

IMMUNICATIONS

Vaccinate for Life



ARIZONA DEPARTMENT
OF HEALTH SERVICES

CDC Publishes Influenza Vaccine Recommendations for 2016– 2017 Season

Karen Lewis, MD , AIPO Medical Director

Updated influenza vaccine guidance from the Centers for Disease Control and Prevention (CDC) for the 2016-2017 influenza season has been published in [Morbidity and Mortality Weekly Report](#) (MMWR).

The CDC continues to recommend yearly influenza vaccination for everyone 6 months and older who do not have contraindications. However, the live attenuated influenza vaccine (LAIV4) is not recommended for anyone during the 2016-2017 influenza season due to the low effectiveness of the H1N1 component of the live attenuated vaccine during the last two influenza seasons in the United States

Currently there is no shortage in the influenza vaccine supply; however, if the supply were limited, vaccination efforts should focus on giving vaccination to the following high risk persons (if they do not have contraindications to influenza vaccination):

- Children aged 6 through 59 months
- Persons 50 years and older
- Adults and children who have chronic pulmonary, cardiovascular, renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus)
- Immunosuppressed persons
- Women who are or will be pregnant during the influenza season
- Children and adolescents (aged 6 months–18 years) who are receiving long-term aspirin therapy
- Residents of nursing homes and other long-term care facilities
- American Indians/Alaska Natives
- Persons who are extremely obese (Body Mass Index of 40 or higher)

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Helpful Links:

[Arizona Disease Data, Statistics, & Reports](#)

[Arizona Immunization Program Office](#)

[Arizona Vaccine News](#)

[CDC Vaccines and Immunizations](#)

[CDC Vaccine Safety](#)

[Immunization Action Coalition](#)

[The Arizona Partnership for Immunization](#)

Influenza Vaccine Recommendations (continued)

Children 6 months through 8 years who have never previously received an influenza vaccine need two doses of vaccine, at least 28 days apart. Children in this age group who have previously received 2 or more doses of trivalent or quadrivalent influenza vaccine before July 1, 2016 require only 1 dose for 2016–17 season. The two previous vaccine doses do not have to have been given during the same season or during consecutive seasons.

CDC does not have a preferential recommendation for one influenza vaccine product over another for persons for whom more than one licensed, recommended product is otherwise appropriate. A list of influenza vaccine products for the 2016-2017 influenza season can be found in Table 1 of MMWR (RR-5), [August 26, 2016](#).

Persons with a mild egg allergy such as hives no longer need to be observed for 30 minutes post-vaccination for signs and symptoms of an allergic reaction. However, providers should consider observing all patients for 15 minutes after vaccination to decrease the risk for injury in case they were to faint.

Persons with a history of severe allergic reaction to egg (i.e., any symptom other than hives) should receive their influenza vaccine in an inpatient or outpatient medical setting under the supervision of a health care provider who is able to recognize and manage severe allergic conditions.

The majority of adults have a protective antibody response within 2 weeks after influenza vaccination. Vaccination should continue to be offered as long as influenza viruses are circulating and unexpired vaccine is available.

Updated Vaccine Information Statements:

[Hepatitis A](#) • [Hepatitis B](#) • [Serogroup B Meningococcal \(MenB\)](#) • [Polio](#)

SUMMARY OF REPORTABLE VACCINE-PREVENTABLE DISEASES

January– August, 2016 ^{1,2}

Susan Robinson, MPH, Vaccine Preventable Disease Epidemiologist



	Jan-Aug 2016	Jan-Aug 2015	Jan-Aug 5-Year Median
Measles	22	7	2
Mumps	4	2	2
Rubella (Congenital Rubella Syndrome)	0(0)	0(0)	0(0)
Pertussis (Confirmed)	216(121)	434(287)	580(287)
<i>Haemophilus influenzae</i> , serotype b invasive disease (<5 years of age)	2(2)	4(2)	2(1)
Meningococcal Infection, invasive	2	4	9
<i>Streptococcus pneumoniae</i> , invasive	541	466	559
Hepatitis A	30	41	52
Hepatitis B, acute	11	23	36
Hepatitis B, chronic	701	611	589

¹ Data are provisional and reflect case reports during this period.

