

# Immunization Pearls



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## General Membership Meeting Summary August 15, 2017

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- **Adult Grant summary-** Completed in June, funds provided for the Immunization symposium this past April, the remainder of funds covered cost of providing editing and 2 years of ongoing CEU's for nurses, pharmacists and physicians from the adult immunization talk from the spring immunization symposium. Watch for more information this fall.
- **Dental outreach-** Gwen Long (GHC) has been doing lunch and learns with Dental Health Associates clinics about HPV and link to oral cancer, helped dental providers discuss importance of vaccination in their oral health checks with their patients.
- **[VFC thermometer requirements](#)**- by 1/1/18, all VFC providers.
- **School clinics-** held at Marshall schools on July 26 and 27, 2017 see article below
- **What's New with Flu?** Updates from manufacturers on flu vaccine products and shipping/availability
- **Discussion with members on initiatives/outreach to increase influenza vaccination of members and/or staff in their Organizations**

For complete meeting minutes and slides, see the [DCIC website](#)

### **Save the Dates!**

DCIC Membership Meetings continue at the Madison Water Utility at 119 E. Olin Ave, Madison. Tuesdays from 12-1:30 on the following dates for 2017

November 14 ( a light lunch is included) Topic to be determined

Dr. Jonathan Temte

"Not Just for Kids. Adult Vaccines and How to Improve Coverage"

Wednesday, Sept. 13, 2017

7:30-8:30 a.m.

St Mary's Hospital Conference Center- Bay 6  
700 S Mills St, Madison, 53715

Wednesday, Sept. 27, 2017

7:30-8:30 a.m.

Health Sciences Learning Center Room 1244  
750 Highland Ave Madison, WI 53705  
(Videoconferenced to 4 other UW Medicine sites)

This presentation will be recorded and available on the [DCIC website](#) later this fall.  
You do not have to register for the Grand Rounds sessions.  
CE credits are available. For questions contact  
dmchugh@publichealthmdc.com

## Tdap /HPV9/ Meningococcal School Based Immunization Clinics



### Marshall Clinics

100 kindergarten and 6th grader students were screened for immunizations and vaccines recommended

261 students in 7-12th were screened for immunizations and vaccines recommended

For a grand total of 361 students and parents informed of their immunization status, with those needing vaccines recommended to follow up with their medical provider soon to be immunized.

53 students were immunized in all, with 21 doses of HPV given, 8 doses of Tdap, 23 doses of meningococcal vaccine, 32 doses of hepatitis A vax

At least 2 students who previously had waivers were immunized and no longer needed the waiver in the future

28 student immunization records were updated in WIR as we received permission from families to enter the student immunization record into WIR.

We could not have accomplished so much without our 20 volunteers. DCIC thanks those who dedicated time, energy and expertise to bringing additional resources to a community with many challenges. This outreach will improve the health of these students and their community in preventing disease now and in the future.

# School Immunization Rates from the 2016-2017 School Year

## Interested in immunization rates at Wisconsin schools?

Data reported from Wisconsin schools for the 2016-2017 school year are now available on a [searchable, interactive web map \(link is external\)](#).

Additional information, including a statewide summary and lists of results for every school and district, can be found on the [Immunization Rate Data page](#) in the section called "Children Ages 0-18 years."

## Influenza 2017-2018

### 2017-2018 Influenza Vaccination Recommendations

[The 2017-2018 ACIP recommendations for the prevention and control of seasonal influenza](#) with vaccines has been published.

The report focuses on the recommendations for use of vaccines for the prevention and control of influenza during the 2017-18 season in the United States. A Background Document containing further information and a summary of these recommendations [are available](#).

These recommendations apply to licensed influenza vaccines used within Food and Drug Administration-licensed indications, including those licensed after the publication date of this report. Updates and other information are available at CDC's influenza website [cdc.gov/flu](http://cdc.gov/flu). Vaccination and health care providers should check CDC's influenza website periodically for additional information.

Routine annual influenza vaccination is recommended for all persons aged  $\geq 6$  months who do not have contraindications. A licensed, recommended, and age-appropriate vaccine should be used. With thanks to the [National Adult Immunization and Influenza Summit](#) for sharing this information.

