

Interim Vaccine Effectiveness Estimates and 2014-15 Vaccine Strain Selection

On February 20, 2014, CDC published "[Interim Estimates of 2013-14 Seasonal Influenza Vaccine Effectiveness — United States, February 2014.](#)" This MMWR report includes interim adjusted estimates on how well the 2013-14 influenza vaccine protects against having to go to the doctor for flu this season. The vaccine effectiveness (VE) study results indicate that flu vaccination offers substantial protection against the flu this season, reducing a vaccinated person's risk of having to go to the doctor for flu illness by about 61% across all ages.

VE estimates against influenza A and B ranged from 52% for people aged 65 years and older to 67% for children aged 6 months to 17 years. VE estimates against this season's predominant H1N1 strain was 62% across all ages. The interim VE estimates are comparable to results from studies during other seasons when the viruses in the vaccine have been well-matched with circulating influenza viruses.

In the same MMWR, CDC published additional reports on a [national surveillance update on flu activity](#) for this season and [severe influenza illness among California residents younger than 65 years.](#)

Lastly, the World Health Organization (WHO) released its recommendation for the influenza strains to be included in the 2014-15 Northern Hemisphere vaccines. They recommended keeping the same strains for 2014-15 as those in the 2013-14 seasonal flu vaccines:

- A/California/7/2009 (H1N1)pdm09-like virus
- A/Texas/50/2012 (H3N2)-like virus
- B/Massachusetts/2/2012-like virus
- B/Brisbane/60/2008-like virus [in quadrivalent vaccines only]

The U.S. Food and Drug Administration (FDA) voted unanimously to follow the WHO's strain recommendation.

Vaccination efforts should continue as long as influenza viruses are circulating. Influenza activity is likely to continue for several more weeks in the U.S.

MMWR: Flu Vaccine Requirement for Connecticut Children

Last week's MMWR contains an article titled "[Impact of Requiring Influenza Vaccination for Children in Licensed Child Care or Preschool Programs – Connecticut, 2012-13.](#)" In 2010 Connecticut became the second state to implement regulations requiring influenza vaccination for children in licensed day-cares.

Study findings included:

- Coverage in kids 6-59 months was 67.8% in 2009-10, and increased to 84.1% during 2012-13
- Decrease in flu hospitalization rate in kids ≤ 4 years

About 6,500 Babies Each Year are Hospitalized for Flu

CIDRAP 2/28/14

About 6,500 U.S. babies are hospitalized each year due to influenza, many with serious disease, according to new data from the Centers for Disease Control and Prevention (CDC) published in *The Pediatric Infectious Disease Journal*.

The researchers used population-based, lab-confirmed flu hospitalization surveillance data from 2003 through 2012. They found that an average 6,514 infants younger than one year were hospitalized each year, with a range of 1,842 to 12,502.

Researchers also noted that 75% of the hospitalizations were in otherwise healthy babies. Of that 75%, up to 10% were admitted to intensive care units (ICUs) and up to 4% had respiratory failure. ICU and respiratory-failure rates, however, were two to three times higher in infants with high-risk conditions and those younger than 6 months were 40% more likely to be admitted to the ICU than were older babies.

The team said that lung disease, heart disease, and neuromuscular disorders were risk factors for ICU admission.

They conclude that "the impact of influenza on infants, particularly those very young or with high risk conditions, underscore the importance of influenza vaccination, especially among pregnant women and those in contact with young infants not eligible for vaccination."

[Feb 26 Ped Infect Dis J abstract](#)

Seasonal Influenza Activity

For the week ending March 1, influenza activity continued to decrease in the U.S. 'Widespread' activity was reported by 8 states, and 'regional' activity was reported by 12 states. Michigan was one of 26 states that reported 'local' influenza activity.

Vaccination remains the single most effective means of preventing influenza, and is recommended for everyone age 6 months and older. If you don't provide influenza vaccination in your clinic, please recommend vaccination to your patients and refer them to a clinic or pharmacy that provides vaccines or to the [HealthMap Vaccine Finder](#) to locate sites near their workplaces or homes that offer influenza vaccination services.

Flu Resources

- MDCH: www.michigan.gov/flu
- CDC: www.cdc.gov/flu
- HHS: www.flu.gov

[Posted online 3/11/14](#)

Adult Immunization Coverage Levels Remain Low, Barriers Persist

In early February, [2012 National Health Interview Survey](#) estimates were released for adults and data indicate little overall improvement in vaccination coverage from 2011 to 2012.

