



MI Immunization Timely Tips

Michigan Department of Health and Human Services (MDHHS) Sep/Oct 2016

ACIP Meeting Recommendations and Recap

Based on data provided at its June meeting, the Advisory Committee for Immunization Practices (ACIP) voted that live attenuated influenza vaccine (LAIV), also known as the nasal spray, should **not** be used during the 2016-2017 flu season. Studies showed that LAIV was only 3 percent effective in flu prevention. In comparison, the inactivated influenza vaccine (IIV) was 63 percent effective. The [ACIP meeting slides](#) are posted online for anyone who wants to look at details regarding the research.

In a [video titled The Rise and Fall of FluMist® – Can the Nasal Spray Flu Vaccine Be Redeemed?](#), Dr. Paul Offit describes the ACIP interim recommendation that FluMist®, also known as the nasal spray, should not be used during the upcoming flu 2016-2017 season. He discusses how FluMist® went from a preferred recommendation to no recommendation, and answers questions about the research and data.

Key Points:

- The ACIP still recommends that everyone 6 months and older receive a flu shot this season.
- This change in recommendation is an example of scientific research influencing new policies that improve public health responses and overall population health.



For more posters and other educational resources, go to www.cdc.gov/flu.

2016-2017 Flu Season Vaccination Messaging

The 2016-2017 flu season will bring many challenges, including the recent ACIP decision to not recommend that FluMist®, also known as the nasal spray, **not** be used during the 2016-2017 influenza season (see article on left). The nasal spray flu vaccine was an option for children who did not want to receive the shot form of the flu vaccine. Providers should recommend that all people aged 6 months and older get the flu vaccine, and should reinforce this to all patients they see. Here are some talking points that can be used to encourage people to get the vaccine:

1. Research and data have shown that FluMist® was not as effective in preventing the flu, but the flu shot was effective in preventing the flu. Though FluMist® was ineffective, this is not a reason to skip getting an effective form of the flu vaccine. The flu shot is the best protection we have for preventing the flu.
2. We understand that shots can be scarier for patients than the nasal spray, especially for children, but the poke of a flu shot is much better than the pain that comes with the flu. There are strategies that can be used to ease the pain of receiving an injection.
3. Encourage parents to sit down and hold the child during the injection, and possibly bring a toy to help distract the child. The parent may want to give their child something to look forward to after receiving the vaccine, such as a favorite meal or snack. Another distraction technique that can be helpful is to get the child to cough during the injection.
4. You can also encourage parents to talk to their children about the positive aspects of shots. For example, parents can say “I know shots can hurt, but they are very helpful to you. Shots can help you from getting really sick.”

Patients are much more likely to get vaccinated and have their children vaccinated when health care providers give a strong recommendation for vaccination. Please continue to protect patients from the flu by promoting, recommending, and administering flu vaccine. And make sure that your staff and your own family members get their flu vaccine as well!

2015-2016 Influenza Vaccination Season Summary

An article was published in *Morbidity and Mortality Weekly Report (MMWR)* on June 10 summarizing influenza activity in the United States during the 2015-16 flu season. The 2015-16 season was less severe overall compared with the preceding three seasons. Flu activity began later and continued for a longer period, peaking in mid-March. During the most recent 18 flu seasons, only two other seasons have peaked in March (2011-12 and 2005-06).

The 2015-16 Influenza Vaccination Season Summary is complete. Using data from the Michigan Care Improvement Registry (MCIR) and other national flu vaccination estimates, coverage for age groups across Michigan have been calculated. Here is a quick look at the numbers:

4,436,420: Total influenza vaccines distributed to Michigan

2,526,074: Total influenza vaccinations administered and recorded in MCIR

9.3 percent: increase in the number of doses recorded in MCIR

Age Group	Statewide Coverage	LHD Range
Overall (6mo+)	24.8%	13.4%-35.7%
6 mo-4 yrs.	45.8%	25.8%-67.8%
5-12 yrs.	25.9%	15.0%-39.7%
13-17 yrs.	19.6%	10.1%-34.0%
18-24 yrs.	12.2%	5.6%-22.7%
25-49 yrs.	15.9%	7.6%-33.9%
50-64 yrs.	25.0%	11.7%-41.8%
65+ yrs.	41.6%	16.7%-66.0%

This table provides coverage (%) for each of the age groups listed above. As you can see, overall coverage for Michigan for those who were eligible for the vaccine was 24.8 percent. The LHD range column shows the local health departments that had the lowest range and the highest range for each category.

