

April is National Minority Health Month



Don't Miss the Immunization Conference on April 22

There's still time to register for the [Older Adolescent and Adult Immunization Conference](#), which will be held at the Lansing Center on April 22, in Lansing. William Atkinson, MD, MPH, Immunization Action Coalition, and Carolyn Bridges, MD, Centers for Disease Control and Prevention, will be the keynote speakers.

If you're thinking about registering, don't delay, because we are expecting that the conference will fill up soon. The cost to attend is only \$50.

Information about continuing education is included on page 3 of the [Registration Brochure](#). For more information visit <http://www.events.mphi.org> (click on "Upcoming Events" and "Older Adolescent and Adult Immunization Conference").

April 20-27 is National Infant Immunization Week

National Infant Immunization Week (NIIW) is an [annual observance](#) that serves to highlight the importance of protecting infants from vaccine-preventable diseases and celebrate the achievements of immunization programs and their partners in promoting healthy communities.

[Educational Resources](#) are available for both health care providers and the public.

Michigan has made significant progress in the last several years. *Keep up the good work!*

Avian Influenza A (H7N9) Cases

As of April 7, Chinese public health officials have reported 21 cases of human infection with an avian influenza A (H7N9) virus. Avian influenza A (H7N9) is a subtype that has not been known to infect humans before. As of April 7, six cases have died. The WHO said no epidemiological links have been found among any of the lab-confirmed cases and that 400 close contacts are being monitored. WHO is posting updates on additional cases and the ongoing epidemiologic investigation [here](#). WHO also published a [frequently-asked-questions resource](#) on avian influenza A (H7N9).

The Chinese Center for Disease Control and Prevention also posted a [Q&A](#) on the developing situation.

As of April 4, no cases of H7N9 outside of China have been reported. The new H7N9 virus has not been detected in people or birds in the U.S. The situation is fluid, and the U.S. Centers for Disease Control and Prevention (CDC) is posting updated information on the situation [here](#).

Advancing Equity in Health Care

April is *Minority Health Month* and this year's theme is "Advance Equity Now: Uniting our Communities to Bring Health Care Coverage to All." The [MDCH immunization disparities workgroup](#) encourages you to identify immunization disparities in the communities you serve and take steps to reduce them.

The [National Health Interview Survey](#) (NHIS) provides us with a report card to let us know how well we're doing in protecting our nation's adults against vaccine-preventable diseases. Overall, the data indicate modest increases in Tdap vaccination among persons aged 19-64 years (4.3% increase from 2010 to 2011) and HPV vaccination among women 19-26 years of age (8.8% increase from 2010 to 2011). Despite some improvement, coverage levels among adults remain low and disparities by both race and age remain. Tdap coverage among non-Hispanic whites (13.8%) is higher than non-Hispanic blacks (11%) and Hispanics (7.7%). For HPV, there were coverage-level differences by age (43.1% among women aged 19-21 years and 21.5% among those aged 22-26 years) and by race (Hispanics 20.2% as compared to non-Hispanic whites 32.5% with no other differences by race/ethnicity).

Coverage levels of other vaccines showed little or no increase, and continue to include disparities.

- Hepatitis A vaccination among adults aged 19-49 years was 12.5%; higher for non-Hispanic Asians (19.1%) and adults who indicated a race other than Asian, black, or white and non-Hispanic ethnicity (21.1%).
- Hepatitis B vaccination was lower for non-Hispanic blacks (33%) and Hispanics (28.9%) than non-Hispanic whites (37.8%).
- Herpes zoster (shingles) vaccination was highest among non-Hispanic whites aged 60 years and older (17.6%); however, there was a 3% increase in coverage with non-Hispanic blacks and Hispanics.
- Pneumococcal vaccination among high-risk adults aged 19-64 years was 20.1% among non-Hispanic whites, higher than Hispanics (18.3%) and non-Hispanic Asians (12%). Additionally pneumococcal coverage among non-Hispanic whites aged 65 years and older (66.5%) was higher than non-Hispanic blacks (47.6%), Hispanics (43.1%), and non-Hispanic Asians (40.3%).

