

2012-2013 Influenza Season Arrives Early

This year's flu season began about a month early, and as of mid-January influenza activity is widespread - the highest level on influenza activity - in a majority of the states. In Michigan, influenza activity increased to widespread the week of January 3, 2013, and as of this writing, widespread activity continues. Four influenza-associated pediatric deaths have been reported so far this season to MDCH. The deaths occurred in a 6-month-old, 6-year-old, 13-year-old and 14-year-old. Since influenza-associated pediatric deaths became reportable in 2004, the highest number of deaths reported in one season to MDCH was six during the 2010-11 flu season. These deaths are a somber reminder of the danger flu poses to children.

The Centers for Disease Control and Prevention (CDC) recommends that everyone 6 months of age and older get a seasonal flu vaccine each year. Some children 6 months through 8 years of age require two doses of influenza vaccine. The second dose should be given at least 28 days after the first dose. The Michigan Care Improvement Registry (MCIR) can tell you whether two doses are recommended for children. Additionally, new MCIR rules were implemented this season and providers are required to report influenza vaccinations administered to every child less than 20 years old within 72 hours of administration into MCIR. For more information, visit www.mcir.org.

How well the flu vaccine works can vary from year to year and from one person to another. On January 11, 2013, CDC published a [Morbidity and Mortality Weekly Report \(MMWR\)](#) on 2012-13 influenza vaccine effectiveness (VE). Findings from the interim study suggest that this season's vaccine is reducing the risk of having to go to the doctor for influenza by about 60 percent for people who got vaccinated. This is considered a moderate rate of VE compared with the effectiveness of many childhood vaccines. Increasing influenza VE is needed; however, the current flu vaccine offers the best protection we have against influenza right now. Additionally, influenza vaccination, even with moderate effectiveness, has been shown to offer substantial other benefits including reducing illness, antibiotic use, time lost from work, hospitalizations, and deaths.

While difficult to predict, it's likely that influenza activity will continue into the spring months. It is not too late to vaccinate. Anyone 6 months and older who has not gotten vaccinated yet this season should get vaccinated. Vaccine providers are encouraged to maintain adequate flu vaccine supplies and urged to continue to vaccinate. If vaccine inventory is an issue, private providers are encouraged to check with their Local Health Department for the latest information on influenza vaccine supply.

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January is Cervical Cancer Awareness Month

Cervical Cancer Awareness Month is a good opportunity to promote HPV vaccination and raise awareness about preventing cervical cancer. Cervical cancer is highly preventable because screening tests for cervical cancer and vaccines to prevent human papillomavirus (HPV), which is the main cause of cervical cancer, are available. However, half of cervical cancers occur among women rarely or never screened for cancer, and another 10%–20% of cancers occur among women who were screened but did not receive adequate follow-up care. When cervical cancer is found early, it is highly treatable and associated with long survival and good quality of life.¹

Approximately 70 percent of cervical cancers result from infection with HPV types 16 and 18. Most cervical cancer in the U.S. could be prevented by the HPV vaccination. Three doses of HPV vaccine are recommended for girls and boys at 11-12 years of age. However, as of September, 2012, statewide, only 25.7% of females, age 13-17, had received the entire three-dose vaccine series, according to Michigan Care Improvement Registry (MCIR) data.

If you have patients who do not have health insurance, or do not have insurance that covers this vaccines, be sure to tell them about the Vaccines for Children (VFC) program. VFC provides no- or low-cost vaccines to eligible children, 18 years of age and younger.

[HPV posters](#) are available on the MDCH website (see page 5 for an example).

For more information:

Cervical cancer: www.michigan.gov/cancer

HPV vaccine: www.michigan.gov/teenvaccines

¹CDC, [Announcement: Cervical Cancer Awareness Month—January 2013](#), January 4 issue of *MMWR*.

Study Finds HPV Vaccine Safe

Researchers at the Kaiser Permanente Vaccine Study Center in Northern California studied almost 200,000 females aged 9 to 26 years who received at least one dose of HPV vaccine between 2006 and 2008. Adverse events associated with the HPV vaccine were limited to fainting and infrequent skin infection around the injection site. The study was published in [JAMA Pediatrics, December 2012 issue](#) (formerly *Archives of Pediatrics & Adolescent Medicine*).

2013 Immunization Schedules to be Released January 28

The 2013 immunization schedules will be posted on the CDC website January 28. For more information, see [CDC's December Immunization Works newsletter](#).

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Influenza vaccination to prevent influenza and prompt antiviral therapy to treat influenza illness are the two most important medical defenses against the influenza viruses. On December 21, 2012, the U.S. Food and Drug Administration (FDA) approved the influenza antiviral medication oseltamivir (trade name Tamiflu®) for the treatment of influenza in people aged 2 weeks and older. Previously, oseltamivir was approved by FDA for treatment of influenza in persons aged 1 year and older. Antiviral treatment initiated as soon as possible is especially important for people who are very sick with influenza, such as those requiring hospitalization, and people who are at high risk of developing serious influenza-related complications, like young children, people 65 and older, people with certain underlying chronic conditions, and pregnant women.