Compared with 2011, modest increases occurred in three vaccines:

- Tdap vaccination among adults aged 19–64 years increased from 12.4% in 2011 to 15.6% in 2012
- Herpes zoster vaccination among adults aged 60 years or older increased from 15.8% in 2011 to 20.1% in 2012
- HPV vaccination among women aged 19-26 years for 1 or more doses increased from 29.5% in 2011 to 34.5% in 2012

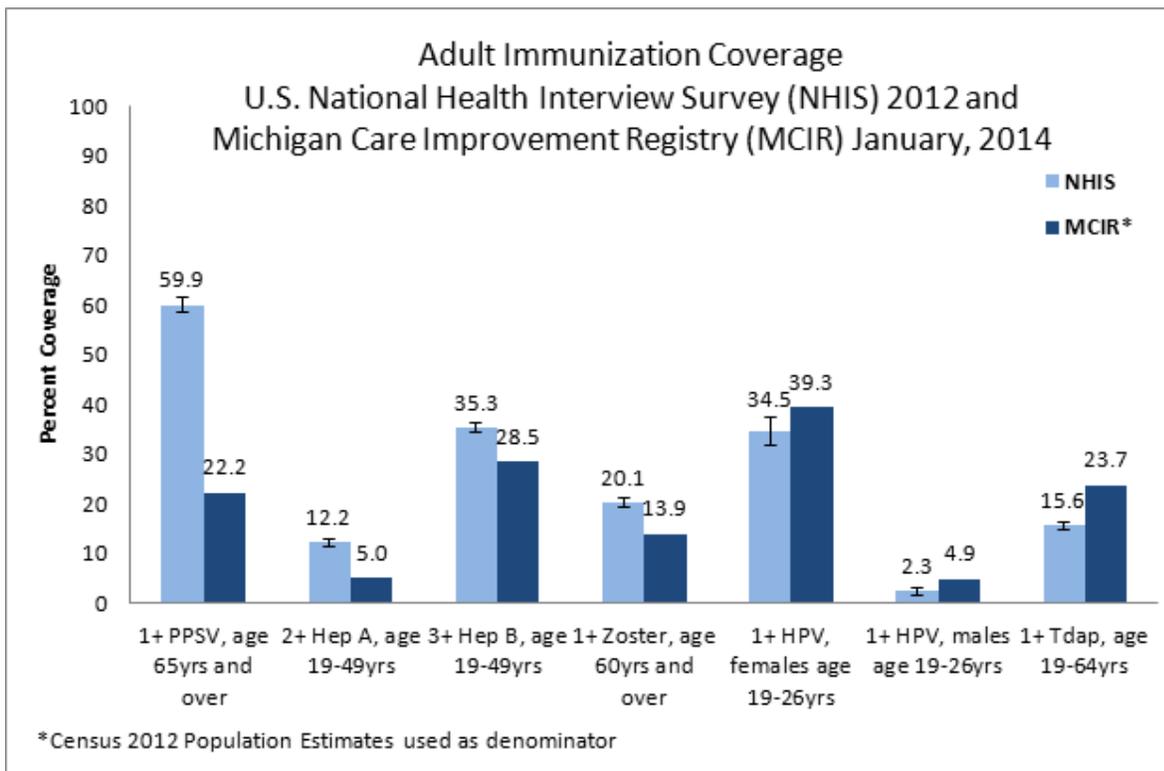
In the [full report](#), information is available on racial and ethnic disparities, health care personnel vaccination rates, as well as further breakdowns by age and risk group.

Below is a chart which compares Michigan Care Improvement Registry (MCIR) data to national data. Remember, adult immunization data in MCIR are only as good as what's put in. Please enter all doses administered to individuals of all ages into MCIR, as this is considered an [immunization best practice](#).

Adult Immunization Resources

- The 2014 Recommended Immunization Schedule for Adults Aged 19 Years and Older is available at: <http://www.cdc.gov/vaccines/schedules/hcp/adult.html>
- On February 3, *The Annals of Internal Medicine* published “U.S. Physicians Survey Regarding Adult Vaccine Delivery: Missed Opportunities.” This paper provides insight into vaccination practices and recommended strategies for improving vaccine delivery.
- Updated [standards for vaccinating adults](#) were approved by the National Vaccine Advisory Committee in September 2013.
- For a free, accredited [educational session on adult immunizations](#) contact Carlene Lockwood at 517-335-9070 or LockwoodC@michigan.gov.

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



Be Sure to Check Out These HPV Resources!

