



Childhood Immunization Champion Award Deadline Extended to March 2

[Nominations for the CDC Childhood Immunization Champion awards](#) - designed to recognize individuals who make a significant contribution toward improving public health through their work in childhood immunization - are due by Friday, March 2. Champions can include health care professionals, coalition members, parents, and other immunization leaders. [More information about the award and eligibility criteria is posted online](#). Nominations are to be submitted to the MDCH Immunization Division. Self-nominations are welcome. Send completed nomination packets to Sanchezs@Michigan.gov.

[New VIS Released for Hep B and Td/Tdap](#)

Changes to the hepatitis B Vaccine Information Statement (VIS) include updates to some of the epidemiologic statistics in Part 1, inclusion of the routine schedules and addition of diabetes as a recommendation for patients under 60 years in Part 3, and a note in Part 4 about waiting to donate blood following vaccination. There have also been minor language changes, as well as the new formatting that CDC has begun using for all the updated VIS.

The new Td/Tdap VIS incorporates recent changes to ACIP recommendations regarding children 7 through 9 years of age, adults 65 and older, and pregnant women; also, a paragraph about the risk of syncope has been added.

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

The [Important VIS Facts handout](#) has also been updated; this handout lists all the current VIS dates. The updated documents are posted online at www.michigan.gov/immunize under Vaccine Information Statements.

What's New

- [January issue of CDC's Immunization Works newsletter](#) released.
- The [2012 adult, child, adolescent, and catch-up schedules](#) are posted on the CDC website.

Preteen Vaccine Week - Feb. 12-18

MDCH is promoting Preteen Vaccine Week (PVW) February 12-18, in an effort to remind health care providers and parents of preteens about recommended immunizations for 11- and 12-year-olds. This observance was established to highlight the importance of immunizations for preteens as part of a comprehensive adolescent care visit.

Many adolescents in Michigan are missing recommended vaccines, including the human papillomavirus (HPV) vaccine, which protects against cervical and anal cancer and genital warts. According to the 2010 National Immunization Survey for Teens, only 49.4% of 13-17 year old females in Michigan have been vaccinated with 1 or more doses of HPV vaccine, and only 25.2% of 13-17 year old females have been vaccinated with the recommended 3 or more doses of HPV vaccine.

See page 2 for more on adolescent vaccination, including information about HPV.

[First CDC National Immunization Conference Online](#)

The 1st National Immunization Conference Online (NICO), a virtual conference, will take place March 26-28, 2012. Workshops will include multiple presentations, will be one hour in length, and will be recorded. For more information, visit: <http://www.cdc.gov/vaccines/events/nic>

2012 Adult Immunization Schedule Released

The [2012 Recommended Adult Immunization Schedule was published in the MMWR](#) on February 3, 2012. The updated recommendations include information on Tdap vaccination of pregnant women, HPV vaccination of males, hepatitis B vaccine for adults under 60 years of age who have diabetes, and more. The 2012 Childhood and Adolescent Immunization Schedules will be published in the MMWR on February 9, 2012.

[Improving the Promotion and Delivery of Adult Vaccination](#)

This RAND Corporation report, released on 1/11/12, provides insights useful for strengthening the promotion and delivery of adult vaccination in the U.S. Among the recommendations is promoting immunizations as a part of routine office-based medical practice.

Flu Season isn't Over, So Keep Vaccinating!

Influenza vaccination is recommended for everyone age 6 months and older, so please keep vaccinating your patients.

Stay up-to-date with:

MDCH: www.michigan.gov/flu

CDC: www.cdc.gov/flu

HHS: www.flu.gov

MDCH'S Monthly Posters: February

[The Holidays May Be Over, But Flu Season Is Not](#)

Influenza vaccination is recommended for almost everyone. Protect your patients and keep recommending flu vaccine.