The following table shows the coverage rates for 2015-16 compared to coverage rates for the 2014-15 season.

Age Group	2014-15 Coverage	2015-16 Coverage
Overall (6mo+)	22.8%	24.8%
6 mo- 4 yrs.	46.6%	45.8%
5-12 yrs.	29.3%	25.9%
13-17 yrs.	20.6%	19.6%
18-24 yrs.	10.8%	12.2%
25-49 yrs.	14.3%	15.9%
50-64 yrs.	22.5%	25%
65+ yrs.	36.8%	41.6%

The three youngest age ranges decreased from the 2014-15 season to the 2015-16 season. This is not a good trend to see, and improving pediatric and adolescent flu vaccination coverage should be a priority for the 2016-17 flu season.

Flu Vaccine Components for the 2016-17 Flu Season:

Composition for this year's flu vaccines are recommended to contain:

1. An A/California/7/2009 (H1N1)pdm09-like virus
2. An A/HongKong/4801/2014 (H3N2)- like virus
3. A B/Brisbane/60/2008-like virus (B/Victoria lineage)

The U.S. Food and Drug Administration (FDA) licensed a new seasonal influenza vaccine containing adjuvant for adults 65 years of age and older. An adjuvant is an ingredient added to a vaccine to create a stronger immune response to vaccination.

Michigan's Sees Cases of Variant Influenza in the 2016-2017 Season

During the fair season, Michigan had 12 cases of influenza A H3N2 variant viruses. All of the confirmed cases had exposure to swine at county fairs throughout Michigan.

These variant strains of the flu are spread from pigs to humans through airborne droplets, usually when pigs cough or sneeze. This type of flu does not have as many human cases as other types of flu viruses, and human cases of this variant strain are not as common.

The flu vaccination does not protect against this variant strain, but there are antiviral drugs that are known to be effective in treating H3N2 virus infections. There are other ways to prevent the flu, including watching your hands often, covering nose and mouth when coughing or sneezing, avoid eating or drinking in swine barns, and avoid touching your mouth, eyes, or nose to avoid the spread of germs. For questions about H3N2v, please see <http://www.cdc.gov/flu/swineflu/h3n2v-basics.htm>.

CDC SAYS:
“TAKE 3” ACTIONS TO FIGHT THE FLU

Vaccinate

- CDC recommends a yearly flu vaccine as the first and most important step in protecting against flu viruses.
- While there are many different flu viruses, the flu vaccine protects against the viruses that research suggests will be most common.
- Flu vaccination can reduce flu illnesses, doctors' visits, and missed work and school due to flu, as well as prevent flu-related hospitalizations.
- Everyone 6 months of age and older should get a flu vaccine ideally by October.
- Vaccination of high risk persons is especially important to decrease their risk of severe flu illness.
- People at high risk of serious flu complications include young children, pregnant women, people with chronic health conditions like asthma, diabetes or heart and lung disease and people 65 years and older.
- Vaccination also is important for health care workers, and other people who live with or care for high risk people to keep from spreading flu to high risk people.
- Children younger than 6 months are at high risk of serious flu illness, but are too young to be vaccinated. People who care for them should be vaccinated instead.