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McLaren Lapeer Community Medical Center Wins Immunization Challenge

Contributed by Susan Rager RN, BSN, Immunization Coordinator, Lapeer County Health Department

The Lapeer County Health Department (LCHD) created the Immunization Challenge in an effort to raise immunization rates among its 19-36 month-old children. The competition took place from 7/9/12 until 1/9/13. We challenged our providers to increase the immunization rates among their 19-36 month-old patients. The rates were measured at the beginning of the challenge, and then bimonthly. The first provider to reach or come closest to a 10 percent increase in the 6 month time period would be the winner.

When we initially contacted providers about the challenge, we shared a number of tools that have been shown to raise immunization levels. These included information about how to do MCIR Reminder/Recalls and Patient Education Resources. We also offered to assist providers with cleaning up their MCIR data.

McLaren Lapeer used these tools to raise their immunization rates. They used provider profiles lists - generated by MCIR - and AFIX reports to identify children who were behind on their vaccines. Follow-up was conducted by calling or mailing reminder letters to the parents. In addition, when parents brought their children in for reasons other than immunization visits, MCIR was used to determine whether any immunizations were due; if vaccines were due, they were encouraged to get caught up. Finally, when parents had concerns about vaccines, Dr. Dharamraj spent time discussing the vaccines and the associated diseases.

McLaren Lapeer won the challenge by achieving a 3% increase in the immunization rate for their 19-36 month-old patients over the six month time period. In recognition of winning the challenge, they received a staff luncheon and Certificate of Achievement.

The Lapeer County Health Department thanks all the providers who participated in the challenge.

Keep up the good work!



(L to R) Susan Rager, RN, BSN, Immunization Coordinator, Lapeer County Health Department, Kirstie Goolsby-Rizzo, Regional Operations Manager, MA, Annette Meesseman, MA, Keith Dharamraj, M.D., Wanda Kaufman, MA, Lorraine Barnes, Receptionist, and Joyce Baron, RN, BSN, CFN, Lapeer County Health Dept. Nurse Administrator. Everyone is from the McLaren Lapeer Community Medical Center staff, except for Susan Rager and Joyce Baron.

Advancing Equity in Health Care

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Fifty years ago, the Rev. Dr. Martin Luther King Jr. spoke to America of the “fierce urgency of now”, as U.S. Department of Health & Human Services Secretary [Kathleen Sebelius recently reminded us](#). That message is as meaningful today as it was in 1963. While our nation has made significant progress in reducing health disparities over the last fifty years, historically minorities have been less likely to get preventive care, and more likely to suffer from serious illnesses. They have been less likely to have access to quality health care and insurance coverage.

Significant disparities continue to exist among adult vaccination coverage levels. We are urging providers to adopt practices that have been shown to improve adult vaccination such as [standing orders](#) and reminder/recall systems. Be sure to follow the [recommended adult immunization schedule](#) and use the [Michigan Care Improvement Registry](#) (MCIR); these tools can help you to assess your patients’ vaccination needs. Unique barriers exist among racial and ethnic groups, and immunization providers are encouraged to identify and address those obstacles to best protect individuals from disease.

Updated Tdap Standing Orders Available

The Immunization Action Coalition (IAC) recently updated its standing orders templates for administering Tdap and Td vaccines to include information about giving Tdap to pregnant women during each pregnancy.

- [Standing Orders for Administering Tdap/Td to Children Age 7 Years and Older](#)
- [Standing Orders for Administering Tdap/Td to Adults](#)

For more standing orders, visit <http://www.immunize.org/standing-orders/>.

Journal articles

- [Decreased response to vaccines in older adults is linked to waning level of B-cell enzyme called AID](#) 3/21/13
- [CDC Reports About 90 Percent of Children Who Died From Flu This Season Not Vaccinated](#) 3/22/13

Call for Applications:

Health Prizes for Deserving Communities of \$25,000

The Robert Wood Johnson Foundation (RWJF) Roadmaps to Health Prize is awarded annually to honor outstanding community efforts and partnerships that are helping people live healthier lives. Winning communities will each receive a \$25,000 cash prize and have their success stories celebrated and shared broadly with the goal of raising awareness and inspiring locally-driven change across the country. Click [here](#) for more complete information. For full eligibility and selection criteria, please read the [Call for Applications](#).

Deadline is May 23

Phase I Applications (for all applicant communities) are due on May 23, 2013 (by 3 p.m. ET).