² These counts reflect the year reported or tested and not the date infected.

Five Essential Vaccines for Healthcare Personnel

Karen Lewis, MD , AIPO Medical Director



It is common for healthcare personnel (HCP) to come in contact with patients with infectious diseases. Fortunately, there are five vaccines that protect HCP from serious vaccine-preventable diseases. The Centers for Disease Control and Prevention recommend that all HCP receive these vaccines.

1. Hepatitis B. During 1982 when hepatitis B vaccine was first recommended for HCP, an estimated 10,000 cases of hepatitis occurred among HCP in medical and dental fields. By 2004, the number of hepatitis B infections in HCP had fallen to about 300 cases, largely due to routine vaccination and improved infection control procedures.

2. Influenza. With over 200,000 influenza-associated hospitalizations a year in the U.S., HCP are at high risk for being exposed to influenza, getting sick, and spreading influenza to their patients. In one study, HCP who received influenza vaccine had a 28% decrease in missing work due to respiratory infections.

3. Measles, mumps, and rubella (MMR). Measles is a highly contagious rash illness that spreads by means of respiratory droplets and by the virus floating through the air. Mumps and rubella do not spread through the air, but all can cause expensive outbreaks in a healthcare setting and can lead to serious and life-threatening consequences.

4. Pertussis (whooping cough). Although infants are much more likely to die from pertussis than adults, adolescents and adults get a severe cough that lasts for many weeks and they often spread pertussis to infants. If HCP did not receive a pertussis vaccine (Tdap) during adolescence, they should receive a dose of Tdap as an adult.

5. Varicella (chickenpox). Varicella can spread through the air as well as by direct contact with the fluid of the skin lesions. A single case can cause expensive institutional outbreaks. Immune compromised patients are at the highest risk from varicella, but bacterial infections of the skin lesions can be life-threatening even for healthy people.



For more information, see “Immunization of Health-Care Personnel,” *Morbidity and Mortality Weekly Report* (RR-7), [November 25, 2011](#).



Arizona State Immunization Information System (ASIIS) Changes

Lindsay Shaver, Training Manager

ASIIS is changing and looking great! We have been working on upgrades for ASIIS which change the appearance and some functions within the application making for a smoother, more efficient workflow. More changes are on the way- be sure to watch the ASIIS homepage for updates and tutorials. As always, you can reach out to the ASIIS Helpdesk with any questions or concerns at 602-364-3899 or ASIISHelpDesk@azdhs.gov.

HL7 Roadshow

Lindsay Shaver, Training Manager



At the beginning of the year, the [Arizona Immunization Program Office](#) piloted the [ASIS Reconciliation Regional Training](#) (HL7 Roadshow) across the state. More than 328 providers were trained to better manage vaccine inventory and ordering by connecting their electronic health records with the [Arizona State Immunization Information System \(ASIS\)](#).

The HL7 Roadshow is about to start up again. Immunization Program staff will be traveling to different areas of the state providing ASIS and HL7 interface training to clinic staff and ASIS users. Participants will gain a basic understanding of the HL7 messaging system and how their daily immunization and vaccine management tasks affect the reporting of administered vaccine doses, vaccine inventory and statistical data functions.

Find the location nearest you and [register](#) today. See you on the road!

National Immunization Survey- Teen Results Are In!