Stop Germs

- Try to avoid close contact with sick people.
- If you are sick with flu-like illness, CDC recommends that you stay home for at least 24 hours after your fever is gone except to get medical care or for other necessities. Your fever should be gone without the use of a fever-reducing medicine.
- While sick, limit contact with others as much as possible to keep from infecting them.
- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub.
- Avoid touching your eyes, nose and mouth. Germs spread this way.
- Clean and disinfect surfaces and objects that may be contaminated with germs like the flu.

Antiviral Drugs

- If you get the flu, antiviral drugs can treat your illness.
- Antiviral drugs are different from antibiotics. They are prescription medicines (pills, liquid or an inhaled powder).
- Antiviral drugs can shorten your illness and make it milder. They can also prevent serious flu complications, like pneumonia.
- It's very important that antiviral drugs be used early to treat people who are very sick with the flu (like people in the hospital) and people who are sick with the flu and have a greater chance of getting serious flu complications, either because of their age or because they have a high risk medical condition. Other people also may be treated with antiviral drugs by their doctor. Most otherwise-healthy people who get the flu, however, do not need antiviral drugs.
- Flu-like symptoms include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. Some people also may have vomiting and diarrhea. People may be infected with the flu, and have respiratory symptoms without a fever.

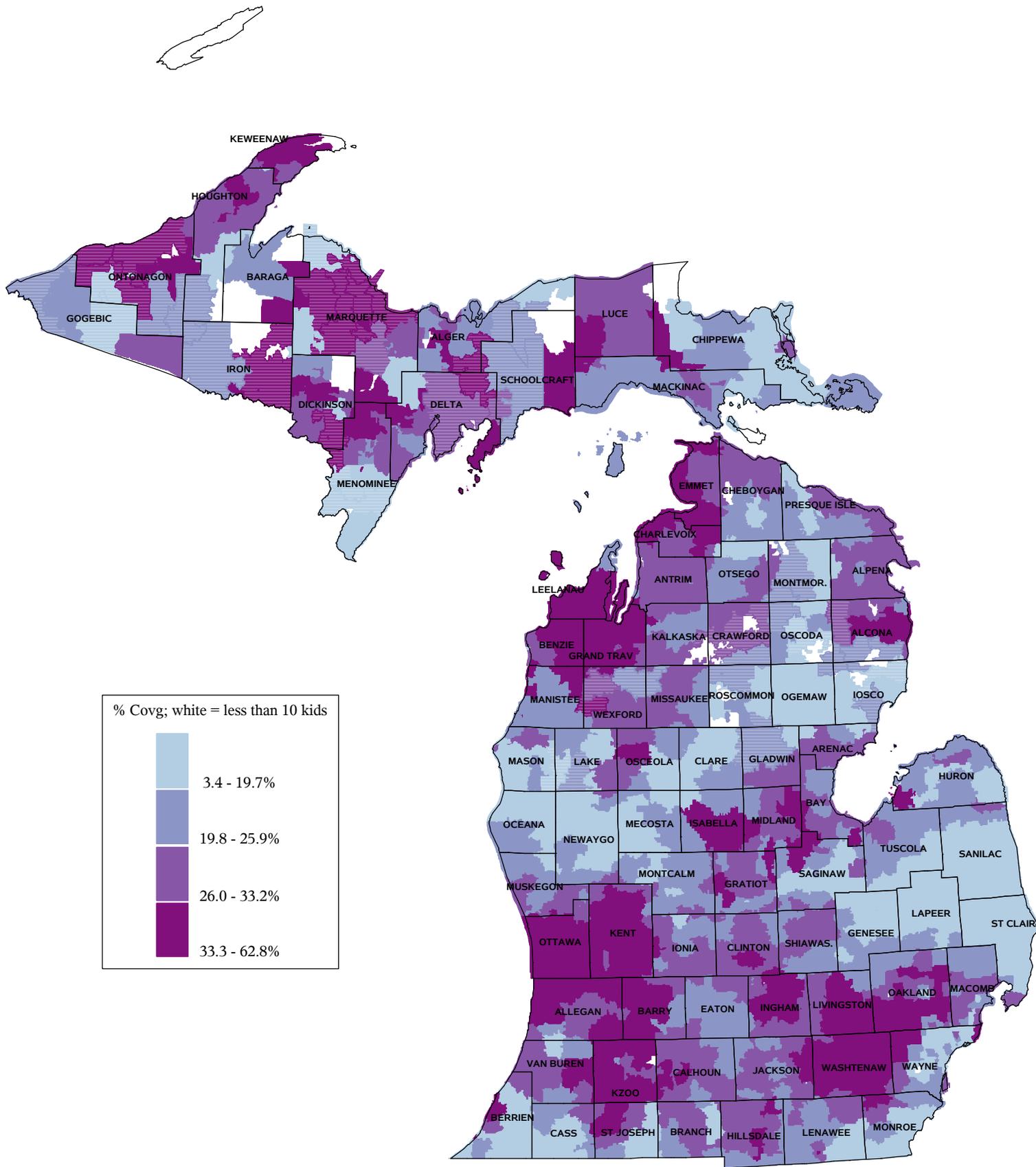
FLU-LIKE SYMPTOMS INCLUDE:

fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, fatigue

U.S. Department of Health & Human Services
Centers for Disease Control and Prevention

For more information, visit www.cdc.gov/flu or call 800-CDC-INFO

Up-to-Date Flu Vaccination Coverage, 2015-16 Season, 6 months through 8 Years of Age by Zip Code, MCIR data



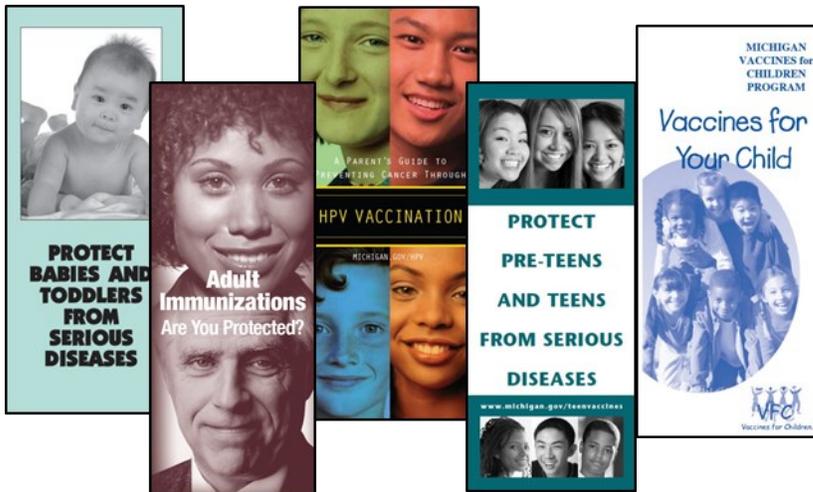
Top 10 List for HPV #VaxSuccess

Attain and Maintain High HPV Vaccination Rates

- 1. Appreciate the significance of the HPV vaccination recommendation.**
 - ✓ *By boosting HPV vaccination rates among your patients, you will be preventing cancer.*
- 2. Acknowledge the importance of your recommendation to parents to get their children vaccinated.**
 - ✓ *Clinician recommendation is the number one reason parents decide to vaccinate. This is especially important for HPV vaccination.*
- 3. Use the right approach by presenting immunizations the correct way, especially with the HPV vaccine.**
 - ✓ *Recommend the HPV vaccine the same day and the same way you recommend all other vaccines. For example, "Now that Danny is 11, he is due for vaccinations to help protect against meningitis, HPV cancers, pertussis, and flu. We'll give those shots during today's visit"*
- 4. Motivate your team and facilitate their immunization conversations with parents.**
 - ✓ *Starting with your front office, ensure each team member is aware of HPV's importance and is educated on proper vaccination practices and recommendations, ready to answer parents' questions, and/or regularly remind and recall parents. Be sure staff regular check immunization records, place calls to remind families about getting vaccines, and report back to you.*
- 5. Create systematic pathways and procedures that help your team attain and maintain immunization rates.**
 - ✓ *Establish a policy to vaccinate at every visit. Create a system to check immunization status **ahead** of all sick and well visits. Before seeing the patient, staff should indicate if the patient is due for immunization, with special consideration to HPV vaccination. Use standing orders.*
- 6. Utilize your local health department's resources.**
