

CDC Publishes Provisional Recommendations on Tdap for Pregnant Women and MMR Vaccine

On December 7, CDC released [provisional ACIP recommendations](#) for Updated Recommendations on Use of Tdap for Pregnant Women and the use of Measles, Rubella, Congenital Rubella Syndrome (CSR), and Mumps, as voted on during the October 2012 ACIP meeting.

[ACIP Provisional Updated Recommendations on Use of Tdap for Pregnant Women](#)

ACIP voted to recommend tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine (Tdap) for pregnant women with every pregnancy irrespective of previous Tdap history. ACIP's updated recommendations are:

- Providers of prenatal care implement a Tdap immunization program for all pregnant women.
- Health-care personnel should administer a dose of Tdap during each pregnancy irrespective of the patient's prior history of receiving Tdap.
- In order to maximize the maternal antibody response and passive antibody transfer to the infant, the optimal timing for Tdap administration is between 27 and 36 weeks gestation.
- For women not previously vaccinated with Tdap, if Tdap is not administered during pregnancy; Tdap should be administered immediately postpartum.

[ACIP Provisional Recommendation for Prevention of Measles, Rubella, Congenital Rubella Syndrome \(CSR\), and Mumps](#)

ACIP voted to approve revised recommendations for prevention of measles, rubella, congenital rubella syndrome (CRS), and mumps. These recommendations update the previous ACIP statement: Measles, Mumps, and Rubella – Vaccine Use and Strategies for Elimination of Measles, Rubella, and Congenital Rubella Syndrome and Control of Mumps: Recommendations of the Advisory Committee on Immunization Practices (ACIP, 1998). A summary of the recommendations approved on October 24, 2012 are:

- Adequate presumptive evidence of immunity to measles, rubella, and mumps for routine vaccination, for students at post-high school educational institutions, and for international travelers.
- Recommendations for Vaccination of Persons with HIV infection.
- Recommendations for use of immune globulin (IG) for measles post exposure prophylaxis.

A CDC NetConference on December 13 discussed: 1) What's New in the Prevention of Measles, Rubella, Congenital Rubella Syndrome (CRS), and Mumps, and 2) Screening for Contraindications and Precautions. CDC is going to post an [archived copy of this NetConference by the end of this week](#).

Continued next column

New Tdap and MMR Recommendations, Continued

Michigan Note: The Michigan Care Improvement Registry (MCIR) does not assess for high risk conditions or pregnancy. Please ensure all doses are entered into MCIR. MCIR will forecast a Tdap dose for adults 19 years of age and older.

Expect a “[Quick Look](#)” to be updated when the MMWR is published. Also, the Vaccines for Children (VFC) resolution to prevent [Diphtheria, Tetanus and Pertussis](#) has been updated for adolescents who are pregnant.

Are You Still Administering Flu Vaccine?

MDCH developed a new flu vaccine flyer to promote provider awareness of the importance of flu vaccinations (see page 4).

The goal of this flyer is to increase the awareness of the severity of the current flu season and the need to continue to screen and administer flu vaccinations.

See page 2 for more information on influenza.

Thank you all for your continued efforts with flu vaccinations. It is not too late to vaccinate!

Oakland County Health Division Recognized for Special Blood Draw Project Participation

In late 2011, CDC awarded Michigan with the Enhanced Hepatitis B Virus (HBV) Serology for Hepatitis B Surface Antigen (HBsAg)-Positive Women grant. The grant's primary goal was to enhance the existing Perinatal Hepatitis B Prevention Program (PHBPP) by testing the HBsAg-positive pregnant women enrolled in the program for HBV DNA, HBeAg and genotyping. The specific purpose of the grant was to determine if there is a correlation between high viral loads and the efficacy of post-exposure prophylaxis (PEP). The grant is ending and Michigan's PHBPP would like to recognize Shane Bies, MPH, Administrator of Public Nursing Services; Barbara Weberman, MT, (ASCP), Laboratory Supervisor; Pamela Hackert, MD, MPH, JD, Chief of Medical Services; Carolyn Padro, RN, BSN, CD Public Health Nurse; Suzanne Brunette, RN, BSN, CD Public Health Nurse; Anne Hocking, RN, BSN, CD Public Health Nurse and all the staff at the Oakland County Health Division who were instrumental in implementing and conducting the special blood draw project.

To continue the mission of the PHBPP, HBsAg-positive women need to be identified prenatally or at delivery for each pregnancy so that their infants, household and sexual contacts can be tested and treated to prevent the spread of the hepatitis B virus. When a pregnant woman is identified as HBsAg-positive, the recommendation is to evaluate her need for treatment or refer her to a specialist for evaluation. For additional information, see the [PHBPP online manual](#) or call 517-335-8122 (in southeast Michigan, call 313-456-4432).