For additional resources and to access MDCH's weekly surveillance report, Michigan Flu Focus, and weekly influenza newsletter, FluBytes, visit www.michigan.gov/flu.

[The Burden of Influenza in Young Children, 2004-2009](#)

Pediatrics (1/6/13) Poehling, Katherine A.; Edwards, Kathryn M.; Griffin, Marie R.; et al.

A recently published study examined the impact of the expanded flu vaccination recommendation in U.S. children since 2004. The researchers concluded that despite expanded vaccination recommendations, many children are insufficiently vaccinated and substantial influenza burden remains.

[Report: Preparedness Steps Hedge Against Busy Flu Seasons](#)

CIDRAP 1/15/13

Low demand for flu vaccine in previous years could limit the supply of vaccine, leaving the nation unprepared for a year when levels are higher, according to a new analysis of flu vaccine trends and policies by Trust for America's Health (TFAH), a nonprofit health advocacy group based in Washington, D.C. [Read CIDRAP article...](#)

Report Adverse Events this Flu Season

If your patients experience an adverse event following immunization, please report this information to the [Vaccine Adverse Event Reporting System](#) (VAERS). For more information on flu vaccine safety and monitoring, see www.cdc.gov/flu/protect/vaccine/vaccinesafety.htm.

Health Map Vaccine Finder

If you offer influenza vaccines and have posted this information on the [HealthMap Vaccine Finder](#) please make sure your information is up-to-date.

Flu Resources

Stay up-to-date with:

MDCH: www.michigan.gov/flu

CDC: www.cdc.gov/flu

HHS: www.flu.gov

[Childhood Immunization Schedule Safe, IOM Reports](#)

MedPage Today; 1/16/13

Existing evidence suggests the childhood immunization schedule is safe, although research looking for potential safety concerns should continue, according to a report from the Institute of Medicine (IOM). The 14-member committee that looked into the issue acknowledged that vaccines carry some risks — like any medication or intervention — but found that the benefits outweigh those concerns.

- [MedPage Today article](#)
- [Institute of Medicine Report Brief](#)

FDA Approves New Seasonal Influenza Vaccine Made Using Novel Technology

On January 16, the U.S. Food and Drug Administration (FDA) announced that it has approved Flublok, the first trivalent influenza vaccine made using an insect virus (baculovirus) expression system and recombinant DNA technology. Flublok is approved for the prevention of seasonal influenza in people 18 through 49 years of age. Read more at:

www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm335891.htm

CDC Promotes New Web Page for Children with Neurologic Conditions

CDC has developed a new [web page on flu and children with neurologic conditions](#). Children with a neurologic condition, like cerebral palsy, intellectual disability, or epilepsy, are at high risk of flu-related complications such as pneumonia or even death, according to a study published in *Pediatrics*¹. The web page highlights the importance of getting an annual flu shot for children with neurologic conditions, healthy habits to prevent the flu, and treatment options if a child becomes ill.

¹[Pediatrics, August 29, 2012, doi: 10.1542/peds.2011-3343](#)

[Why Do Vaccine-Preventable Disease Outbreaks Occur in the U.S.?](#)

Medscape, Jan. 2012; James D. Cherry, MD, MSc, and Kathleen H. Harriman PhD, MPH

This article reviews the possible reasons for the continued occurrence of vaccine-preventable diseases in the U.S., and focuses on pertussis, measles and mumps. Numerous outbreaks of vaccine-preventable diseases have occurred in the U.S. during the past several years. The authors concluded that outbreaks of vaccine-preventable diseases will continue to occur in the U.S., as long as these diseases are circulating throughout the world. The epidemiology of each vaccine-preventable disease is different and vaccine efficacy varies based on the type of vaccine. Therefore, approaches to prevent and control these outbreaks must differ. Several approaches will be useful in the prevention and control of all vaccine-preventable diseases, including keeping immunization rates high; implementing effective control measures when cases and outbreaks are reported; striving to develop more effective vaccines; and working to reduce the incidence of vaccine-preventable diseases around the world.

[Read the entire article on Medscape.](#) If you are not already a member of Medscape, registration is free.

Check out the [MDCH Flu Gallery](#) for available posters.
(See page 4 for an example.)

Vaccination Site and Risk of Local Reactions in Younger Children

Pediatrics (1/14/13) Lisa A. Jackson, Do Peterson and Jennifer C. Nelson, et al

The study sought to assess whether the occurrence of medically attended local reactions to intramuscularly administered vaccines varies by injection site (arm versus thigh) in children 1 to 6 years of age. The authors concluded that injection in the thigh is associated with a significantly lower risk of a medically attended local reaction to a DTaP vaccination among children 12 to 35 months of age, supporting current recommendations to administer IM vaccinations in the thigh for children younger than 3 years of age.