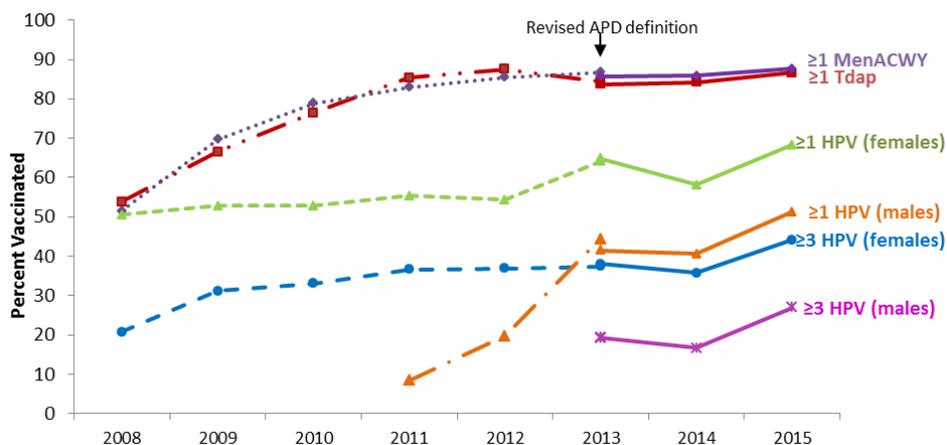
Wendy O'Donnell, Health Educator



Every year the Centers for Disease Control and Prevention (CDC) conducts a survey to assess immunization coverage across the United States. The National Immunization Survey- Teen (NIS-Teen) collects information in two parts. First, a household telephone survey answered by parents/ guardians of 13-17 year olds is conducted. The telephone survey is then followed up by a mailed questionnaire to the child's vaccination provider. The NIS-Teen includes coverage of the following routine adolescent vaccines: Tdap, meningococcal conjugate (MenACWY), and human papillomavirus (HPV).

Overall, the coverage for all of the vaccines increased in Arizona. We saw the most dramatic increase in teens receiving the cancer-preventing HPV vaccine, specifically males receiving the 3 vaccines needed to complete the series. While HPV coverage isn't as high as the Arizona school-required vaccines like Tdap and meningococcal, Arizona's rate is continuing to increase with 68% of teen girls and 51% of teen boys covered with at least one dose, both of which are higher than the national average of 63% of girls and 50% of boys being covered.

Estimated vaccination coverage among adolescents aged 13- 17 years, Arizona, NIS- Teen, 2008-2015



APD: Adequate provider data. A revised APD definition was implemented in 2014, retrospectively applied to 2013 data and revised estimates were calculated for purposes of comparability to 2014 data. Estimates using different APD definitions may not be directly comparable.

Figures includes two sets of estimates for 2013. Estimates from 2008-2013 connected with dashed lines are previously published estimates using the previous APD definition. Estimates from 2013-2015 connected with solid lines use the revised APD definition.

What's important to note is that there was no decrease in any of the vaccines assessed both nationally and in Arizona. We have some work to do to make sure the trend of increasing coverage continues but you've all done an awesome job keeping Arizona communities healthy. Keep up the good work!

Vaccine Center Tidbits

Meagan Surgenor, MHA, Special Programs Manager



- Last season's flu vaccine expired 6/30/16. If you haven't already arranged for the VFC doses to be returned, please contact the vaccine center at 602-364-3642.
- Recently a new moniker was selected to reflect a more inclusive representation of what the VFC Reps do to support the immunization providers. As they represent the Immunization office, and work with the VFC, VFA, ASIIS and many other programs, they will now be known as Immunization Provider Specialists (IPS). You may hear the new term soon during a visit or in communications.
- Beginning October 1st, 2016 stand-alone refrigerators and freezers will be required by the State of Arizona Immunization Program. Stand-alone refrigerators and stand-alone freezers will need to be purchased **only** if you are making a new purchase of units. At this time you are not required to replace any units you are currently using. This requirement is being implemented as the CDC has advised that Immunization Program that they will require stand-alone units in the future and we would like to try and avoid placing a large financial burden on our providers when the CDC implements their requirement.
- The CDC's release of the June 2016 Storage and Handling Toolkit reflects a recent adjustment in their guidance on the Fahrenheit temperature range for storing refrigerated vaccines. The new recommended Fahrenheit temperature range is 36°F - 46°F (previously 35°F - 46°F). The Celsius temperature range (2°C - 8°C) remains unchanged, as stated in all manufacturer package inserts for routinely recommended vaccines.
- If the refrigerator temperature is between 35°F and 36°F between now and December 31st, 2016, you **will not** be required to submit an incident report as the CDC is not requiring the new temperature range until January 1, 2017.
- Hiberix, a new Hib vaccine, is now available for providers to order. Hiberix is manufactured by GSK:
 - * Approved for use in children 6 weeks through 4 years of age (prior to the 5th birthday)
 - * 4 dose series (0.5mL each) given by intramuscular injection
 - * Primary series: one dose each at 2, 4 and 6 months of age. The first dose may be given as early as 6 weeks
 - * Booster: one dose at 15-18 months
 - * Will need to be reconstituted with accompanying vial of saline diluents
 - * Contraindications: severe allergic reaction after previous dose of any Hib or tetanus-toxoid containing vaccine or any component of Hiberix
 - * Adverse reactions: pain and redness at the injection site, irritability, drowsiness, fever, loss of appetite, fussiness and restlessness