For more information about the Roadmaps to Health Prize, visit the prize website at: <http://www.countyhealthrankings.org/roadmaps/prize>

New Study Confirms No Risk of Autism from "Too Many Vaccines Too Soon"

A new study in the *Journal of Pediatrics* confirms the scientifically-accepted notion that the risk of autism does not increase as a result of following the [Centers for Disease Control and Prevention \(CDC\)-recommended vaccine schedule](#). Despite overwhelming evidence that vaccines do not cause autism, approximately one-third of parents continue to express concern about the now debunked vaccine-autism connection. Additionally, nearly one in 10 parents refuses or delays vaccinations, according to the study's press release. The primary concern of parents who chose to delay or refuse vaccines is that their child might receive too many vaccines too soon, a finding that was discounted by the study. The article, "Increasing exposure to antibody-stimulating proteins and polysaccharides in vaccines is not associated with risk of autism", is available online in the *Journal of Pediatrics*. We encourage health care providers to read this article and use it as a resource to respond to parents who are concerned about vaccines.

A primary concern from parents is the number of vaccines administered, both on a single day and cumulatively over the first 2 years of life. In this study, researchers concluded that there is no association between receiving "too many vaccines too soon" and autism.

- The findings showed that the amount of antigens from vaccines received on one day of vaccination or in total during the first two years of life is not related to the development of autism spectrum disorder (ASD) in children.
- The study found that the total amount of antigens from vaccines received was the same between children with ASD and those that did not have ASD.
- The study also evaluated two sub-categories of ASD – autistic disorder and ASD with regression – and found no relationship with the number of vaccine antigens received in either of these categories.
- A [2004](#) comprehensive review by the Institute of Medicine (IOM) concluded that there is not a causal relationship between certain vaccine types and autism, and this study strengthens that conclusion.
- The authors point out that infants are exposed to many bacteria and viruses naturally from the time of birth and that the relatively small number of antigens contained in vaccines would not be expected to have a particular effect on the immune system.
- The study also found that although the current vaccination schedule for young children contains more vaccines than were recommended in the late 1990s, the number of antigens in the vaccines has dropped substantially.

Additional Resources

- [2013 IOM Report on Childhood Immunization Schedule and Safety](#)
- [Autism Spectrum Disorders: What You Should Know](#)

Keep conversations open regarding questions that may arise from parents and patients. CDC offers some great handouts.

- [Provider Resources](#) for Vaccine Conversations with Parents

Thanks for all that you do to protect Michigan residents from vaccine preventable diseases.

New PCV13 Vaccine Information Statement

The PCV13 Vaccine Information Statement (VIS), updated on February 27, reflects the new [ACIP recommendations on vaccinating adults, published in October 2012](#). Providers should begin using the new VIS immediately.

Michigan Notes

- [Use of Pneumococcal Vaccines \(PPSV23, PCV13\) for Adults 19 years and Older](#) is posted on the MDCH Immunization Website. This educational aid briefly outlines the recommendations regarding which high-risk adults are eligible for PPSV23 and/or PCV13 vaccination.
- [A Quick Look at Prevnar \(PCV13\)](#) is an MDCH educational resource for providers.
- 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.
- The new VIS and the *Important VIS Facts* documents are posted at [www.michigan.gov/immunize](#) under [Vaccine Information Statements](#).

[Translations](#) are available in Spanish, Arabic, Chinese, French, Russian, Somali, and Vietnamese.

Study Shows Whooping Cough Vaccine Protection Wanes

Vaccinate Your Baby, 3/29/13

A new study published in *Pediatrics* in March confirmed that protection against pertussis starts to weaken a few years after preschool children get their final DTaP shot. Researchers analyzed data from immunization records and statewide pertussis surveillance data for Minnesota and Oregon children born between 1998 and 2003 who had 5 DTaP doses recorded in state Immunization Information Systems. The findings indicate that slightly younger children may be at risk of developing whooping cough before they receive their CDC-recommended booster shot at 11 or 12 years of age, as their original immunity declines.

Many think that the trend in waning protection results from a shift from the original whole-cell version to the acellular vaccine, which might provide less complete or shorter-lasting protection, according to *Reuters*.

According to *Reuters*, although some believe these findings demand a better vaccine, researcher Sara Tartof stated, "An important thing to remember is the kids who do receive all five doses on time generally have milder whooping cough symptoms than those who are under-vaccinated or unvaccinated."

