

2013 AIM Outstanding Achievement Award Winners

The AIM Outstanding Achievement Award recognizes individuals, community groups, or corporations whose work has demonstrated one or more of the following characteristics:

- consistently contributed to raising and improving immunizations;
- provided outstanding and recognizable improvement in the immunization process; or
- promoted the cause of immunizations by involving providers and communities in immunization programming.

This year, the AIM Coalition received many well-qualified nominations for candidates from across all regions of Michigan. AIM is pleased to announce this year's winners:

- Donna Hammond, Children's Medical Group, Bay City (pictured in column to the right)
- Karen Malicoat, Michigan Department of Corrections, Newberry (pictured below)



Bob Swanson, MDCH Division of Immunization Director, and Donna Hammond, Children's Medical Group, Bay City



Sandra Blakely, Lisa Hahn, and Karen Malicoat (l to r). Lisa Hahn is the AIM Co-Chair and Sandra Blakely and Karen Malicoat are from the Michigan Department of Corrections.

New Guidelines for Vaccinating Immunocompromised Patients

The Infectious Disease Society of America (IDSA) recently released the [Clinical Practice Guideline for Vaccination of the Immunocompromised Host](#). An international panel of experts prepared an evidenced-based guideline for vaccination of immunocompromised adults and children. These guidelines are intended for use by primary care and subspecialty providers who care for immunocompromised patients. Evidence was often limited and areas that warrant future investigation are highlighted.

Awards were presented at the [2013 Fall Regional Immunization Conferences](#) and the November AIM meeting.

Thanks to all who nominated such exemplary candidates. Please be sure to nominate deserving individuals and organizations for the 2014 AIM Outstanding Achievement Awards. Congratulations to this year's winners and to all of the deserving nominees!

[Regional Immunization Conferences' Slides Posted Online](#)

Nearly 1,700 health care professionals attended the MDCH Fall Regional Immunization Conferences. The [speakers' handouts](#) will be posted online until February 1, 2014.

Nurses, Physicians, and Pharmacists

Continuing education/CME certificates were emailed to nurses and physicians on December 17. Certificates will be mailed to pharmacists in January. If you have any questions about the continuing education certificates, please email Carlene Lockwood at LockwoodC@michigan.gov.

Planning for the 2014 conferences will begin in February. Suggestions for conference topics may be emailed to Rosemary Franklin at franklinr@michigan.gov.

Tdap and Pregnancy: A Clarification

In February and June 2011, the Advisory Committee on Immunization Practices (ACIP) reviewed the available data regarding:

- the impact of pertussis on infants;
- the barriers to implementation and effectiveness of cocooning programs;
- the safety of Tdap vaccine given to pregnant women;
- the potential benefits of transplacental antibody from mother to fetus to provide direct passive protection to the neonate;
- the length of time that antibody persists after immunization in the mother and newborn; and
- the cost-effectiveness of maternal immunization (immunizing pregnant women for the benefit of themselves and their fetus/newborn).

After reviewing the above topics, the ACIP recommended a dose of Tdap for pregnant women who never received Tdap.

In October 2012, the ACIP reviewed data on persistence of maternal pertussis antibodies which indicated that maternal antibodies from Tdap at one pregnancy would be insufficient to provide protection for subsequent pregnancies, and therefore the ACIP updated the recommendation.

On October 24, 2012, the ACIP voted to recommend use of Tdap during every pregnancy. The CDC published [Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis Vaccine \(Tdap\) in Pregnant Women](#) in the February 22, 2013, issue of *MMWR* (pages 131-135). This MMWR summarizes data considered and conclusions made by the ACIP and provides guidance for implementing its recommendations. These updated recommendations on the use of Tdap in pregnant women aim to optimize strategies for preventing pertussis morbidity and mortality in infants.

The current recommendation is that all pregnant women receive Tdap during each pregnancy, regardless of the interval since the last tetanus toxoid-containing booster. Tdap should be given during each pregnancy, preferably during 27-36 weeks gestation.

The purpose of vaccination during pregnancy is to promote the transfer of maternal antibodies to the unborn child. Targeting the last trimester of pregnancy optimizes potential newborn protection.

The most recent recommendation to provide Tdap in every pregnancy, ideally at 27-36 weeks gestation, has some providers wondering what to do if the woman did not get vaccinated during pregnancy and has a history of a prior Tdap vaccination. Tdap should be administered immediately postpartum for women not previously vaccinated with Tdap and if Tdap was not administered during pregnancy.

Some frequently asked questions regarding Tdap and pregnancy are covered in the next column.

Tdap and Pregnancy: Frequently Asked Questions

Are there any circumstances when a woman would receive Tdap earlier than 27-36 weeks in pregnancy?

Tdap is preferred to be given during 27-36 weeks gestation, but may be given before 27-36 weeks gestation in certain circumstances such as during a community outbreak. Tdap is considered safe to give when indicated at any time during pregnancy. Pregnant women who require a tetanus booster for wound contamination should receive Tdap.

If a pregnant woman is vaccinated early in her pregnancy (i.e., before 27-36 weeks gestation), does she need to be vaccinated again during 27-36 weeks gestation?

No. Women should receive 1 dose of Tdap during each pregnancy.

What if a woman becomes pregnant again soon after she received Tdap in her previous pregnancy?

According to the current ACIP guidelines, women should receive Tdap in each pregnancy. This recommendation stands regardless of the timing of the last Tdap immunization.