The study cohort of 1.4 million children received 6.0 million intramuscular (IM) vaccines during the study period. The primary analyses evaluated the IM vaccines most commonly administered alone, which included inactivated influenza, hepatitis A, and diphtheria-tetanus-acellular pertussis (DTaP) vaccines. For inactivated influenza and hepatitis A vaccines, local reactions were relatively uncommon, and there was no difference in risk of these events with arm versus thigh injections. The rate of local reactions after DTaP vaccines was higher, and vaccination in the arm was associated with a significantly greater risk of this outcome compared with vaccination in the thigh, both for children 12 to 35 months (relative risk: 1.88 [95% confidence interval: 1.34–2.65]) and 3 to 6 years of age (relative risk: 1.41 [95% confidence interval: 0.84–2.34]), although this difference was not statistically significant in the older age group.

[The abstract is posted online](#); however, the full article is available by subscription only.

The Michigan Department of Community Health (MDCH) continues to support the Advisory Committee on Immunization Practices (ACIP) vaccine administration guidelines indicated in the [General Recommendations on Immunization, January 28, 2011](#). These are reflected in our handout series “Giving all the Doses” posted at <http://www.aimtoolkit.org/children-immun-admin.php>.

Voices for Vaccines Helps Parents Speak Up For Immunization

IAC Express, Issue 1035, January 15, 2013

[Voices for Vaccines](#) (VFV) is a national organization of parents and others who are dedicated to raising the level of the voices of immunization supporters. VFV has strong, direct support from scientists, healthcare professionals, and public health officials in its mission to provide parents, caregivers, and others opportunities to advocate for on-time immunization. Launched initially in 2008, VFV is being revitalized by Karen Ernst and Ashley Shelby, two parents who have volunteered to lead the organization. In 2010, Shelby and Ernst founded the blog [Moms Who Vax](#), which offers vaccine information, resources, commentary, and first-person stories from parents who immunize. Voices for Vaccines is a national organization that welcomes everyone—parents, healthcare professionals, and all others. Please spread the word to your friends and colleagues.

Immunization Videos Available

The National Association of County and City Health Officials (NACCHO) has gathered [videos addressing vaccination](#) into one convenient place. These short videos cover many immunization issues, including influenza, pertussis, adolescent immunization, and personal stories about vaccine preventable diseases. Videos range from humorous to serious and target a variety of ages.

[Translations of the Pediatric Multi-vaccine VIS Now Available](#)

The pediatric multi-vaccine Vaccine Information Statement (VIS) was updated on 11/16/12. This 4-page VIS includes information on routine 0-6 month vaccines -- i.e., DTaP, hepatitis B, IPV, PCV, Hib, and rotavirus. It can be used as an optional alternative to the existing individual VIS when any combination of these vaccines is administered during the same visit. (This includes combinations like Pediarix or Comvax.) In addition to the birth, 2, 4, & 6 month visits, this VIS could also be used for the 4th and 5th doses of DTaP and the 4th doses of PCV, IPV, or Hib, if they are given at the recommended ages. It should NOT be used when any of these vaccines are administered to adolescents or adults, because it doesn't contain information about risk factors, etc. for those ages.

[Translations](#) of the pediatric multi-vaccine VIS in the following languages have been posted on the MDCH website:

- Spanish
- Arabic
- Chinese
- French
- Russian
- Vietnamese
- Somali

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.

Please note that when the foreign language VIS is not the most current version, parents should also be given the current English version.

Vaccine Information Statements for Michigan providers are posted at www.michigan.gov/immunize under [Vaccine Information Statements](#).

[Hundreds of Handouts Posted at IAC Website](#)

The Immunization Action Coalition (IAC) Handouts web section offers health care professionals and the public more than 250 vaccination-related handouts and fact sheets. Many handouts are also available in translations. All items are ready to print, copy, and distribute widely! Technical accuracy has been confirmed by immunization experts at the Centers for Disease Control and Prevention (CDC).

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

To subscribe, send an email to emarkzon@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.

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

Got Flu & Tdap Vaccines?



We've Got Ours.

Talk to us about getting flu & Tdap vaccines for yourself & your family.



This poster and others are posted at:
<http://www.michigan.gov/flu> Click on "Flu Gallery"

You made sure to protect her when
she was little....
and she still needs you now.



Protect your daughter from serious
diseases like meningitis, HPV,
hepatitis, flu and pertussis.

Call your doctor today and ask about
vaccines she may need.



www.michigan.gov/teenvaccines

This poster and others are available online:
<http://www.michigan.gov/teenvaccines>; Click on [Adolescent Immunization Poster Gallery](#)