It is critical that children complete the DTaP series, per current ACIP recommendations. Completion of the series provides optimal protection. Pertussis vaccination is still the best way to fight the disease and is a very important tool, especially since there is a lot of ongoing pertussis activity in the U.S.

Remember that MCIR is a great tool to help assess completion of the DTaP series for children.

2013 Dates Announced for Fall Immunization Conferences

The Michigan Department of Community Health Fall Regional Immunization Conferences offer an excellent opportunity for health care professionals (HCP) to get updated on immunization. These conferences have been offered annually for 19 years, and consistently receive high ratings from attendees. Their primary goal is to update HCP on immunization issues that affect people of all ages. They are intended for nurses, nurse practitioners, medical assistants, public health staff, physicians, physician assistants, pharmacists, medical and nursing students, and anyone interested in learning more about current immunization practice in Michigan.

This fall's schedule has been released: Oct. 15 (Gaylord), Oct. 17 (Marquette), Oct. 29 (Kalamazoo), Oct. 30 (Grand Rapids), Nov. 1 (East Lansing), Nov. 19 (Bay City), Nov. 21 (Dearborn), and Nov. 22 (Troy).

We are still in the early planning stages for this event. As more details become available, they will be posted online in the same location as the flyer. Registration will begin in August.

A [Save-the-Date flyer](#) is posted on the conference website at <http://www.michigan.gov/immunize>, under the Provider Information Section.

New Study Shows Increasing Parental Reluctance to Vaccinate Teens against HPV

Vaccinate Your Baby, 3/29/13

A new study published in [Pediatrics](#) investigating the reasons why parents choose not to vaccinate their teens found increasing parental reluctance to vaccinate their teens against HPV. Although parents report that health care professionals increasingly recommend all adolescent vaccines, including HPV, the parents' intent to not vaccinate against HPV increased from 39.8% in 2008 to 43.9% in 2010. "That's the opposite direction that rate should be going. HPV causes essentially 100 percent of cervical cancer and 50 percent of all Americans get infected at least once," Robert Jacobson, a pediatrician at the Mayo Clinic Children's Center and a senior researcher of the paper, said of the findings, according to [Bloomberg](#). Parents indicated "not recommended," "not needed or necessary," "not sexually active," and "safety concerns/side effects" as the most common reasons for not vaccinating their teen.

The study has received a significant amount of attention in the media. Almost all of the articles feature quotes from experts stressing the importance of HPV vaccination. Although the HPV vaccine isn't recommended until children reach 11 or 12 years of age, ECBT encourages parents to learn about the benefits of the HPV vaccine so they are prepared to vaccinate their children as they reach adolescence.

[Michigan's Immunization Timely Tips \(MITT\)](#)

To subscribe, 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.

Contact Rosemary Franklin at franklinr@michigan.gov if you have any questions, or if you would like to submit an article.

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

Varicella Vaccine Yields 9- to 10-Fold Decrease in Childhood Chickenpox

CIDRAP 4/1/13

A large, long-term study of varicella vaccine effectiveness from Kaiser-Permanente Northern California, published in *Pediatrics*, shows that the rate of chickenpox in children since licensure of the vaccine in 1995 has been decreased by a factor of 9- to 10-fold. The researchers followed 7,585 children vaccinated in 1995 at 12 to 23 months of age for 14 years to determine the incidence of chickenpox and herpes zoster (shingles). They observed the impact of a second vaccine dose, introduced in 2006 and typically given at age 4 to 6 years, in 2,826 of the children as well.

In this cohort of vaccinated children, the average incidence of varicella was 15.9 per 1000 person-years, nine- to tenfold lower than in the prevaccine era. Vaccine effectiveness at the end of the study period was 90%, with no indication of waning over time. Most cases of varicella were mild and occurred early after vaccination. No child developed varicella after a second dose.

In the prevaccine past, about 90% of young children experienced chickenpox by young adulthood, with most cases severe. Confirmed cases of herpes zoster occurred in 46 vaccinated children, a decrease of about 40% from the prevaccine era, the authors found.

Apr 1 *Pediatrics* study [abstract](#)

Apr 1 Kaiser-Permanente [press release](#)

MMWR on Meningococcal Disease Published

On March 21, CDC released [ACIP recommendations for the Prevention and Control of Meningococcal Disease](#). This report compiles and summarizes all current recommendations from CDC's Advisory Committee on Immunization Practices (ACIP) regarding prevention and control of meningococcal disease in the United States. As a comprehensive summary of previously published recommendations that does not contain any new recommendations, this report is intended for use by clinicians as a resource.