Two new educational flyers are available for download by MDCH. First, the [HPV Vaccine: A Little Pain Is Worth The Gain](#) discusses why adolescents may experience more pain with HPV vaccine and how this is not indicative of vaccine safety issues. Second, the [Vaccinate Before You Graduate Flyer](#) targets older high school aged adolescents, giving the reasons why it is so important to get caught up with vaccines before graduating from high school (see images on page 7).

HPV and adolescent immunization resources from MDCH

- [A Parent's Guide to Preteen and Teen HPV Vaccination](#)
- [HPV Vaccine: A Little Pain Is Worth The Gain](#)
- [Vaccinate Before You Graduate Flyer](#)
- [Why get a Flu Vaccine: Niko's Story](#)
- [Adolescent Immunization Poster Gallery](#) (posters and flyers for parents and adolescents)

HPV resources from IAC

- [Human Papillomavirus \(HPV\) web section](#)
- [HPV handouts for patients and providers](#)
- [HPV section](#) of IAC's website for parents and patients, www.vaccineinformation.org

HPV resources from CDC

- [Tips and Time Savers for Talking with Parents about HPV Vaccine](#)
- [You Are the Key to HPV Cancer Prevention campaign](#) web section

HPV resources from the Vaccine Education Center at the Children's Hospital of Philadelphia

- [Prevent HPV web section](#)
- [Human Papillomavirus: What you should know](#) (English)
- [Human Papillomavirus: What you should know](#) (Spanish)

HPV resource from Voices for Vaccines

- Blog post by Dr. Nathan Boonstra: [HPV vaccines and failure to communicate](#)

CDC Expands its Injection Safety Efforts

IAC Express, Issue 1107, March 4, 2014

More than 150,000 patients have been notified of potential exposure to hepatitis and HIV due to unsafe injection practices in U.S. healthcare settings since 2001. To better protect patients from potential exposure to infectious diseases due to unsafe injection practices, the CDC Foundation is partnering with Eli Lilly and Company to support and expand CDC's Safe Injection Practices Coalition.

The partnership will extend the reach of [Safe Injection Practices Coalition's One & Only Campaign](#), an injection safety awareness campaign that has produced and distributed educational and multimedia tools for healthcare providers and patients. This partnership will also support the expansion of the coalition's activities, resources, and tools for provider training and education, as well as patient empowerment. Funding will also support dissemination of safe injection messages using social media, YouTube, electronic continuing medical education, advertising, and print materials for providers and patients. Follow the campaign on Twitter [@InjectionSafety](#) and [Facebook](#).

Providers Urged by Major Medical Groups to Strongly Recommend HPV Vaccine

The American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American College of Obstetricians and Gynecologists (ACOG), American College of Physicians (ACP), the Centers for Disease Control and Prevention (CDC), and the Immunization Action Coalition (IAC) recently released a "[Dear Colleague](#)" letter that encourages providers to promote HPV vaccination.

Despite more than seven years of vaccine monitoring showing overwhelming evidence of HPV vaccine safety and effectiveness, HPV vaccination rates are not improving while rates for other adolescent vaccines are.

Health care provider recommendations are the key to increasing HPV vaccination rates. By improving the strength and consistency of HPV vaccination recommendations, more patients will be protected from HPV-associated cancers and disease.

The letter gives providers key facts about HPV-associated disease and HPV vaccine safety and effectiveness to help them discuss HPV vaccination confidently with patients and parents.

Please share this important document with all health care professionals who provide vaccines to adolescents and young adults.

Related Links

- Joint press release: [Leading Medical and Public Health Organizations Join Efforts Urging Physicians to Strongly Recommend Human papillomavirus \(HPV\) Vaccination](#)
- AAP Press Room: [Leading Medical and Public Health Organizations Join Efforts Urging Physicians to Strongly Recommend Human papillomavirus \(HPV\) Vaccination](#)
- AAFP News Now: [Strong Recommendation to Vaccinate Against HPV Is Key to Boosting Uptake](#)

President's Cancer Panel Report on HPV Vaccine Uptake

The National Cancer Institute's President's Cancer Panel [released a report](#) entitled [Accelerating HPV Vaccine Uptake: Urgency for Action to Prevent Cancer](#). This report provides a plan to improve HPV vaccine uptake through five parts:

- Reduce missed clinical opportunities to recommend and administer HPV vaccines;
- Increase parents', caregivers', and adolescents' acceptance of HPV vaccines;
- Maximize access to HPV vaccination services;
- Increase global HPV vaccination in low-and middle-income countries; and
- Conduct high-priority research to advance prevention of HPV-associated cancers.