 - ✓ *Utilize the resources of the local health department to achieve your goals of protecting your patients.*
- 7. Know your rates of vaccination and refusal.**
 - ✓ *Deputize your staff to assist you with knowing your actual vaccination rates and learning more about why some patients are behind on their vaccines. They can also help you facilitate solutions on how to bring these patients in and keep immunization rates up.*
- 8. Maintain strong doctor-patient relationships to help with challenging immunization conversations.**
 - ✓ *It is extremely gratifying when parents who initially questioned immunization agree to get their child vaccinated on time. It's always nice to hear: "Okay, that makes sense and I trust you!"*
- 9. Be familiar with vaccine skeptics and critics by learning more about their reasoning.**
 - ✓ *Be prepared with answers to succinctly, accurately, and compassionately inform parents with the most current medical facts. Skeptics often accept their provider's explanations if presented correctly.*
- 10. Use personal examples of how you choose to vaccinate children in your family.**
 - ✓ *Providing personal examples shows you believe in the importance of immunizations, especially HPV vaccine. These examples—combined with an effective recommendation—can help parents better understand the benefits of HPV vaccination for cancer prevention.*

Free Immunization Brochures and AIM Packets from MDHHS

Order free copies at www.healthymichigan.com



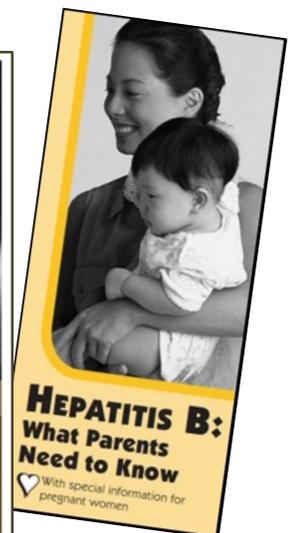
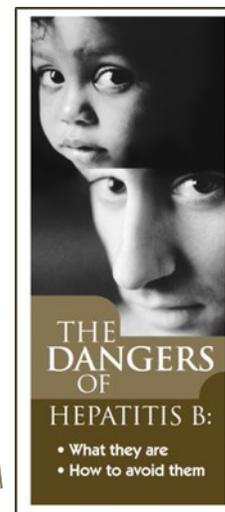
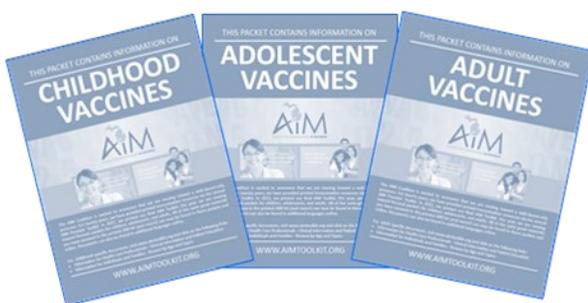
Keep current with up-to-date materials

- Official Immunization Record Card - rev. 3/16
- Dangers of Hepatitis B - rev. 2/16
- Viral Hepatitis: What You Need to Know - rev. 3/16
- Hepatitis B: What Parents Need to Know - rev. 5/14*

*will be revised Fall 2016

Brochures for your patients

- Protect Babies and Toddlers from Serious Diseases - rev. 1/15
- Adult Immunizations, Are You Protected? - rev. 4/16
- HPV Vaccination - rev. 2016
- Protect Pre-Teens and Teens from Serious Diseases - rev. 5/16
- Vaccines for Your Child (about the VFC program) - rev. 3/14



Order free AIM Packets for your office!

