

April is National Minority Health Month



Michigan's Immunization Champion



Last week, Zachary Yaksich of West Bloomfield received the Michigan CDC [Childhood Immunization Champion award](#). This award honors individuals who are doing an exemplary job to promote or foster childhood immunizations in their communities.

Mr. Yaksich goes above and beyond the nomination criteria for an immunization champion and we appreciate all of the work that he does to raise awareness on influenza vaccination. Zack is the founder of Alana's Foundation, which was established to share the personal tragedy of losing his daughter, Alana, due to influenza-related complications in 2003. Zack spoke at the last Flu Advisory Board meeting and reminded us about the importance and benefits of immunization.

For more information, please see the [MDCH press release](#) which was distributed on April 26. For information on Alana's Foundation visit, www.alanasfoundation.org.

ATTENTION:

Vaccine Shortage Announced by Sanofi Pasteur for Pentacel (DTaP-IPV-Hib)

Pentacel Vaccine Shortage

On April 21, Sanofi Pasteur announced a shortage of **Pentacel vaccine (DTaP-IPV-Hib)** which is expected to last through the summer. Monthly allocations to Vaccines for Children (VFC) providers of Pentacel are necessary due to a manufacturing delay that will temporarily reduce supply to approximately 2/3 of normal inventory. MDCH checked with Sanofi and they reported this is solely a manufacturing delay issue and it is not a safety or quality issue. Sanofi is the manufacturer of this vaccine and it is their supply issue that is affecting both the public and private Pentacel supplies.

The shortage is expected to last through the summer. For additional information, please see [Sanofi Pasteur's letter to private providers](#).

IMPORTANT: No child should go unvaccinated due to this Sanofi supply issue. Ample vaccines in other presentations are available and must be used to avoid missed opportunities.

[The Quick Reference to Combination Vaccines](#) may be a helpful tool for practice settings.

Immunization Disparities Still Exist in Michigan

April is National Minority Health Month. The MDCH Disparities Workgroup challenges us to investigate the immunization disparities that still exist in Michigan and take steps to reduce or eliminate them.

Human Papillomavirus (HPV) is the most common sexually transmitted virus in the U.S. It is the leading cause of cervical cancer and has been associated with several less common cancers. This virus also causes genital warts and warts in the throat. There is no cure for HPV but it can be prevented. However, despite the fact that there is a highly effective HPV vaccine available, many adolescents remain at risk for HPV infection.

In March 2007, the Advisory Committee on Immunization Practices (ACIP) recommended routine vaccination for females age 11-12 years. Five years later, however, only 20.8% of adolescent girls in this age group have started the HPV series and 4.5% have completed the three-dose series, according to data from the Michigan Care Improvement Registry (MCIR).

Race and ethnicity data are incomplete in MCIR for teenagers; however the data suggests that while the HPV vaccine initiation rate (1+ dose coverage) is higher for Black non-Hispanic adolescents than White non-Hispanic adolescents, more White non-Hispanic adolescents complete the three dose series than Black non-Hispanic adolescents. This finding is supported by [2010 U.S. National Immunization Survey - Teen](#) data.

Disparity for HPV vaccination by gender also exists, which may largely be due to the fact that ACIP did not recommend the routine vaccination of males with HPV vaccine at 11-12 years of age until late December, 2011. MCIR data show that only 3.9% of adolescent boys have started the series at this age; 0.4% have received all three doses.

Let's close these disparity gaps and protect our youth by raising the HPV vaccination coverage level to 90% in all races and both genders. Assess and immunize ALL adolescents with ALL recommended vaccines. Read more about [HPV vaccination disparities](#) at www.michigan.gov/immunize (under Immunization Disparity Resources).

NIIW: Immunization Resources

Resources posted last week during National Infant Immunization Week:

- [Vaccine Resources from CDC Partners](#)
- [CDC's Provider Resources](#)
- [Parenting: It's National Infant Immunization Week](#).

2012 AIM Provider Toolkits Now Available

The Alliance for Immunization in Michigan (AIM) Provider Tool Kit is updated annually to help providers stay knowledgeable about important changes that affect immunization practice. The 2012 AIM Kits are now available, free of charge, at:

www.healthymichigan.com > Immunizations.



This year, the look and feel of the printed kit has changed and pieces included are much more colorful and promotional in nature. AIM moved forward with this change in response to feedback from regular kit users, many of whom say they don't have the funds in their offices or worksites to print colored materials. Additionally, in past years, many materials became outdated during the year. The changes in the 2012 printed AIM Kit are designed to ensure that the information is more current and accurate. All of the same great pieces that have been found in previous versions of the kit can now be found at the new and improved website: www.aimtoolkit.org. An [informational video](#) is available to walk you through the AIM Tool Kit website. Tell us what you think of the new Tool Kit and website at www.surveymonkey.com/2012aimsurvey.

The 2012 kits were made possible through the generous donations of about a dozen Michigan-based health care organizations, and we wish to thank these benefactors. The AIM Kit sponsors' names are listed at www.aimtoolkit.org (scroll to bottom of page for list of names). To find out how your organization can become a sponsor of next year's AIM Tool Kit, please contact Caryl Markzon at CMarkzon@msms.org.