Ask the Experts

Experts from the CDC answer questions about vaccines – visit <http://www.immunize.org/askexperts/> for more questions and answers.

It's Back to School Time. Along with A-B-C's, teens need their 1-2-3 vaccinations. Make a strong recommendation to your adolescent patients to receive 1 Tdap, 2 Meningococcal and 3 HPV vaccinations beginning at 11 years of age.

If a teen or adult patient received a dose of Td vaccine 2 years ago, should I wait approximately 8 more years before administering a dose of Tdap to the patient?

No. ACIP recommends that people age 11 through 64 who have not yet received Tdap receive a single dose of Tdap now. ACIP specifies no waiting interval between administering Td and Tdap to anyone in this age group. Adults age 65 years and older do not need to delay Tdap vaccination following Td either.

If a teen or adult mistakenly received a dose of Td when they should have received Tdap, what is the optimal time to give the missing Tdap dose?

As soon as possible, even if it is the same day.

I need to know how to catch-up a child who is 12 years old and received 1 dose of DTaP vaccine at age 2 years and a dose of Tdap at age 11 years.

This child needs to complete the primary series with 1 dose of Td, administered no earlier than 6 months after the Tdap dose given at age 11 years. After that, the child needs a booster dose of Td every 10 years. An easy way to determine how to catch up a child is to consult "Recommended Immunization Schedules for Persons Aged 0 Through 18 Years, U.S." The schedule is approved by CDC, AAP, and AAFP and is released early in each calendar year. It includes a catch-up schedule for children who have fallen behind (see www.cdc.gov/vaccines/schedules/index.html).

What is the schedule for MCV4 vaccine?

All adolescents should receive a dose of MCV4 at 11 or 12 years of age. A second (booster) dose is recommended at 16 years of age. Adolescents who receive their first dose at age 13 through 15 years should receive a booster dose at age 16 through 18 years. The minimum interval between MCV4 doses is 8 weeks. Adolescents who receive a first dose after their 16th birthday do not need a booster dose unless they become at increased risk for meningococcal disease. Colleges may not consider a second dose given even a few days before age 16 years as valid, so keep that in mind when scheduling patients. (Students in Arizona are required to have a Tdap dose when they are 11 years old AND in 6th grade)

If a vaccination series was started with HPV2 or HPV4, can it be completed with HPV9? If the answer is yes, what are the spacing intervals that should be used for the remaining doses in the 3-dose series?

ACIP recommendations state that HPV9 may be used to continue or complete a series started with a different HPV vaccine product. The intervals between doses remain the same regardless of what vaccine is used to complete the series. The second dose is given 1 to 2 months after the first dose and the third dose 4 months after the second AND at least 6 months after the first dose. There is no ACIP recommendation for additional doses of HPV9 for persons who started the series with HPV2 or HPV4 and completed the series with HPV9.

Managing Editor:

Wendy O'Donnell

Editors:

Dana Goodloe, Brenda Jones

Contributors:

Dr. Karen Lewis, Susan Robinson, Lindsay Shaver, Wendy O'Donnell, Meagan Surgenor



ARIZONA DEPARTMENT
OF HEALTH SERVICES

AIPO: (602) 364-3630

ASIIS Help Desk: (602) 364-3899
ASIISHelpDesk@azdhs.gov

VFC Help Desk: (602)364-3642
ArizonaVFC@azdhs.gov