Quick Look handouts

In the past few months, MDCH has updated many of its Quick Look handouts. Quick Look handouts are concise summaries of ACIP recommendations, and are available for more than a dozen vaccines; most are one page in length.

The following handouts are among those that have been recently updated; all of these documents (and more!) are posted on the [MDCH Division of Immunization Quick Look web page](#):

- Quick Look at HPV vaccines
- Quick Look at Prevnar 13 (PCV13)
- Recommended Schedule for Administering Doses of PCV13 Chart
- Quick Look at Tdap Vaccine
- Quick Look at MCV4 Vaccines
- Quick Look at Using Td Vaccine
- Quick Look at Rotavirus Vaccines
- Always Reconstitute Vaccines with the Correct Diluent
- Injectable Vaccine Administration for Adults
- Injectable Vaccine Administration for Children 7-18 yrs
- Injectable Vaccine Administration for Birth-6 yrs
- Quick Reference to Combination Vaccines: Childhood
- Quick Reference to Combination Vaccines: Adult

Quick Looks are posted at www.michigan.gov/immunize > Provider Information > Quick Looks.

[VFC Resource Book – Online](#)

Many handouts in the online VFC Resource Book have also been updated, including the following:

- Storage and Handling Guidance - Varicella, Zoster, & MMRV
- Vaccine Preparation and Administration
- Vaccine Storage and Handling

Please check www.michigan.gov/vfc for future updates and postings.

Q & A: Adolescence and the HPV Vaccine

Adapted from the [January 2012 Parents PACK Newsletter](#)

Q. My 11-year-old child is not sexually active. Why should I even consider getting the HPV vaccine for my child now?

A. The HPV vaccine is recommended before the start of sexual activity for two reasons:

1. Young people tend to get infected more frequently; in fact, about half of those newly infected with HPV are between 15 and 24 years of age.
2. It takes six months to complete the series of three vaccines, so even though your child may not be sexually active now, or even in six months, it is better to have the series completed sooner rather than later.

Look at it this way: Every time your child gets in the car, you insist on seat belts, even though you're certainly not expecting to get into a car accident. But you insist that everyone in the family puts on a seat belt, "just in case".

Did You Know? Prevalence of HPV

[January 2012 Parents PACK Newsletter](#)

HPV is the most common sexually transmitted disease in the U.S. and in the world. Twenty million Americans are currently infected with HPV and an additional 6 million Americans are infected every year. Half of those newly infected with HPV are between 15 and 24 years of age.

[New HPV resource available](#)

January 2012 Parents PACK Newsletter

The Vaccine Education Center at The Children's Hospital of Philadelphia is pleased to announce new resources to help you answer parents' questions about the HPV vaccine.

These resources are dedicated to providing complete, up-to-date and reliable information about HPV and the HPV vaccine.

The resources:

- Include videos of people discussing the HPV vaccine
- Provide an opportunity to ask questions
- Offer a dedicated section for answers to your questions and those asked by others
- Can be emailed or shared through social media.

Visit www.prevent-hpv.com for more information.

Adolescent Vaccine Resources

- www.michigan.gov/teenvaccines
- [Adolescent Immunization Toolkit](#)
- [Adolescent Immunization Poster Gallery](#)

[Improving Childhood Vaccination Rates](#)

The New England Journal of Medicine recently published *Improving Childhood Vaccination Rates*, a perspective written by Douglas S. Diekema, M.D., M.P.H. Portions are reprinted below.

Despite the phenomenal success of childhood vaccination, thousands of U.S. parents refuse selected vaccines or delay their administration. Some choose not to vaccinate their children at all. Because parents who oppose vaccination on the basis of personal beliefs will probably remain opposed despite the best efforts of clinicians and public health experts, the most effective way to increase vaccine coverage is to improve immunization rates among children whose parents either are open to vaccination but encounter barriers to obtaining vaccines or hesitate because of fears and concerns about safety. Health care professionals, health care organizations, and state and federal policymakers all share responsibility in this endeavor.