Adolescent Immunization Resources from MDHHS

Download at www.aimtoolkit.org
health care professionals tab under patient education

Make the Call to Protect Yourself
If you haven't received these vaccines, call today!

Keep your pre-teens safe from serious diseases. Fun. Independence. New Experiences. Friends.

You train hard every day to win. Don't let being sick ruin the competition.

College is an exciting time. Stay healthy to enjoy it. Ask your doctor about what vaccines you may need today.

Ask your parents or doctor about which vaccines you may need.

Ask your doctor today and ask about vaccines they need.

How Does Your Pre-Teen Stack Up?
Your child needs vaccines to fight these diseases by 12-15 years of age.

Meningitis (Meningococcal conjugate vaccine)
Protects against meningitis, a serious infection that can lead to death or disability. Recommended for all children ages 11-12.

Tetanus, Diphtheria, Pertussis (Tdap)
Protects against tetanus, diphtheria, and pertussis (whooping cough). Recommended for all children ages 11-12.

Measles, Mumps, Rubella (MMR)
Protects against measles, mumps, and rubella. Recommended for all children ages 11-12.

Polio (Poliovirus)
Protects against polio, a disease that can lead to paralysis. Recommended for all children ages 11-12.

Hib (Haemophilus influenzae type b)
Protects against Hib, a bacteria that can cause meningitis and pneumonia. Recommended for all children ages 11-12.

HPV (Human Papillomavirus)
Protects against HPV, a virus that can cause cancer. Recommended for all children ages 11-12.

Between classes, practice, shopping, and friends, make sure you protect your health.

Ask your doctor about what vaccines you may need to stay healthy.

Posters and Flyers

Awareness-raising posters targeting pre-teen through college-aged adolescents and their parents, aimed to spark a dialogue between parents/patients and their health care provider. Simple messages and appealing pictures make these materials ideal to hang up in waiting rooms, exam rooms, and around your office.

www.aimtoolkit.org/health-care/adolescents.php

Detailed Flyers and Fact Sheets*

Detailed informational flyers and fact sheets on human papillomavirus (HPV) vaccine and other routinely recommended adolescent vaccines. Targeted materials available for older high-school-aged adolescents, parents of preteens, and teens in general. Easy-to-understand language and appealing graphics make these materials ideal to distribute via patient packets and mailings, newsletters, websites, and in-person office visits. Available for download in multiple languages, including Spanish, Arabic, Burmese, Chinese Mandarin, and Russian.

www.aimtoolkit.org/health-care/adolescents.php

VACCINATE BEFORE YOU GRADUATE
After you have your last vaccines can be a hassle. Do The MATH! 85% of students who get vaccinated before graduation have no health care costs. 46% of students who get vaccinated before graduation have no missed school days. 20% of students who get vaccinated before graduation have no missed work days.

A little pain is worth the gain HPV Vaccine
HPV vaccine is safe and effective. It's the only vaccine that can prevent cancer. HPV vaccine is safe and effective. It's the only vaccine that can prevent cancer. HPV vaccine is safe and effective. It's the only vaccine that can prevent cancer.

FLU AND YOUR TEEN
FLU SPREADS EASILY. VACCINE THE BEST PREVENTION. YOU CAN HELP TO GET YOUR TEEN VACCINATED. NO ONE HAS TIME TO GET LOST. Call your healthcare provider today for an appointment!

A Parent's Guide to Preteen and Teen HPV Vaccination
Why Vaccinate Against HPV at 11-12 Years of Age? 1. The vaccine prevents better than surgery to fight infection when you get an abnormal Pap smear. 2. Vaccination from HPV is much more effective than surgery to remove abnormal cells. 3. HPV is a very common virus that can cause cancer. 4. HPV is a very common virus that can cause cancer. 5. HPV is a very common virus that can cause cancer.

