

### **New school rules adopted for 2010**

New communicable disease rules for schools were approved this fall by the Michigan Legislature for the 2010/2011 reporting year. The changes are outlined in the [New Communicable Disease Rules](#) flyer. The new requirements will first be reported on children entering a school program after January 1, 2010, which means they will not be reported until November of 2010.

On January 12, the Michigan Superintendents of Local and Intermediate School Districts, Principals of all Public, Private and Parochial Schools, and Public School Academy Directors received the New Communicable Disease Rules flyer. The [Information for Parents](#) flyer, which is mandated by laws that were passed to educate parents about meningococcal and human papillomavirus diseases and the vaccines to prevent them, was included in the email communication.

MDCH realizes that coverage levels for the new requirements may be low and encourages proactive efforts by providers, local health departments (LHDs) and schools early in the year to promote vaccination.

Thank you for your assistance in implementing these new immunization requirements for schools in Michigan.

### **[Prevalence of Sexually Transmitted Infections among Female Adolescents Aged 14 to 19 in the U.S.](#)**

This article, published in the December 2009 issue of *Pediatrics*, analyzed data from 838 females 14-19 yrs or age in order to estimate the prevalence of the most common sexually transmitted infections (STIs) in the U.S. HPV (including any of the 23 high-risk types or type 6 or 11) was the most common STI among all female adolescents, at 18.3% prevalence. Findings demonstrated that not only is the burden of STIs among female adolescents substantial, but STIs begin to be acquired soon after sexual initiation and with few sex partners. This reinforces the need for prevention efforts, including early and comprehensive sex education along with HPV vaccination before the onset of sexual activity (vaccination is recommended at 11-12 years of age).

### **[One Family's Struggles with HPV video posted online](#)**

January is Cervical Health Awareness Month, which makes this a perfect time to talk about preventing cervical cancer through vaccination against human papillomavirus (HPV). A powerful video that discusses a young mother's experience with HPV and cervical cancer is now posted online. Be sure to watch [One Family's Struggles with HPV](#).

### **For more information on HPV**

[Human Papillomavirus \(HPV\)](#) – vaccine safety  
[Human Papillomavirus](#) – general information

### **Pre-teen Vaccine Week celebrated January 17-23**

[Pre-teen Vaccine Week](#) provides a great opportunity to notify families with 11- and 12-year-old children that it's time to schedule a preteen doctor visit. During the childhood years, the number of healthcare visits decline dramatically, so the preteen visit is key to a healthy start for adolescents. The preteen doctor's visit is also the perfect time to discuss other preventive measures, such as eating right, staying active, and handling peer pressure.

Each year, hundreds of children in Michigan become ill from diseases that could have been prevented. In 2009, there were more cases of pertussis (whooping cough) than in recent years in Michigan and across the country. These outbreaks can be prevented by assuring that infants and adolescents receive their pertussis vaccine.

Make absolutely sure that your 11- and 12-year-old patients are fully protected against diseases such as meningitis, whooping cough and cervical cancer. Your adolescent patients may be at risk for serious diseases that can be easily spread, such as chickenpox and whooping cough. For more information about which vaccines pre-teens need, visit the [CDC web page for pre-teens and adolescents](#).

### **Journal of Adolescent Health reports on HPV vaccination**

In November, the [Journal of Adolescent Health](#) published a series of articles on HPV vaccination. These articles underscore the importance of vaccine recommendations made by healthcare personnel, in addition to the need for providers to engage in open dialogue with parents and patients about the value of vaccination against HPV.

### **Teen vaccination coverage increasing; but rates remain low**

Vaccine coverage rates for the nation's preteens and teens are increasing, but nationally, rates remain low for the vaccines specifically recommended for preteens, according to 2008 estimates released by CDC. The National Immunization Survey (NIS) estimates the proportion of teens 13 through 17 years of age who have received 6 recommended vaccines by the time they are surveyed. The [October issue of CDC's Immunization Works newsletter](#) included a summary of the NIS results, looking at variability observed by area, race/ethnicity and poverty status. Differences were observed among racial/ethnic groups and by poverty status, including higher coverage for HPV4 among Hispanic females compared with whites, and higher coverage among teens living in poverty compared with those living at or above the poverty level. Blacks had lower coverage than whites for Tdap, and fewer were protected from varicella. The [survey data](#) are posted online.

### **CDC is preparing for a new vaccine: PCV13**

A new pneumococcal conjugate vaccine (PCV13) is due to be licensed very soon. PCV13 protects against an additional 6 strains; the current vaccine (PCV7) is limited to 7 strains. When available, updates will be found at [www.michigan.gov/immunize](http://www.michigan.gov/immunize) or [www.aimtoolkit.org](http://www.aimtoolkit.org).

## **National Influenza Vaccination Week observed Jan. 10-16**

[National Influenza Vaccination Week](#) (NIVW) was established to highlight the importance of ongoing influenza vaccination beyond the fall, as well as foster greater use of flu vaccine after the holiday season into January and beyond. Providers are urged to continue vaccinating high risk persons with the remaining supplies of seasonal vaccine and to expand 2009 H1N1 vaccination to anyone who wants it, regardless of age. Because supply and availability of the 2009 H1N1 vaccine have increased dramatically, CDC is now encouraging people who have been patiently waiting to receive the 2009 H1N1 vaccine to get vaccinated as well as continuing to encourage unvaccinated people in target groups to get vaccinated. Influenza is unpredictable, but influenza is expected to continue for months, caused by either 2009 H1N1 viruses or regular seasonal influenza viruses.