A number of things need to be done to increase HPV vaccination rates, the panel said. These include public education and other efforts to increase teen's and parent's acceptance of the vaccines; encouraging doctors and other health care providers to strongly recommend and give vaccinations, and making sure that the vaccines are available where teens receive health care.

Change from 6th to 7th Grade Immunization Assessment

Beginning January 2014, schools in Michigan will be required to assess and report the immunization status of all 7th grade students in addition to the new school entrants, including kindergartners. Changing the reporting grade from 6th to 7th will help alleviate the confusion caused by trying to vaccinate 11-year-old students by the time they enter 6th grade. The reporting of 7th grade students also fits better with the nationally recommended immunization schedule.

Assessing and vaccinating children at any medical appointment is best practice. This new requirement will help assure that school-aged children are up-to-date and protected against vaccine-preventable diseases.

Key Points:

- 7th Grade Bills were signed into law on October 1, 2013 (PA 120, 121, and 122 of 2013)
- 7th grade students and children entering a new school district including kindergarten students will first be reported in November 2014
- MDCH is making the needed changes to MCIR for school reporting
- MCIR will transition in July of 2014 to assess for 7th grade children
- This will be an easy transition, since all current 6th grade students will be re-reported next year as 7th graders

A flyer with this information is posted on the MDCH website at: www.michigan.gov/immunize > Provider Information > [School and Childcare/Preschool Immunization Rules](#).

Schools should not delete rosters from the February 2014 report since all 6th grade students will be re-reported in November 2014 as 7th graders.

CDC's Immunization Works Newsletter

CDC has posted the [February issue of its monthly Immunization Works](#) newsletter.

Put Your Clinic/Practice in this Newsletter

Have you adopted a new best practice that is working well in your clinic? Would you like to share your success story with *Michigan Immunization Timely Tips (MITT)* readers? We would love to hear from you!

For more information, please contact Rosemary Franklin at franklinr@michigan.gov.

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.

Update on Td, Hib, and Pediatric Multi-Vaccine Vaccine Information Statements

The pediatric Multi-Vaccine Vaccine Information Statement (VIS) is being temporarily removed from service so it can be updated to reflect current ACIP recommendations. Please do not use the 11/16/12 edition of the Multi-Vaccine VIS, but instead use the individual VIS when DTaP, Hib, Hepatitis B, Polio, PCV13 and/or Rotavirus vaccines are administered. An updated edition should be available by mid-2014. The pediatric Multi-Vaccine VIS has been removed from both the CDC and MDCH websites.

Updated VIS for Td and Hib were published on 2/4/14. The Td VIS replaces the older Td/Tdap VIS. [This VIS contains information about Td only.](#) Please note that there is now a separate VIS for Td and Tdap vaccines. The Tdap VIS, which was updated on 5/9/13, is posted on the [MDCH Vaccine Information Statements web page](#).

Both VIS contain a change in the adverse events section (“problems that can happen after any vaccine”).

The *Quick Look at Using Td Vaccine* handout, developed by MDCH staff, is available online. Quick Looks provide a handy reference, summarizing relevant information from ACIP recommendations, and can be useful when administering vaccine.

Quick Look Handouts are available for many vaccines and are posted at www.michigan.gov/immunize > Provider Information > [Quick Looks](#).

The new Hib VIS has been reformatted.

The updated VIS are posted on the [Vaccine Information Statements web page](#).

Providers should begin using the new VIS immediately.

CDC Provider Guidelines for both vaccines will be available soon.

Additional VIS Information:

- 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, which includes all the current VIS dates, has been updated. It is posted at the same location as the Vaccine Information Statements.
- Translations - There is always a lag time before translations are published. Once the Immunization Action Coalition (IAC) posts translations, MDCH will add the MCIR language onto the translations and post them on the MDCH website as soon as we are able to do so.
- These documents are posted on our website at www.michigan.gov/immunize under [Vaccine Information Statements](#).

Michigan Measles Cases; Only a Plane Ride Away

In 2013, Michigan health officials identified five measles cases, the most since 1998. All were the result of importation events. Two were infants who traveled abroad and were exposed in separate situations and three cases involved a small outbreak within a family of unvaccinated children when they adopted a child from Ukraine. Four of the five cases were deemed preventable, occurring in persons who were vaccine-eligible but had not received measles vaccination prior to exposure.