Young children are at high risk for influenza disease and complications. They need to be immunized, but also everyone around children can protect them, and the youngest children, under 6 months, who are not able to be immunized. This includes parents, grandparents, friends and anyone caring for young children, whether in-home care or a child care facility. Check the immunization policy of your child care facility to assure your child is getting the best protection at home and when in the care of others.

Where can I get immunized against Influenza?

- Most insurance covers immunization at the medical provider. Many also cover flu vaccine given at the pharmacy. Patients must call their insurance to learn what their options are.
- Public Health offers free influenza vaccine to all children (6 months through 18 years) with Badger care and to children with no health insurance. For adults, influenza vaccine is free for those with no health insurance. Patients should call 266-4821 for an appointment.

**New CDC guidelines on flu vaccine and egg allergies:**



Based on the new recommendations, people with egg allergies no longer need to be observed for an allergic reaction for 30 minutes after receiving a flu vaccine. Should it be required, people with a history of severe allergic reaction to egg (i.e., any symptom other than hives) can now be vaccinated in an inpatient or outpatient medical setting (including but not necessarily limited to hospitals, clinics, health departments, and physician offices), under the supervision of any health care provider who is able to recognize and manage severe allergic conditions. Previously, it was recommended that such people be given a flu vaccine only by a doctor with experience in managing severe allergic conditions and that they be observed for 30 minutes after vaccination.

Most flu shots and the nasal spray flu vaccine are manufactured using egg-based technology. Because of this, they contain a small amount of egg proteins, such as ovalbumin. However, studies that have examined the use of both the nasal spray vaccine and flu shots in egg-allergic and non-egg-allergic patients indicate that severe allergic reactions in people with egg allergies are unlikely. A recent CDC study found the rate of anaphylaxis after all vaccines is 1.31 per one million vaccine doses given.

For more information on current recommendations, see the [CDC website](#).

### *Flulaval --one dose size for all*



#### **Dose volume for children aged 6 through 35 months:**

Children aged 6 through 35 months may receive one of two products at the appropriate volume for each dose needed:

0.5 mL Flulaval Quadrivalent (containing 15 µg of HA per vaccine virus)

OR

0.25 mL Fluzone Quadrivalent (containing 7.5 µg of HA per vaccine virus).

These are the only two influenza vaccine products licensed for this age group. Care should be taken to administer the appropriate volume for each needed dose of either product. In either instance, the needed volume may be administered from an appropriate prefilled syringe, a single dose vial, or multidose vial, as supplied by the manufacturer. Note, however, that if a 0.5 mL single-use vial of Fluzone Quadrivalent is used for a child aged 6 through 35 months, only half the volume should be administered and the other half should be discarded.

Summary of ACIP recommendations. can be found at:

<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/downloads/ACIP-recs-2017-18-summary.pdf>

## **Make sure your employees get their flu shots!**

CDC, the Advisory Committee on Immunization Practices (ACIP), and the Healthcare Infection Control Practices Advisory Committee (HICPAC) recommend that all U.S. health care workers get vaccinated annually against influenza.

Health care workers include (but are not limited to) physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory

personnel, support personnel, students and trainees, contractual staff not employed by the health-care facility, and persons (e.g., clerical, dietary, housekeeping, laundry, security, maintenance, administrative, billing, and volunteers) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from health care workers and patients.



### Why Get Vaccinated?

- Influenza (the flu) can be a serious disease that can lead to hospitalization and sometimes even death. Anyone can get very sick from the flu, including people who are otherwise healthy.
- You can get the flu from patients and coworkers who are sick with the flu.
- If you get the flu, you can spread it to others even if you don't feel sick.
- By getting vaccinated, you help protect yourself, your family at home, and your patients.

### Adult Vaccines. How are we doing?

While patients are coming in to receive their influenza vaccine, it is a GREAT time to check their records and make sure they are fully up to date on other vaccines as well. If you are not able to immunize at that visit with the remaining vaccines, make an appointment before the patient leaves, for follow-up to fully immunize. Check records and immunize at each patient visit for best protection for your patients.



Did you know that in Dane County....