Continue to check the following web sites for up-to-date information: [www.michigan.gov/flu](http://www.michigan.gov/flu), [www.cdc.gov/flu](http://www.cdc.gov/flu) and [www.flu.gov](http://www.flu.gov).

## **H1N1 vaccine is safe and effective**

Extensive testing and monitoring have shown that the [2009 H1N1 flu vaccine is safe](#). It is also an excellent match for the H1N1 flu virus.

## **Resolve to get your flu vaccines this year**

Make a belated New Year's resolution to get vaccinated against flu, if you haven't already been vaccinated. The ACIP recommends seasonal and H1N1 influenza vaccination for healthcare personnel because of their critical role in the health care system and their increased risk of exposure to patients with influenza, as well as concern about transmission of the viruses to susceptible patients. Please don't delay; this is important! Protect your patients, family and yourself.

## **Congratulations to the 2009 AIM winners**

The Alliance for Immunization in Michigan (AIM) wishes to congratulate [the winners of the 2009 AIM Outstanding Achievement Award](#): Carolee Besteman, RN, MS, Clinical Consultant, Michigan Primary Care Association and Laurie Woods, RN, BSN, IAP/Immunization Coordinator, Allegan County Health Department. The winning organization is the Otsego Memorial Hospital in Gaylord. AIM was very pleased to receive many nominations from across the state. Thanks to all who nominated such terrific individuals and organizations.

## **Voluntary, non-safety related recalls of H1N1 vaccine**

Both Sanofi Pasteur and MedImmune have recently recalled specific lots of 2009 (H1N1) influenza vaccine due to slight decreases in vaccine potency. There are no safety concerns with these lots of recalled vaccine. Individuals vaccinated with doses of recalled vaccine do not need to be revaccinated, however, providers should no longer use vaccine from the recalled lots. To read more about these recalls (including lot numbers affected) go to: [www.cdc.gov/h1n1flu/vaccination/professional.htm](http://www.cdc.gov/h1n1flu/vaccination/professional.htm).

## **Subscribe to the MMWR**

Keep up with the latest information and have CDC's Morbidity and Mortality Weekly Report emailed to you every Friday free of charge. We urge you to [subscribe to this excellent resource today](#).

## **2010 immunization schedules for children published**

The [2010 Recommended Immunization Schedules for Persons Aged 0 through 18 Years](#) were published on January 8. Changes for 2010 include the following: 1) The statement concerning use of combination vaccines in the introductory paragraph has been changed to reflect the revised ACIP recommendation; 2) The last dose in the inactivated poliovirus vaccine series is now recommended to be administered on or after the fourth birthday and at least 6 months after the previous dose. In addition, if 4 doses are administered before age 4 years, an additional (fifth) dose should be administered at age 4 through 6 years; 3) The hepatitis A footnote has been revised to allow vaccination of children older than 23 months for whom immunity against hepatitis A is desired; 4) Revaccination with meningococcal conjugate vaccine is now recommended for children who remain at increased risk for meningococcal disease after 3 years (if the first dose was administered at age 2 through 6 years), or after 5 years (if the first dose was administered at age 7 years or older); and 5) Footnotes for human papillomavirus (HPV) vaccine have been modified to include 1) the availability of and recommendations for bivalent HPV vaccine, and 2) a permissive recommendation for administration of quadrivalent HPV vaccine to males aged 9 through 18 years to reduce the likelihood of acquiring genital warts.

The [2010 immunization schedules for children](#) are posted on the CDC website.

## **2010 adult immunization schedule published**

The ACIP annually reviews the recommended Adult Immunization Schedule to ensure that the schedule reflects current recommendations for the licensed vaccines. In October 2009, ACIP approved the Adult Immunization Schedule for 2010, which includes several changes. These changes were published in the MMWR on January 15, 2010, as [Recommended Adult Immunization Schedule - United States, 2010](#). A bivalent human papillomavirus vaccine (HPV2) was licensed for use in females in October 2009. ACIP recommends vaccination of females with either HPV2 or the quadrivalent human papillomavirus vaccine (HPV4). HPV4 was licensed for use in males in October 2009, and ACIP issued a permissive recommendation for use in males. Introductory sentences were added to the footnotes for measles, mumps, rubella, influenza, pneumococcal, hepatitis A, hepatitis B, and meningococcal vaccines. Clarifications were made to the footnotes for measles, mumps, rubella, influenza, hepatitis A, meningococcal, and *Haemophilus influenzae* type b vaccines, and schedule information was added to the hepatitis B vaccine footnote.

The Recommended Adult Immunization Schedule has been approved by the Advisory Committee on Immunization Practices, the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, and the American College of Physicians.

The [2010 Adult Immunization Schedule](#) is posted on the CDC website.

## **Michigan's Immunization Timely Tips (MITT)**

MITT is posted at [www.michigan.gov/immunize](http://www.michigan.gov/immunize), under the Provider Information section.