



MI Immune

Immunization Timely Tips

Michigan Department of Community Health, October 2011

[ACIP Updates Tdap Recommendations for Pregnant Women and Persons Who Have or Anticipate Having Close Contact with an Infant Aged <12 Months](#)

Morbidity and Mortality Weekly Report (MMWR)
October 21, 2011 / 60(41);1424-1426

Compared with older children and adults, infants aged <12 months have substantially higher rates of pertussis and the largest burden of pertussis-related deaths. Since 2004, a mean of 3,055 infant pertussis cases with more than 19 deaths has been reported each year through the National Notifiable Diseases Surveillance System (CDC, unpublished data, 2011). The majority of pertussis cases, hospitalizations, and deaths occur in infants aged ≤ 2 months, who are too young to be vaccinated; therefore, other strategies are required for prevention of pertussis in this age group. Since 2005, the Advisory Committee on Immunization Practices (ACIP) has recommended tetanus toxoid, reduced diphtheria toxoid and acellular pertussis (Tdap) booster vaccines to unvaccinated postpartum mothers and other family members of newborn infants to protect infants from pertussis, a strategy referred to as cocooning. Over the past 5 years, cocooning programs have proven difficult to implement widely. Cocooning programs might achieve moderate vaccination coverage among postpartum mothers but have had limited success in vaccinating fathers or other family members. On June 22, 2011, ACIP made recommendations for use of Tdap in unvaccinated pregnant women and updated recommendations on cocooning and special situations. This report summarizes data considered and conclusions made by ACIP and provides guidance for implementing its recommendations.

[Celebrating 50 years of MMWR at CDC](#)

On January 13, 1961, the first issue of the *Morbidity and Mortality Weekly Report (MMWR)* was published at CDC. Since that inaugural issue, the venerable publication has featured thousands of timely and credible reports on a wide range of public health issues of great importance to both the nation and the world.

This supplement celebrates the 50th anniversary of MMWR's arrival and the contribution it has made to CDC and public health. Please see "[Vaccine-Preventable Diseases, Immunizations, and MMWR --- 1961--2011](#)" on pages 49 through 57 for a great article by Drs. Hinman, Orenstein, and Schuchat covering a 50 year span of the history of vaccine preventable diseases and the MMWR.

New Meningococcal VIS Published

The meningococcal Vaccine Information Statement (VIS) was updated on 10/14/11. The format on this VIS has changed slightly. The updated VIS incorporates changes in the routine schedule and indications, as well as in the precautions and adverse events section. Providers should begin using the new VIS immediately. The new VIS is posted on the MDCH Division of Immunization website at www.michigan.gov/immunize.

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.

[New ACIP Recommendation for Quadrivalent Meningococcal Conjugate Vaccine \(MenACWY-D\) Among Children Aged 9 Through 23 Months at Increased Risk for Invasive Meningococcal Disease](#)

At the June 2011 meeting, the Advisory Committee on Immunization Practice (ACIP) recommended that children aged 9 through 23 months with certain risk factors (children who have persistent complement component deficiencies, children who are traveling to or residents of countries where meningococcal disease is hyperendemic or epidemic, and children who are in a defined risk group during a community or institutional meningococcal outbreak for meningococcal disease) receive a 2-dose series of MenACWY-D (MCV4 Menactra), 3 months apart. A 2-dose primary series is required for any child with the risk factors described in this report whose first dose was received before their second birthday. If dose 2 was not received on schedule (3 months after dose 1), it should be administered at the next available opportunity. The minimum interval between doses is 8 weeks. Children who received the 2-dose series at age 9 through 23 months and are at prolonged, increased risk should receive a booster 3 years after completing the primary series. After this initial booster, persons who remain in one of the increased risk groups should continue to receive a booster dose at 5-year intervals. Due to the high risk for invasive pneumococcal disease, children with a diagnosis of functional or anatomic asplenia should be vaccinated with MenACWY-D beginning at age 2 years to avoid interference with the immunologic response to the infant series of PCV. If children aged 2 years and older with functional or anatomic asplenia have not yet received all recommended doses of PCV, they should receive all recommended doses separated from MenACWY-D by at least 4 weeks.