Last year, the U.S. had a provisional [total of 187 measles cases](#), second only to 2011 (220 cases) in terms of annual case totals over the past 15 years. Typically, the U.S. records about 60 cases per year. In 2013, 18 states reported at least one case, and there were nine outbreaks (defined as \geq three linked cases). Large outbreaks occurred in New York City, North Carolina, and Texas, each the result of the virus entering and spreading in communities with insufficient immunization levels.

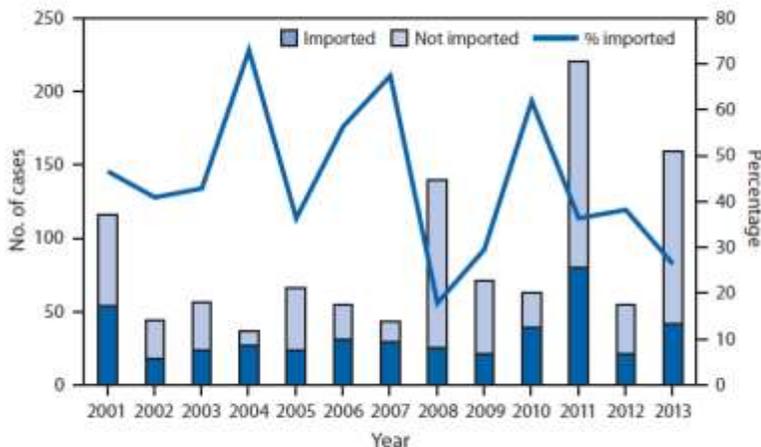
In the midst of the increase in measles cases, a February 2014 [JAMA Pediatrics](#) article summarized the findings of an external expert panel that concluded elimination of both measles and rubella has continued successfully in the U.S. Elimination of endemic measles and rubella/CRS had previously been certified in 2000 and in 2004, respectively.

This finding was a fitting opportunity to celebrate the 50th anniversary of the 1963 U.S. licensure of measles vaccine. In less than 50 years, measles went from a ubiquitous childhood disease, responsible for over 4 million cases and about 500 deaths annually, to an exceedingly rare clinical event nearly always associated with travel to or from a measles-endemic part of the world.

Michigan has high measles, mumps and rubella (MMR) vaccination coverage; 86% of children 19 through 35 months have received one dose of MMR vaccine and 97% have received the recommended two doses by 17 years of age according to Michigan Care Improvement Registry (MCIR) data. Regardless, there is room for improvement and we need to ensure that everyone is protected from this very contagious disease. The cornerstone strategy of measles elimination is to achieve and sustain a high overall vaccination level, leading to high population immunity; experts feel this level must be on the order of 90 - 95% to prevent significant measles outbreaks. Additionally, some adults may be at risk, specifically among cohorts born between 1958 and the early 1970s, corresponding to a period of initial measles vaccine use when it was not yet firmly established as a part of routine childhood immunizations.

As the recent Michigan cases highlight, importation of measles into the U.S. occurs yearly despite the availability of an effective vaccine (Figure 1). There is a potential threat that measles will again become endemic here. The MDCH Division of Immunization works hard to ensure that the needed safeguards to prevent this are in place - high levels of population immunity through vaccination, effective surveillance, timely response efforts, and providing support to partners in measles prevention and control. So far in 2014, as of early March, there have been more than 60 cases of measles reported in the U.S., according to the CDC, indicating this could be another year of considerable measles risk.

FIGURE 1. Number and percentage of measles cases that were directly imported and number of cases that were not directly imported* – United States, 2001–2013†



* Directly imported cases are those in patients who acquired measles outside the United States and brought their infection into the United States. Cases not directly imported include those that were acquired in the United States but linked to directly imported cases, imported virus, and cases with unknown sources.

† As of Aug 24, 2013.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6236a2.htm>

MDCH Immunization Brochures Update

There have recently been some changes in the MDCH immunization brochures. Several of the brochures were revised and reprinted in January and February. In addition, a new HPV immunization brochure has been added to the Immunization Section of the [Healthy Michigan Clearinghouse](http://www.healthymichigan.com) website.