- Only 42.1% of adults 60 years and older have received a shingles vaccine?
- Only 42.2 % of adults 19-64 years get the flu vaccine? Some people
- Only 77.3% of adults 65 years and older, have been immunized against the flu. This is the age group with the highest risk of severe infection, complications and death. High dose Fluzone and Fluvad adjuvanted vaccine are 2 vaccines for adults 65 years and older, to give an increased immune response to this high risk age group.
- Only 44% of adults 65 years and older have received both pneumococcal vaccines that are recommended.

Check the immunization rates of your patients, using WIR or your EMR.

Public Health can immunize adults with no insurance, or with insurance that does not cover an immunization, including shingles vaccine.

If your patient 65 years and older has Medicare Part D, Shingles and Tdap vaccines are covered when administered at the pharmacy. Refer these clients to their pharmacy to be immunized.



### HPV Vaccine Reminder/Recall Efforts

From August through October the Wisconsin Immunization Program is mailing reminder/recall postcards to all Wisconsin adolescents aged 15 through 18 years in need of a third dose of HPV vaccine. The data used for this effort will come from the Wisconsin Immunization Registry (WIR) and the funding for this effort is through a grant from the Centers for Disease Control and

Prevention. Health care providers of adolescents should be prepared for a potential influx of patients requesting HPV vaccination. If you have any questions or concerns about this project, please email sarah.born2@wi.gov.



## The Benchmark Report has been updated to include the 2 dose series of HPV for individuals under the age of 15.

- Anyone under age 15 that receives 2 doses with the appropriate spacing will be complete for the HPV series.
- Anyone under age 15 that does not have the appropriate spacing between the first and second dose to complete the 2 dose schedule will remain on the 3 dose schedule.
- Anyone starting the HPV schedule after age 15 will need to receive three doses to be complete for the HPV series.

The Benchmark Report page continues to state HPV is a 3 dose series, HOWEVER the benchmark will run correctly for both the 2 dose and 3 dose series. WIR is working on updating the report page to more accurately reflect both HPV series.

## HPV Vaccine



Follow the chart to determine whether your patient needs two or three doses of HPV vaccine.

[CDC HPV Decision Tree](#)

## National Teen Data Survey 2017

In August, the CDC released the 2016 National Immunization Survey-Teen report, which provides the latest estimates of adolescent vaccination rates in the United States. The report showed that six out of 10 parents are choosing to get the first dose of HPV vaccine for their child. The gap in HPV vaccination rates between boys and girls continues to narrow. In 2016, 65 percent of girls received the first dose of HPV vaccine. In 2016, 56 percent of boys received the first dose of HPV vaccine.

Although most children are getting their first dose of HPV vaccine, many children are not completing the vaccination series. HPV vaccination gives us a powerful tool to prevent HPV cancers, and our partners have played a critical role in protecting our nation's youth from cancers caused by HPV.

### Teen HPV vaccination: key findings

The annual National Immunization Survey-Teen (NIS-Teen) report, which examines vaccination



coverage among U.S. adolescents, found that 60 percent of teens ages 13 to 17 received one or more doses of HPV vaccine in 2016, an increase of 4 percentage points from 2015.

The report also showed that HPV vaccination is becoming more common among boys. The difference in vaccination rates between boys and girls has been narrowing in recent years. About 65 percent of girls received the first dose of HPV vaccine compared to 56 percent of boys receiving the first dose. These latest estimates represent a 6 percentage point increase from 2015 for boys, while rates for girls were similar to 2015.

Despite these increases, areas for improvement remain. While most adolescents have received the first dose of HPV vaccine, only 43 percent of teens are up to date on all the recommended doses of HPV vaccine. HPV vaccination rates were also lower in rural and less urban areas compared to more urban areas.

[For the full report](#)

Thanks to the California Immunization Coalition for this information.

## **New CDC website for Immunization Outreach**

Educational and Promotional Resources for Partners

The National Center for Immunization and Respiratory Diseases (NCIRD) encourages partners to use our [educational resources and promotional materials](#) to help supplement vaccine conversations and outreach with parents, pregnant women, and adults, as well as healthcare professionals.

Find resources for each group or topic, including toolkits, drop-in articles, digital media tools, videos, PSAs, fact sheets, and social media messages.