The Quick Look handouts will be updated to reflect the new recommendations soon; these handouts are posted at: www.michigan.gov/immunize).

[Human Papillomavirus Vaccination Series Initiation and Completion, 2008 - 2009](#)

Christina G. Dorell, David Yankey, Tammy A. Santibanez and Lauri E. Markowitz; Pediatrics

The study found that 40.5% of girls had received 1 or more doses of HPV vaccine, and 53.3% of those girls completed the series. Factors independently associated with vaccination initiation included older age, having an 11- to 12-year preventive visit, insurance status, mother's age and marital status, not receiving all vaccines at public facilities, and provider recommendation, which was the factor most strongly associated with initiation (prevalence ratio: 2.6 [95% confidence interval: 2.4 –2.9]). Compared with white girls (60.4%), black (46.0%) and Hispanic (40.3%) girls were less likely to complete the series. Lack of knowledge of the vaccine (19.4%), vaccination was not needed (18.8%), the daughter was not sexually active (18.3%), and a provider did not recommend (13.1%) were the most common reasons for parents' nonintention to have their daughters vaccinated.

The researchers concluded that although HPV vaccine coverage rates are increasing, they are still below target levels. Recommendations by providers to adolescent patients and parents likely would improve vaccine uptake. Parental education regarding disease risks and benefits of HPV vaccination before exposure is needed to promote vaccine uptake. Pediatrics 2011;128:830–839.

Progress toward Implementation of Human Papillomavirus Vaccination – the Americas, 2006-2010

This report focuses on countries that have introduced HPV vaccine in national or regional immunization programs. The United States, Canada, Panama, and Mexico have all introduced HPV vaccine (as of January 2011) and vaccination coverage varies widely. In 2010, the 3-dose series coverage level among girls aged 13-17 years in the United States was 32%; in parts of Canada, 80% and higher coverage has been reported among girls in the target age ranges. Overcoming issues related to financing and delivery of HPV vaccine remains a key public health challenge to more widespread implementation of HPV vaccination in the Americas.

More information:

- [MMWR Vol. 60 / No. 40](#)
- [Michigan coverage levels](#)
- [Vaccine safety](#) and [patient education materials](#) are posted at www.michigan.gov/teenvaccines (look under the Adolescent Immunization Toolkit; listed at bottom of web page.)

Thank you for protecting Michigan citizens from influenza and other vaccine-preventable diseases.

[Parents' Experiences With and Preferences for Immunization Reminder/Recall Technologies](#)

Sarah J. Clark, MPH, Amy Butchart, MPH, Allison Kennedy, MPH, Kevin J. Dombkowski, DrPH; Pediatrics

The study found that overall, 31% of parents had ever received an immunization reminder/recall notice, usually by mail. For future immunization messages, approximately one-third of parents preferred mail or calls to the home telephone, 16% preferred e-mail, and 8% preferred calls to a cell phone. More than one-half of parents had maintained the same home address, home telephone number, cell phone number, or e-mail address for the previous 3 years. More than one-half of parents were willing to register their cell phone numbers with their child's usual immunization provider.

The researchers concluded that although most parents continue to prefer the traditional modes for immunization reminder/recall messages, 1 in 4 preferred newer technologies, and parents' e-mail and cell phone information was surprisingly stable. More than one-half of the parents were willing to register their cell phone numbers for future immunization messaging via cell phone calls or text messages. Research and implementation efforts might benefit from focusing on this willing population.

Continuing Education Opportunities Available at Conferences

Space is still available at the Bay City (Nov. 1) and Kalamazoo (Nov. 9) conferences.

With a registration fee of only \$50, attending an upcoming Michigan Regional Immunization Conference is an excellent opportunity for nurses, physicians, and pharmacists to get continuing education.

Registration is still open for the conferences in Bay City (November 1) and Kalamazoo (November 9). All the remaining conferences are already filled.

To register for the Bay City or Kalamazoo conference:

- [Register for a conference](#)
- [Continuing education information](#)

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Michigan's Immunization Timely Tips (MITT)

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