TEEN VACCINES INFORMATION FOR PARENTS
Meningococcal conjugate vaccine, Tetanus, Diphtheria, Pertussis (Tdap), Measles, Mumps, Rubella (MMR), Polio (Poliovirus), Hib (Haemophilus influenzae type b), HPV (Human Papillomavirus).

*Order free copies at www.healthymichigan.com

Adult Immunization: Overcoming Challenges and Missed Opportunities

Despite remarkable evidence that vaccines significantly decrease the morbidity and mortality of serious diseases, adult immunizations are largely under-utilized in the United States and in Michigan. The 2015 Behavioral Risk Factor Surveillance Survey (BRFSS) estimated 57.7 percent of Michigan adults, ages 65 years and older, reported receiving an influenza vaccine within the past year, while an estimated 72.8 percent of this population reported ever receiving pneumococcal vaccine¹. A study that further analyzed BRFSS data found that reported receipt of influenza and pneumococcal vaccination were positively associated with receipt of Td or Tdap vaccination in adult populations².

Reducing missed opportunities is an evidence-based practice to increase vaccination coverage. According to data entered in the Michigan Care Improvement Registry (MCIR) over the last three flu seasons (July 1, 2013 through June 30, 2016), co-administering influenza and zoster vaccines during the same visit to adults is not common practice. Only 2.46 percent of adults 60 years of age and older received both vaccines at the same visit when they were eligible, according to MCIR.

Why prevent missed opportunities?

A recently released study investigated the national costs associated with low adult vaccine uptake. Ozawa et al. calculated the cost of non-vaccination at more than 7 billion dollars annually³. The economic burden of vaccine-preventable diseases among our adults is significant in the United States. By integrating the Standards for Adult Immunization Practice, providers can deliver a core preventive service and increase adult vaccine uptake⁴.

Assess

It is crucial to assess immunization status at every clinical encounter, not just wellness visits. Remember to assess immunization status in MCIR and your EHR. Look for opportunities to enhance clinic flow - use patient intake questionnaires or other screening tools to assess immunization needs of patients and to determine contraindications for safe vaccine delivery. Consider their H-A-L-O: Health condition, Age, Lifestyle, and Occupation⁵.

Recommend

A provider's recommendation is one of the strongest predictors of patients getting vaccinated^{6, 7}. Strongly recommend the vaccines indicated for your patients, when they need them. Key components of a strong recommendation include: tailoring the recommendation for the patient, explaining the benefits of vaccination and potential costs of getting the diseases they protect against, and addressing patient questions and concerns in clear and understandable language.

Administer or Refer

Administer needed vaccines. Utilizing standing orders is an evidenced-based practice to make the vaccine administration process easier. Because of the variety of health care providers and insurance types, challenges are presented in vaccine billing and reimbursement. Using a platform like TransactRx to process Medicare Part D billing can prevent missed opportunities to vaccinate on site in your practice.

Administer or Refer Continued

It may not be feasible to stock all vaccines in your office, so refer your patients to other known immunization providers in the area to ensure that they get the vaccines they need to protect their health. Coordinating a strong immunization referral network will reduce a substantial burden on your adult patients and your practice. If your adult patients do not have insurance, or if their insurance does not cover any of the cost of an immunization, check with your local public health department to see if your patient qualifies for the following public vaccines: Td, Tdap, MMR, HPV9, PCV13, PPSV23, Hep A, Hep B or Zoster.

Document

Document vaccines received by your patients. Help your office, your patients, and your patients' other providers know which vaccines they have had by documenting in MCIR. And for the vaccines you do not stock, follow up to confirm that patients received recommended vaccines. MCIR has been a lifespan immunization registry since 2006. As of September 2016, over 6.7 million adults have a MCIR record and over 54 million individual vaccines have been recorded in MCIR for adult patients.

Thank you for being a champion for adult immunization. We look forward to working further with all of you to protect more Michiganders from serious diseases through vaccination. For more information, visit www.michigan.gov/immunize or www.aimtoolkit.org.