Tdap Resources

The [Quick Look at Tdap](#) is posted on the MDCH website. Quick Look handouts are one-page summaries of ACIP recommendations. The MDCH Division of Immunization has [Quick Look handouts](#) available for more than a dozen vaccines.

New Adult Immunization Standards of Practice Released

In September 2013, the National Vaccine Advisory Committee (NVAC) approved and published [new adult immunization standards of practice](#). These standards update the 2003 NVAC standards.

The new standards emphasize the role of all providers, even non-vaccinating providers, to assess immunization status and recommend needed vaccines, and place an increased recognition on community vaccinators and pharmacists as integral to achieving higher adult vaccination rates.

Reliance on electronic health records is increasing and there are meaningful use incentives for eligible medical providers to enter patient immunization information into immunization information systems (IIS) for Medicare and Medicaid EHR incentive payments, and the new standards address this issue. Further, the new standards discuss communication strategies for educating and contacting patients, taking into account the availability of the internet and social media, in addition to the opportunities provided by the Affordable Care Act (ACA) to provide vaccination within the shifting landscape of vaccine financing.

The standards are posted at the [National Vaccine Program Office's website](#) and will be published in *Public Health Reports* in March 2014.

Learn how CDC Monitors and Evaluates HPV Vaccines in the U.S.

The CDC's Immunization Safety Office has expanded its vaccine safety web content to include comprehensive [Frequently Asked Questions about human papillomavirus \(HPV\) vaccines](#).

Are HPV vaccines safe? How is the safety of HPV vaccines monitored and evaluated in the United States? Find the answers to these and other important [HPV vaccine safety-related questions on the CDC website](#). To learn more about HPV vaccines and CDC's recommendations, please visit www.cdc.gov/HPV.

100 Million Cases of Vaccine-Preventable Diseases Averted Since 1924

IAC Express; Issue 1093; December 10, 2013

On November 28, the *New England Journal of Medicine (NEJM)* published an article titled [Contagious Diseases in the United States from 1888 to the Present](#). The authors used newly available digitized data from weekly surveillance reports of notifiable diseases for U.S. cities and states from 1888 through 2011 to derive a quantitative history of disease reduction in the United States, focusing on the effects of vaccination programs. The authors estimate that more than 100 million cases of polio, measles, mumps, rubella, hepatitis A, diphtheria, and pertussis have been prevented by vaccination programs.

The extensive database used for this analysis is part of [Project Tycho](#), a new online resource available to the public. More information about Project Tycho can be found in the "Featured Resources" section of the December 10 issue of *IAC Express*.

The full *NEJM* article is available to subscribers only, but much related information can be found in resources listed below.

Related Links

- [Press release](#) from University of Pittsburgh MIDAS National Center of Excellence
- *New York Times* article: [The Vaccination Effect: 100 Million Cases of Contagious Disease Prevented](#)
- [Project Tycho](#) website

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.)

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.

CDC Publishes Report on Health Disparities in the U.S.

IAC Express, Issue 1090: November 26, 2013

On November 22, 2013, the CDC published [CDC Health Disparities and Inequalities Report—United States, 2013](#). This report contains useful information for those working to reduce health disparities and inequalities in the U.S.

One section of the report is titled [Seasonal Influenza Vaccination Coverage—United States, 2009–10 and 2010–11](#) (see pages 65–68). The "Results" section is reprinted below.

Overall, influenza vaccination coverage was two percentage points higher for the 2010–11 season versus the 2009–10 season (43.0% versus 41.2%, respectively), primarily because of an increase in vaccine coverage among children aged 6 months–17 years (51.0% versus 43.7%, respectively). Vaccine coverage increased significantly among four groups of children: Hispanic and non-Hispanic whites, blacks, and those of other/multiple races. During the 2010–11 season, compared with non-Hispanic white children, coverage among Hispanic, Asian/Pacific Islander, and children of other and multiple races was higher.

Overall, influenza vaccination coverage among adults aged ≥ 18 years remained relatively stable, at 40.4% during 2009–10 and 40.5% during the 2010–11 influenza season. Among those aged 18–49 years (regardless of risk status) and 50–64 years, coverage was similar in both seasons. However, among adults aged ≥ 65 years, coverage decreased from 69.6% to 66.6%.

During 2010–11, among all adults, including persons aged 18–49 overall, 50–64, and ≥ 65 years, coverage remained lower among non-Hispanic blacks (28.1%, 38.4%, and 56.1%, respectively) than among non-Hispanic whites (31.6%, 45.7%, and 67.7%, respectively). Coverage also was lower among Hispanic adults aged 18–49 and 50–64 years (27.1% and 41.9%, respectively) than among non-Hispanic whites (31.6% and 45.7%, respectively). During 2010–11, coverage was similar among Hispanics and non-Hispanic whites aged ≥ 65 years; however, compared with 2009–10, coverage decreased by 4.0 percentage points among non-Hispanic whites and increased by 10.7 percentage points among Hispanics.

What's New

- [November issue of CDC's Immunization Works! Newsletter](#) released.

Vaccine Mobile App now Available for Androids

The Vaccine Education Center's mobile app, *Vaccines on the Go: What You Should Know*, is now available on Android. You can access it easily from our mobile app page: <http://vaccine.chop.edu/mobileapp>.

Michigan Immunization Timely Tips (MITT)

To subscribe to the [Michigan Immunization Timely Tips](#) newsletter, send an email to cmarkzon@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.

Don't Let the Flu Change Your Plans.



Resolve Not to Get the Flu.
Get Vaccinated.



[The full-size poster and others are available online.](#)