Influenza Activity Increasing in Michigan

Flu activity continues to increase throughout the U.S. and in Michigan. Last week, the estimated flu activity level in Michigan was upgraded from 'local' activity to the next higher level of 'regional' activity, reflecting recent increases in laboratory-confirmed individual influenza cases in several regions of the state, including the Southeastern and Central regions. Respiratory outbreaks in congregate facilities have been recently reported from the Southwestern, Central and North Regions.

Two pediatric influenza-associated deaths have been reported in Michigan. The majority of currently circulating influenza viruses are influenza A(H3N2); influenza A(H1N1)pdm09 and influenza B have also been detected and the majority have matched this year's influenza vaccine.

It is not late to get vaccinated or vaccinate your patients. MDCH developed a new flu vaccine flyer to remind providers about the importance of flu vaccinations (see page 4).

Additional influenza surveillance information is available in the [December 20 issue of MDCH's FluFocus newsletter](#).

Flu Resources

Stay up-to-date with:

MDCH: www.michigan.gov/flu

CDC: www.cdc.gov/flu

HHS: www.flu.gov

Check out the [MDCH Flu Gallery](#) for available posters.

Flu Vaccines Required to be Entered into MCIR

As a reminder, providers are required to report ALL immunizations, including flu, administered to every child born after December 31, 1993 and less than 20 years of age within 72 hours of administration into the [Michigan Care Improvement Registry \(MCIR\)](#). Please ensure you are entering your doses for adults as well!

New Vaccine Error Reporting System

The Institute for Safe Medication Practices (ISMP), a nonprofit federally-certified patient safety organization, has created a confidential online system at: <http://verp.ismp.org/> to report vaccine administration errors—regardless of whether any harm resulted.

Reported data will be analyzed for trends in errors. ISMP will also securely share error data with the federal Vaccine Adverse Event Reporting System (VAERS) and, when applicable, with the FDA and vaccine manufacturers.

Please note that providers should continue to report adverse events occurring after immunizations, whether given correctly or not, to [VAERS](#).

Keep Giving Flu Vaccine!

Influenza vaccination is recommended for everyone age 6 months and older, so please continue to vaccinate your patients.

If you don't provide influenza vaccination in your clinic, please recommend vaccination to your patients and refer them to the [HealthMap Vaccine Finder](#) to locate sites near their workplace or home that offer influenza vaccination services. (See related flyer on page 4.)

Substantial Flu Virus Shedding, Even Without Symptoms

CIDRAP 12/12/12

In a German study, 30% of patients tested positive for flu the day before symptoms developed, and asymptomatic patients had about the same viral loads as sick patients, according to a report yesterday in *PLoS One*. Investigators conducted a prospective household study using data from 2007 to 2011 in Berlin and Munich. They analyzed data from 122 index patients and 320 household contacts, of whom 67 became secondary flu case-patients. Of the 189 case-patients, 12 had seasonal H1N1 flu, 19 had H3N2, 98 had pandemic 2009 H1N1, and 60 had influenza B. Nine (14%) of 65 unvaccinated secondary case-patients—all adults—were asymptomatic. Viral loads in patients' nasal specimens peaked on day 1, 2, or 3 for all flu strains and then declined steadily till days 7 through 9. On the day before symptom onset, 12 of 40 specimens (30%) were positive. Viral load in six asymptomatic patients was similar to that in those having symptoms. Infectiousness, as measured by viral culture, lasted 4 to 6 days after symptom onset, and viral load did not seem to be influenced by antiviral therapy, age, or vaccination status, the team found. They conclude, "Asymptomatic/subclinical infections occur infrequently, but may be associated with substantial amounts of viral shedding."

[Dec 11 PLoS One study](#)

FDA Approves GSK's Quadrivalent Flu Vaccine

CIDRAP 12/17/12

The U.S. Food and Drug Administration (FDA) has approved GlaxoSmithKline's (GSK's) quadrivalent (four-strain) influenza vaccine, which contains two influenza B strains, according to a Reuters report today. The vaccine, called Fluarix Quadrivalent, is the first injectable quadrivalent flu vaccine licensed in the United States. In February of this year the FDA approved MedImmune's quadrivalent version of the intranasal vaccine FluMist. GSK's quadrivalent formulation is intended for people aged 3 and older, according to Reuters. Vaccine makers have begun making quadrivalent products because of the difficulty of predicting which of the two type B flu lineages (Victoria or Yamagata) will be more common in a given season. GSK said it would make the new vaccine available in time for the 2013-14 flu season and would fill orders for its trivalent vaccines, according to the Reuters story. It said Fluarix Quadrivalent is not approved in any country other than the U.S. Sanofi Pasteur applied in October for FDA approval of its own quadrivalent flu vaccine.

[Dec 17 Reuters story](#)

Looking For a Good Laugh?