References

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2. Lu, P-J et al. (2016). National and state-specific Td and Tdap vaccination of adult populations. *American Journal of Preventive Medicine*, 50(5), 616–626.
3. Ozawa et al. (2016). Modeling the economic burden of adult vaccine-preventable diseases in the United States. *Health Affairs*, 35(11), 1-9.
4. National Vaccine Advisory Committee. (2014). Recommendations from the National Vaccine Advisory Committee: Standards for Adult Immunization Practice. *Public Health Reports*, 129, 115-130.
5. Immunization Action Coalition. *Before you vaccinate adults, consider their "H-A-L-O"!* Retrieved from <http://www.immunize.org/catg.d/p3070.pdf>
6. Ding et al. (2015). Influenza vaccination coverage among pregnant women — United States, 2014–15 influenza season. *MMWR Weekly*, 64(36), 1000-1005.
7. Suryadevara et al. (2014). Pertussis vaccine for adults: Knowledge, attitudes, and vaccine receipt among adults with children in the household. *Vaccine*, 32(51), 7000–7004.

Congratulations to the 2016 Winners

The [Alliance for Immunization in Michigan \(AIM\)](#) Coalition's 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, we received many well-qualified nominations for candidates from across all regions of Michigan. We are pleased to announce this year's winners:

Individual Award Winners

Gina Aquino, Henry Ford Macomb Hospital Practice Management

Carolyn Wagner, Calhoun County Public Health Department (retired nurse)

Organizational Award Winners

Northern Michigan Vaccine Preventable Disease Task Force, Traverse City

School Health Advocacy Program, Grand Rapids

Awards will be presented at the [2016 Fall Regional Immunization Conferences](#) and the October AIM meeting. Thanks to all who nominated such exemplary candidates. Congratulations to this year's winners and to all of the deserving nominees!

Need Some Fresh Educational Materials for Your Office?

Newly created materials have been added to the AIM website. Personal stories about vaccine-preventable diseases are now [available in Arabic and in Spanish](#).

Take a moment to view these offerings – a few examples are posted to the right. Visit <http://www.aimtoolkit.org/health-care/general-public.php> to download the materials.



Get your flu vaccine this year and every year.

Fall is a time for apple picking, pumpkin carving, football games, and raking leaves. Stay healthy to enjoy the beauty that Michigan has to offer. Vaccine remains your best protection against the flu.

Ask your health care provider today!



¿Por qué debemos vacunarnos contra la meningitis B?

Preguntémosle a la familia Stillman de Michigan.



Emily Stillman falleció de una enfermedad que podía prevenirse con una vacuna, pero esa vacuna no estaba a su alcance. Pero tú sí puedes obtenerla.

La historia de Emily

Emily Nicole Stillman era una hermosa estudiante de 19 años que estaba en segundo año en Kalamazoo College ubicado en Kalamazoo, Michigan. Tenía toda una vida por delante, uno de sus sueños era presentarse algún día en el programa Saturday Night Live. La noche del 31 de enero de 2013, Emily llamó a su casa porque tenía dolor de cabeza. Su mamá pensó que podría estarle empezando una gripe. Emily pensó que el dolor era por falta de sueño. Treinta y seis horas después, Emily perdió la vida a causa de la enfermedad meningocócica del serogrupo B. Para ese momento, Emily ya había recibido todas las vacunas recomendadas para su edad, incluida la vacuna antimeningocócica correspondiente como protección de los serogrupos A, C, Y y W. Sin embargo, en el 2013, la vacuna para el serogrupo B todavía no estaba disponible en los Estados Unidos. Ahora esa vacuna sí está disponible. No retrase la protección de su hijo adolescente y adulto joven con ambas vacunas antimeningocócicas.



www.aimtoolkit.org
www.foreveremily.org



Concepto adaptado con la autorización del hospital Texas Children's Hospital.