## **American Academy of Family Physicians releases new immunization advocacy online tool showing vaccine legislation and vaccine coverage by state**

The American Academy of Family Physicians (AAFP) has released a new online mapping tool that provides state-by-state information on vaccination rates and other types of data that can support immunization advocacy efforts. For example, the tool shows which states permit certain types of vaccination exemptions. This State Immunization Information System (IIS) Legislation tool can assist with efforts to reach out to legislators regarding state immunization efforts. An article on the AAFP website, which describes the tool, states one of its major objectives:

By using the state-by-state information the tool offers through both maps and information tables, immunization advocates can show state legislators where immunization data are falling through the cracks and appeal to them to tighten up reporting requirements. Getting as complete a picture of overall vaccine coverage as possible allows health policy makers to more reliably target efforts to enhance public health through immunization outreach programs.

[Read the full article on the AAFP website:](#)

[Visit the AAFP mapping tool.](#)



## **Immunizations in the News**

## How can I get yellow fever vaccine for upcoming travel?

The yellow fever vaccine is no longer available in the US and isn't expected to be available again until mid-2018. There are certain key sites now authorized to give the European version of this vaccine, called Stamaril. This vaccine has been used safely for many years over 70 countries around the world and is comparable in safety and efficacy to the vaccine previously used in the US.

In the Madison area, UW Health and Dean clinics now offer this vaccine to provide protection to travelers to countries with yellow fever risk. See locations and telephone numbers below. See [cdc.gov](http://cdc.gov) for listing of additional clinics in Milwaukee and Chicago areas. This vaccine is offered under a research protocol since FDA approval is still in process for use in the US, so all patients will be screened to make sure this is appropriate and will need to sign a consent form before they receive the vaccine. Have your patients check with their insurance company to understand their coverage. ([for more information](#))

For travel vaccine information, see [CDC Traveler's Health](#).

### Madison area Stamaril sites:

**UW Health.** A research study RN will do all the screening and follow up of patients to those that qualify.

University Hospital ID clinic: administering Stamaril on Wednesday A.M. and Tuesday P.M.  
600 Highland Ave. Madison, WI 53792  
(608) 890-6167 | (800) 323-8942

### **Dean Medical Group Travel Medicine Department**

1313 Fish Hatchery Road Madison, WI 53715  
Phone: 608-252-8020

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## Public Health Emergency in San Diego, Hepatitis A

There have been 15 deaths, 251 hospitalizations and over 350 cases of hepatitis A infections in San Diego this year. [See more detail](#)

While there are no changes to routine hepatitis A vaccine recommendations in other areas of the country, it is important to assess patient risk categories for hepatitis A infection, as with other diseases. [Guidelines are available here.](#)

Anyone can benefit from vaccine protection. Some populations need protection due to increased health/exposure risks:

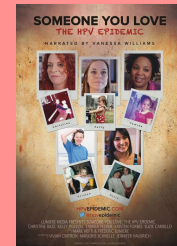
- Adults with any of the following indications should receive a HepA series: have chronic liver disease, receive clotting factor concentrates, men who have sex with men, use injection or non-injection drugs, or work with hepatitis A virus-infected primates or in a hepatitis A research laboratory setting.
- Adults who travel in countries with high or intermediate levels of endemic hepatitis A infection or anticipate close personal contact with an international adoptee, e.g., reside in the same household or regularly babysit, from a country with high or intermediate level of endemic hepatitis A infection within the first 60 days of arrival in the United States should receive a HepA series
- [And for children:](#) Hepatitis A (HepA) vaccine is routinely given at 12-23 months of age, separating the 2 doses by 6-18 months.



- For any person aged 2 years and older who has not already received the HepA vaccine series, 2 doses of HepA vaccine separated by 6 to 18 months may be administered if immunity against hepatitis A virus infection is desired.
- Any child who is at increased risk of infection should also be immunized. This includes persons traveling to or working in countries that have high or intermediate endemicity of infection; persons with chronic liver disease; and persons who anticipate close, personal contact (e.g., household or regular babysitting) with an international adoptee during the first 60 days after arrival in the United States from a country with high or intermediate endemicity. The first dose should be administered as soon as the adoption is planned, ideally, 2 or more weeks before the arrival of the adoptee.

## DCIC has a copy of the DVD "Someone You Love" to show to groups.

This compelling film shows the how the lives of 5 women are changed by cervical cancer, that could have been prevented with HPV vaccine. Let us know if you would like to set up a showing at your office/clinic/school or community. Contact Diane McHugh, PHMDC at 243-0393 for more information. Learn more about the film at: <http://www.hpvepidemic.com/>



## New Vaccine Adverse Event Reporting System (VAERS) Website and Ways to Report to VAERS

CDC and FDA are pleased to announce [VAERS 2.0](#).