IAC Express, Issue 1029, December 4, 2012

Comedian Rick Mercer makes a humorous pitch for getting a flu shot in this video. The [video clip is one of Rick's Rants](#), a regular 2-minute feature of the [Rick Mercer Report](#).

Thanks for all you do to keep families safe from vaccine preventable diseases

Best Practice for Immunizing Adults

With the implementation of the Affordable Care Act, an increasing number of adults are expected to have insurance that covers the cost of vaccines. Adults are a frequently underserved population with a strong need for vaccines but not always an outlet to receive them. Below are some helpful tips in immunizing adults according to the [Standards of Practice](#).

Make vaccines available. Ensure immunizations are readily available on-site and offer vaccines at specialty practices. Many adults who regularly visit specialty care providers are referred elsewhere, but do not go on to get the vaccines they need to stay healthy. On-site vaccination would eliminate these missed opportunities.

Routinely review. Vaccination status should be reviewed at every visit and practices should routinely track their adult immunization coverage levels. Constant evaluation and assessment helps to identify individuals and populations who are not being served.

Make vaccination convenient. Organize clinic days and establish immunization clinics during office hours. Designate time and space for vaccine only appointments, walk-ins, or referrals, and partner with pharmacies and other community vaccinators to offer vaccines in workplace settings and in locations where adults are already at.

Reduce out-of-pocket costs. Utilize the Michigan Vaccine-Replacement Program and Manufacturer Vaccine Assistance Programs to reach more adults. Read the "[Helping Adult Clients Pay for Vaccines](#)" handout for more information.

Communicate effectively with patients. Numerous studies have demonstrated the lack of awareness among the general public about the vaccines needed for adults. It is critical that adult clients know about the risks of disease and the benefits of vaccination, as well as the importance of protecting those who can't be protected (e.g., infants, certain immunocompromised adults).

Recommend vaccines to patients. One of the strongest predictors of patients' willingness to get vaccinated is a recommendation from their health care provider. Make sure you and everyone in your office is an advocate for vaccination and strongly recommends (and communicates to patients) the importance of immunization, both in the management and maintenance of chronic disease conditions, as well as general health and wellness.

Implement evidence-based strategies to improve rates. Utilize reminder and recall systems to prompt adult clients to take action. At the practice level, ensure standing orders are in place to eliminate any process or system barriers to fully vaccinating all adult patients.

Administer and document vaccinations properly. Use written vaccination protocols and properly train all staff on all vaccination issues, including storage and handling, simultaneously administering vaccines, and documenting doses administered (and vaccine history) in the [Michigan Care Improvement Registry](#) (MCIR). MCIR is a tremendous tool, especially when it comes to the adult immunization population who oftentimes receive fragmented care.

Be a role model! Ensure all staff in your facility is vaccinated and communicate this to your patients. Use our "[Got Flu and Tdap Vaccines?](#)" posters to let patients in your care know that health care personnel vaccination is a patient safety issue.

Watch an [archived MPRO/M-CEITA webinar](#) on adult immunizations (scroll to the bottom of the page).

Resources for Educating Your Adult Patients

IAC Express, Issue 1030: December 11, 2012

CDC recently posted a new handout titled [Do You Know Which Adult Vaccines You Might Need?](#) It lists vaccines an adult may need, based on age, travel, occupation, medical history, and vaccines previously received.

Go to CDC's [Resources for Educating Adult Patients about Vaccines](#) web page to download this handout or other resources, including brochures, flyers, and posters, as well as an e-card, podcast, and video.

Adult patients can gain valuable information and download relevant resources from CDC's [Adults Need Immunizations, Too](#) web page.

Are Your Vaccine Information Statements (VIS) Current?

January will be the start of a new year; what a great time to make sure that you are using the most recent VIS. The MDCH [Important VIS Facts handout](#) contains all the current VIS dates. It's posted on the same web page as the Michigan versions of the [Vaccine Information Statements](#).

Under the National Vaccine Injury Compensation Program, providers are responsible to: 1) provide clients with the most current Vaccine Information Statement (VIS) for each vaccine before it is administered; and 2) ensure that clients are able to read the VIS (or have it read to them) prior to vaccine administration.

In Michigan, it is important that vaccine recipients, their parents, or their legal representatives be given the Michigan versions of the VIS because they include information about the Michigan Care Improvement Registry (MCIR). By state law, parents must be informed about MCIR. VIS that are obtained from other sources (e.g., from the CDC or IAC) do not contain information about MCIR.

Translations of VIS

The VIS are available in more than 35 languages. The Michigan versions of these VIS translations include information about MCIR. When a VIS translation is not the most current version, parents should also be given the current English version.

If you need a VIS translation, check our website first. If the translation you need isn't listed, call the MDCH Division of Immunization at 517-335-8159.

These documents are posted on our website at www.michigan.gov/immunize under [Vaccine Information Statements](#).

