the patient can call or report online to VAERS at: <http://vaers.hhs.gov>. Reporting is available in English and Spanish. VAERS link is also available on the WIR homepage under tab for "related links" for an easy click to reach the same site for questions or reports of vaccine adverse events.
- Can't find an answer to your question anywhere? You can contact CDC and get a response from an Immunization expert at: [www.cdc.gov/vaccines/about/contact/nipinfo\\_contact\\_form.htm](http://www.cdc.gov/vaccines/about/contact/nipinfo_contact_form.htm).



**MENINGOCOCCAL VACCINE –NEW GUIDELINES**

On Oct. 27, 2010 ACIP approved updated recommendations for the use of quadrivalent meningococcal conjugate vaccines (Menveo/Novartis and Menactra/Sanofi Pasteur) in adolescents and persons at high risk for meningococcal disease. The new recommendations call for:

1. Routine immunization for adolescents is preferred at 11-12 years of age, given with the adolescent vaccines (Tdap, HPV), with a booster dose at 16-18 years of age. The vaccine can be given at 13-15 years of age if the child has not yet received a dose, with a booster at 16-18 years of age. If the child’s first dose is at 16 years or older, they do not need a booster dose.
2. For certain high risk groups a 2-dose primary series, with 2 month interval, is recommended: adolescents with HIV infection, and people 2-54 years who have certain immune deficiencies: functional or anatomic asplenia, or persistent complement component deficiency (C5-C9, properidin, factor H, or factor D).


The original goal of the meningococcal immunization recommendations in 2005 was to protect people aged 16-21 years, when the disease rates peak. Since then, studies have shown adolescents may not be protected for more than 5 years, leaving them vulnerable during ages of peak risk. Giving a vaccine dose at 11-12 years of age provides early coverage and reaches more children when they come for the adolescent vaccine series. A booster dose of meningococcal conjugate vaccine results in higher antibody titers than after the first dose and are expected to protect adolescents through the years of highest risk through age 21. A 2-dose primary series is necessary to provide adequate immune response for certain medical conditions that affect immunity as listed above.

Routine vaccination of healthy persons who are not at an increased risk of exposure to N. meningitidis is not recommended after age 21 years.

For the complete recommendation, visit:  
[www.cdc.gov/mmwr/preview/mmwrhtml/mm6003a3.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6003a3.htm).

**45th National Immunization Conference**  
 March 28-31, 2011  
 Hilton Washington; Washington, D.C.

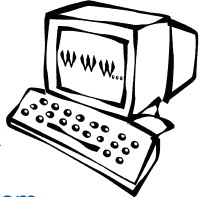
Further information can be found at:  
[www.cdc.gov/vaccines/events/nic](http://www.cdc.gov/vaccines/events/nic)



*Check it out!*

Dane County Immunization Coalition’s website:  
[www.immunizedanecounty.org](http://www.immunizedanecounty.org)

- ✓ Minutes from the General Membership meetings
- ✓ Immunization Schedules
- ✓ Public Health’s immunization clinic schedules
- ✓ Media Campaigns
- ✓ Membership
- ✓ Coalition Goals & Impact



The Coalition welcomes your feedback and suggestions for website content!  
 Contact: [dmchugh@publichealthmdc.com](mailto:dmchugh@publichealthmdc.com)



**DANE COUNTY IMMUNIZATION COALITION**  
[www.immunizedanecounty.org](http://www.immunizedanecounty.org)

Immunization PEARLS brought to you by the Immunization Practices Committee



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**Access Community Health Center**

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**Dean Clinic**

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