The following immunization brochures can be ordered on the Healthy Michigan Clearinghouse website:

- HPV Vaccination (2013); new brochure, courtesy of the MDCH Cancer Section.
- Protect Babies and Toddlers from Serious Diseases (revised 6/12); will be updated in the next 2-3 months.
- Vaccines for Your Child (about the Vaccines for Children Program, revised 11/12); will be updated in the next 2-3 months.
- Protect Pre-Teens and Teens from Serious Diseases (revised 1/14); recently updated; all the older brochures have been recycled. Because the changes were minor, the 2013 versions will be used in the new AIM Kits, which will be available sometime in March.
- Adult Immunizations: Are you protected? (revised 1/14); recently updated; there were several important changes and the clearinghouse has recycled all the old versions from 2012. A bullet was added under “Adults who need hepatitis B vaccine” about persons with acute or chronic liver diseases, including those with hepatitis C virus (HCV); another bullet was added under “Adults who need hepatitis A vaccine” about persons with acute or chronic liver diseases, including those with Hepatitis B virus and/or HCV”; and finally, a bullet was added under the Tdap section stating that pregnant women need Tdap during every pregnancy, to protect their infant.

- The Dangers of Hepatitis B (revised 1/14); recently updated; there was an important change and the clearinghouse has recycled all the old versions from 2012. A bullet was added under “Should adults get hepatitis B shots” about persons living with liver disease – including those with hepatitis C virus (HCV) and the new Viral Hepatitis website was added: www.michigan.gov/hepatitis
- Viral Hepatitis, What you need to know (revised 1/14) – recently updated; there was an important change and the clearinghouse has recycled all the old versions from 2012. A bullet was added under the [Get the hepatitis A and B vaccines](#) section “If you have HCV”; and the new Viral Hepatitis website was added; www.michigan.gov/hepatitis
- Hepatitis B: What Parents Need to Know (revised 1/13); There are enough of the 2013 version to last for at least several months; we’ll let you know when we get these reprinted next (and if revisions were needed).

In future, when the brochures are updated, we will notify you through this newsletter.

If you have immunization brochures at your clinic that have been revised, we recommend that you recycle them and replace them with the most up-to-date versions.

All of these brochures can be ordered online at www.healthymichigan.com > Enter Site > Immunizations.



Order brochures at www.healthymichigan.com

New Educational Materials!

Vaccinate Before You Graduate Flyer

Targets older high school aged adolescents and gives the reasons why it is so important to get caught up with vaccines before graduating from high school.

VACCINATE BEFORE YOU GRADUATE

After you move your tassel, vaccines can be a hassle.

It's important to get your vaccines before you graduate. Here's why:

- Environments such as dorms, workplaces or classrooms, public transportation, parties, and sporting events make diseases easy to spread.
- The Vaccines for Children (VFC) program covers the uninsured and underinsured through 18 years of age.
- Take advantage while you still have insurance through your parents or guardians.
- Not having a car on-campus can make getting to the doctor's tricky (think bus or bike).
- Whether you move away for college, trade school, or a job, see your local health care provider now, while you are still nearby.
- Many occupations or colleges require you to be fully vaccinated prior to entrance.
- For full protection, some vaccines require multiple doses over an extended period of time.

Do The MATH!
Do Your Doses Add Up to Equal Protection?

- Meningococcal Conjugate Vaccine (MCV)**
- Adolescent Catch-Up Vaccines**
- Tetanus, Diphtheria, Pertussis (Tdap)**
- Human Papillomavirus (HPV)**

See your doctor for more.

85% 18-19 year olds in Michigan who are NOT up-to-date with all their needed vaccines per the law.

46% Women who contract HPV through skin-to-skin contact before ever having vaginal sex (over 60,000).

20% survivors of meningococcal disease who have permanent complications, such as hearing loss, brain damage, or loss of a limb (over 100,000).

time to get up-to-date now before it becomes an inconvenience!

Michigan Center for Healthy Living and Advancements with Merck. Visit www.michigan.gov/hla or talk to your health care provider.

A little pain is worth the gain

HPV Vaccine

HPV vaccine works and is safe for your teen!

56% HPV disease has decreased among vaccinated girls 14-19 years of age.

11-12 years HPV vaccine works best when given at this age.

FDA All vaccines used in the U.S. are required to go through years of extensive safety testing before they are licensed by the Food and Drug Administration.

62M Millions of doses of HPV vaccine have been distributed in the U.S. since 2006.

All components, included in a vaccine are there for a reason to make the vaccine work well in order to prevent diseases.

Protect your children from a lifetime of pain. Get them vaccinated against HPV today. A little pain is worth the gain!

© 2011 American Cancer Society. All rights reserved. HPV vaccine is not a cure for HPV. For more information, visit www.cancer.gov/hpv.

HPV Vaccine: A Little Pain Is Worth The Gain

Discusses why adolescents may experience more pain with HPV vaccine than other vaccines and how this is not indicative of vaccine safety issues.