Michigan's Immunization Timely Tips (MITT)

To subscribe, send an email to emarkzon@msms.org and enter the word SUBSCRIBE in the subject line. Subscribers will receive the Michigan Immunization Timely Tips (MITT) newsletter, as well as additional immunization-related updates on a periodic basis. MITT is posted at www.michigan.gov/immunize under the Provider Information section. For more information, contact Rosemary Franklin at franklinr@michigan.gov.

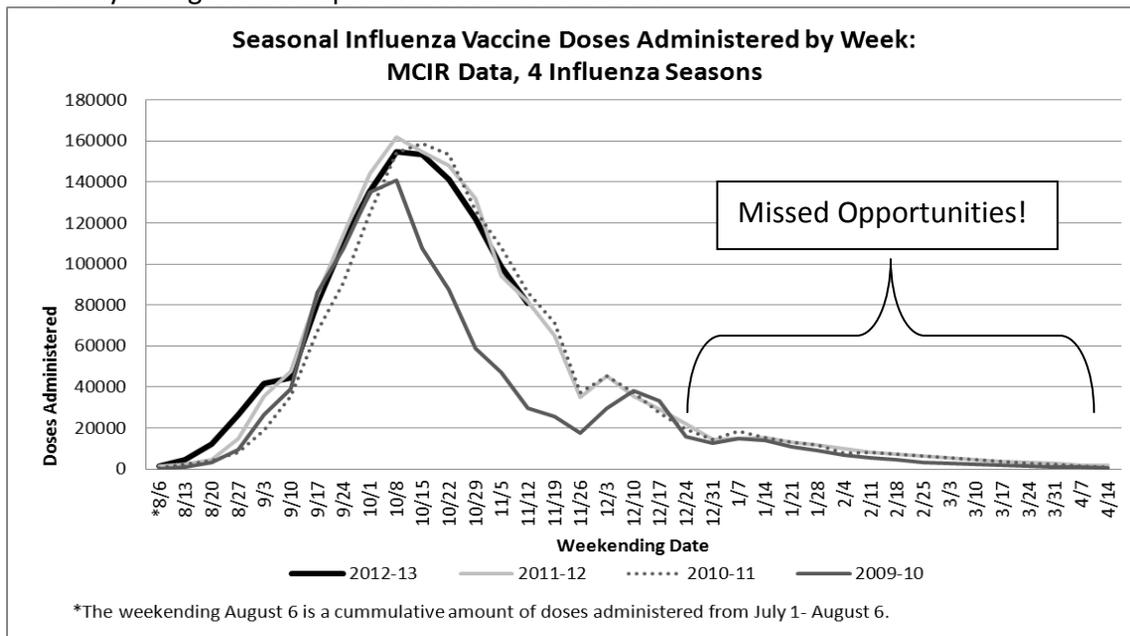
Here are some reasons you should be vaccinating your patients:

- In Michigan, two influenza-associated pediatric deaths have been reported this flu season. Nationally 6 pediatric deaths have been reported to CDC, as of December 2012. (Current data: <http://www.cdc.gov/flu/weekly/>)
 - The single best way to protect against seasonal flu and its potentially severe consequences is to get a seasonal flu vaccine each year.
- Currently the U.S. is experiencing an early flu season that could be severe.
 - Influenza A H3N2 viruses are predominant. Typically, H3N2 seasons are more severe, with higher numbers of hospitalizations and deaths.
- So far this season, a majority of the influenza viruses that have been antigenically characterized are well-matched to the 2012-2013 influenza vaccine.
 - It is not too late to vaccinate and you should continue to vaccinate into the spring months until your flu vaccine expires.

A few reminders:

- CDC recommends an annual flu vaccine for everyone 6 months and older.
 - Ensure your patients and YOU are protected from the flu!
- Children 6 months through 8 years of age may require two doses of flu vaccine. MCIR is programmed to determine the doses a child needs. More info: www.michigan.gov/flu.
- New Michigan Care Improvement Registry (MCIR) rules (effective August 7, 2012) require you to report flu vaccinations administered to every child born after December 31, 1993, within 72 hours of administration.
- It is very important and highly encouraged to enter adult doses into MCIR.

The following MCIR data show timing of flu vaccine administration for the last 5 flu seasons. The 2012-13 flu season contains data from July 1, 2012, through November 20, 2012. Please note: these data may change as retrospective doses are entered.



Key Points:

- Persons who receive a vaccine recommendation from their provider are **7 times** more likely to be immunized, highlighting the critical importance of provider recommendation.
- Tell a story – use resources from Alana’s foundation (www.alanasfoundation.org) and Families Fighting Flu (www.familiesfightingflu.org) to convey the importance of vaccination.
- Please play your part and ensure that your patients are protected. For more information, visit www.michigan.gov/flu.