Meningococcal disease describes the spectrum of infections caused by *Neisseria meningitidis*, including meningitis, bacteremia, and bacteremic pneumonia. Meningococcal disease develops rapidly, typically among previously healthy children and adolescents, and results in high morbidity and mortality.

Resources

- [A Quick Look at Using Meningococcal Conjugate Vaccines](#) (Menactra and Menveo) can be found at www.michigan.gov/immunize under "Quick Looks and Other Resources."
- The VFC resolution on [Vaccines to Prevent Meningococcal Disease](#) is posted on the CDC website.

Education Resources

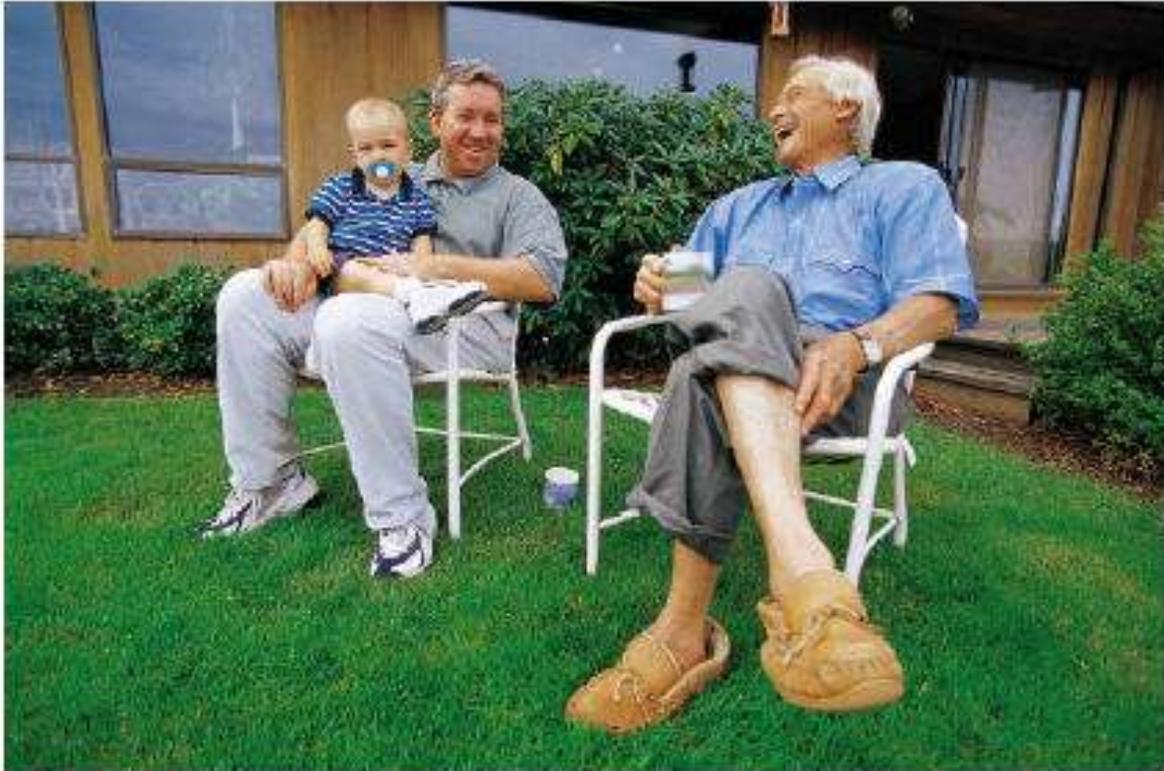
Tdap Materials for patients on our website have been updated.

- Tdap materials > www.michigan.gov/immunize > "Whooping Cough (Pertussis) in Michigan"

Adult Immunization Posters

- Adult Posters > www.michigan.gov/immunize > "Adult Immunization Posters" – An example is on page 5.

Protect Yourself and Your Family By Getting Vaccinated



Vaccines aren't just for children anymore. Adults need vaccines to protect against tetanus, whooping cough (pertussis), shingles, pneumococcal, flu, and more.

Talk to your doctor about the vaccines you may need to stay healthy.



This poster and others are available online:
<http://www.michigan.gov/immunize>; Click on [Adult Immunization Posters](#)