VAERS 2.0 includes a new reporting form and a new website that allows you to:

- Easily submit a VAERS report electronically
- Access VAERS data
- Learn more about how CDC and FDA monitor the safety of vaccines

There are now two ways to report an adverse event following vaccination to VAERS:

1. Use the online reporting tool
2. Complete a writable VAERS PDF form and upload it onto the new VAERS website

Coming Soon: VAERS 2.0 video!

By the end of 2017, CDC and FDA will phase out the old VAERS-1 paper form and fully transition to the new VAERS 2.0 electronic submission process. Accommodations will be made for persons unable to submit reports electronically. Additional assistance is available via email at [info@vaers.org](mailto:info@vaers.org) or by phone at 1-800-822-7967.





## **CDC's 6-part NetConference series on adult vaccination now archived for viewing at your convenience**

This spring, CDC sponsored a 6-part NetConference series on vaccinating adults that addressed key issues related to protecting adults from vaccine-preventable diseases. A collaborative effort between CDC and Maryland's adult immunization coalition and state immunization program, the "Vaccinating Adults" series featured presentations by experts in promoting, administering, and securing reimbursement for adult immunizations.

The following six segments are now archived and available to view online:

- Burden of Vaccine-Preventable Diseases in Adults: Medical, Social, and Economic Costs
- Provider Reimbursement for Adult Immunizations
- Immunizing Adults: Immunization Schedule, Coverage, and Challenges
- Immunizing Older Adults and the Chronically Ill
- Immunizing Pregnant Women, Health Care Personnel, and in the Workplace
- Clinic Logistics: Vaccine Administration, Storage, and Handling

[Access the 2017 Adult NetConference Series.](#)

## **Weekly CDC webinar series on "The Pink Book" chapter topics runs through October 11; register now**

CDC is presenting a 15-part webinar series to provide a chapter-by-chapter overview of the 13th edition of Epidemiology and Prevention of Vaccine-Preventable Diseases (also known as "The Pink Book"). This is a live series of weekly 1-hour webinars that started June 14 and will run through October 11. Recordings of sessions will be available online within 2 weeks after each webinar. All sessions begin at 12:00 p.m. (ET). Continuing education will be available for each event. The webinar series will provide an overview of vaccines and the diseases they prevent, general recommendations for vaccines, vaccination principles, and immunization strategies for providers. Registration and more information is available on CDC's [Pink Book Webinar Series](#) web page.

## **CDC releases new online educational program on vaccine administration**

CDC has released a new free, interactive, online educational program ("e-Learn") that serves as a useful introductory course or a great refresher on vaccine administration. Proper vaccine administration is critical for ensuring that vaccines are both safe and effective, but unfortunately, administration errors happen too frequently. Some of the most common vaccination administration errors include:

- Not following the recommended immunization schedule
- Administering improperly stored or expired vaccine and/or diluent
- Administering the wrong vaccine-confusing look-alike or sound-alike vaccines such as DTaP/Tdap or administering products outside age indications

The self-paced [e-Learn](#) provides comprehensive training-using videos, job aids, and other resources to accommodate a variety of learning styles-and offers a certificate of completion

and/or continuing education for those that complete the training.

For more information, please contact [nipinfo@cdc.gov](mailto:nipinfo@cdc.gov).

### FREE CEU HPV education session

Human Papillomavirus (HPV) Vaccine Safety

Jointly provided by the Postgraduate Institute for Medicine and the National AHEC Organization

This education activity will allow you to deepen your understanding of the HPV vaccination.

Participants will:

- Clearly inform participants of vaccine safety systems in the US.
- Identify and utilize available HPV vaccine safety data.
- Describe current safety monitoring and evaluation for nine-valent HPV vaccine.
- Provide appropriate care and counsel for patients and their families.

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Check out other Immunization Newsletters

[Immunize.org/publications](http://immunize.org/publications)

Vaccine Update from

[The Vaccine Education Center at The Children's Hospital of Philadelphia](#)

The CDC

[Immunization Works](#)