Diekema gives four recommendations on how childhood vaccination rates can be raised. I would like to encourage you to read [the entire article](#); it is well worth the time.

Effective communication requires understanding parents' reasons for resisting vaccination. The Centers for Disease Control and Prevention, the American Academy of Pediatrics, and the American Academy of Family Physicians recently produced resources to assist clinicians in identifying communication strategies, enhancing trust, and providing reliable information (www.cdc.gov/vaccines/conversations).

Dr. Diekema concluded his commentary with a reminder to clinicians that they must set an example. We're unlikely to achieve optimal vaccination rates until health care professionals comply with vaccine recommendations for themselves and their children. The unwillingness of many clinicians to submit to influenza vaccination each year is disgraceful, sets a poor example, and gives patients reason to question the safety and efficacy of vaccines. A logical place to begin increasing public confidence in vaccines is with the example we set. (*Douglas S. Diekema, M.D., M.P.H., N Engl J Med 2012; 366:391-393, February 2, 2012*)

Chemicals Found in Manufacturing Affect Some Childhood Vaccines

[ABC Online News, 1/24/12](#)

New research finds that chemicals commonly found in non-stick cookware, microwave popcorn bags and other manufactured goods may make childhood vaccines less effective, perhaps making it easier for certain diseases to spread through the population.

A study published in the [1/24/12 issue of the Journal of the American Medical Association](#) suggests that exposure to perfluorinated compounds, called PFCs, before and after birth may lower a child's ability to make disease-fighting antibodies for tetanus and diphtheria later in life. [To keep reading, click on this link.](#)

Mandatory HPV Vaccination

The Journal of the American Medical Association (JAMA) published a commentary on Mandatory HPV Vaccination and Political Debate by Lawrence Gostin, JD, in its 10/19/11 issue¹. Mr. Gostin highlighted the issues and controversies surrounding state mandates of HPV vaccine. The undisputed safety and efficacy of the HPV vaccine was reviewed, especially in light of the negative public attention that the vaccine received last fall. (Mandatory HPV vaccination received negative attention during one of the debates among Republican presidential candidates.) In its 1/18/12 issue, JAMA printed three Letters to the Editor and Gostin's reply; portions of the article and the letters are reprinted below.

Mr. Gostin reviewed many pros and cons associated with HPV vaccine mandates. He suggested widespread educational campaigns and mandates without generous opt-outs as a last resort. He also discussed ways to address cost barriers.

Gostin's reply to the Letters to the Editor begins:

This collection of 3 letters in response to my Commentary vividly demonstrates the political and social divisiveness of HPV vaccination, which sets it apart from most childhood immunizations. Each letter is thoughtful, and yet all 3 letters come to distinctly different policy conclusions. Drs. Gilkey and Brewer find that health system factors such as cost and enhanced access are more effective than mandates; Dr. Berger and colleagues urge immediate state adoption of HPV mandates with limited opt-outs; and Drs. Tomljenovic and Shaw reject HPV mandates as a flawed policy. Each letter expresses strong agreement with my view, "Above all, health policy must be driven by science," and yet each draws different conclusions based on the available scientific evidence.

Mr. Gostin concludes that he would implement immediate system changes relating to cost and clinician recommendations, as well as a public health information campaign. He would closely monitor uptake of the vaccine and if sufficient, move toward mandates with narrow, reasonable opt-outs.

¹Lawrence O. Gostin, JD, JAMA, October 19, 2011—Vol 306, No. 15; <http://jama.ama-assn.org>

Michigan's Immunization Timely Tips (MITT)

To subscribe, send an email to MBenhamza@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.

From time to time, we include articles about some of the exciting activities happening in the field. If you have an idea for a story, please contact the editor, Rosemary Franklin, at Franklinr@michigan.gov.

MITT is posted at www.michigan.gov/immunize under the Provider Information section.