Quick Looks

The MDCH Division of Immunization provides guidance documents for health care professionals (HCP) called [Quick Looks](#). These are one-page summaries of ACIP recommendations. They are available for more than a dozen vaccines and are posted at www.michigan.gov/immunize > Provider Information.

Immunization in the News

- [April issue of CDC's Immunization Works](#)
- [CDC: 2011 was Worst Measles Year in U.S. in 15 Years](#)
- [If not vaccination, then what?](#) AAP Commentary

CDC Launches New Media Campaign

CDC's new media campaign, launched during National Infant Immunization Week (NIIW), is designed for use throughout the year. The campaign materials help educate parents about vaccines' safe, proven disease-protection benefits. Promotional materials are available in both English and Spanish, including:

- [New print ads](#)
- [PSAs for TV and radio](#)

HPV Materials Available in Multiple Languages

CDC recently released [HPV brochures](#) translated and adapted for Korean, Vietnamese, and Filipino men and women, as part of its *Common Infection. Common Reality.* brochure series. These brochures explain Human Papillomavirus (HPV) and related conditions, including information about transmission, prevention, testing, and communicating with your partner about HPV. To learn more, visit [CDC's HPV Web site](#).

Measles – United States, 2011

The April 20 Morbidity and Mortality Weekly Report (MMWR) updates an earlier MMWR on measles in the U.S. during the first 5 months of 2011 ([MMWR, April 20, 2012, Vol. 61/No. 15](#)). Importations of measles into the U.S. continue to occur, posing risks for measles outbreaks and sustained measles transmission. During 2011, a total of 222 measles cases and 17 measles outbreaks were reported to CDC. Most patients (86%) were unvaccinated or had unknown vaccination status. Of the 222 cases, 112 (50%) were associated with 17 outbreaks, and 200 (90%) were associated with importations from other countries, including 52 (26%) cases in U.S. residents returning from abroad and 20 (10%) cases in foreign visitors. Of the 222 cases, 70 individuals required hospitalization. These cases underscore the ongoing risk for measles among unvaccinated persons and the importance of vaccination against measles.

In 2011, Michigan recorded 2 measles cases; both cases were adults with unknown measles immunization history. In 2012, there has been 1 measles case reported in Michigan.

The [Key Facts about Measles handout](#), updated as of April 20, 2012, is posted on the MDCH Division of Immunization website.

[This transcript of CDC's April 19 press conference on measles](#) features Anne Schuchat, MD, Director of the Office of Infectious Diseases at the National Center for Immunization and Respiratory Disease, CDC.

Americans bound for Olympics warned about measles

[CIDRAP 3/20/12](#)

American travelers to this summer's Olympic games in London or Euro 2012 soccer cup in Poland and Ukraine could come home with an unwelcome tagalong—measles. The measles virus is much more prevalent in Europe than in the U.S., and the CDC is concerned that unvaccinated travelers could bring the disease back with them. The most important thing travelers can do to avoid bringing measles back is make sure they are up to date on their vaccinations.

[Mar 20 USA Today story](#)

New MMR Vaccine Information Statement

The MMR Vaccine Information Statement (VIS) has recently been updated and is posted on the MDCH website. This interim VIS has been updated with minor changes throughout. Providers should begin using the new VIS immediately.

A sentence in Section 2 has been added noting that children younger than 12 months who are traveling overseas should get a dose of MMR. In Section 3, a note has been added asking the patient to tell their provider if they received another vaccine within the past 4 weeks (to alert the provider of the possibility of administering two live vaccines too close together). In Section 4, the statement that minor problems usually occur 7-12 days after the shot was changed to the more accurate 6-14 days, and the box noting the risk of adverse events following MMRV was removed, as it is not relevant for patients receiving MMR.

This is the first VIS to feature a 2D barcode. This will allow providers with a 2D barcode reader and the appropriate software to scan the VIS name and edition date into an electronic system such as an electronic medical record or IIS, as an OPTIONAL alternative to entering this information manually. For more information, see CDC's [VIS barcode web page](#). - *Continued on page 3*

New CDC Adolescent Vaccination Resources for Providers

CDC's new [plain-language fact sheets](#) provide detailed information about each of the routinely recommended adolescent vaccines, including Tdap, meningococcal vaccine, HPV vaccine, and the seasonal influenza vaccine. There is also a new fact sheet summarizing all of the vaccine recommendations for adolescents. Spanish versions will be coming soon, so please check back with the [CDC Preteen and Teen Campaign website](#).

Health care professionals (HCP) will find the new [Information for HCP about Adolescent Vaccines fact sheet](#) full of useful information about adolescent vaccine recommendations, side effects, and contraindications

Communicating with Providers about Adolescent Vaccines

On April 16, the MDCH Division of Immunization sent a letter to providers addressing adolescent vaccines. This communication was shared electronically with the Division's listservs, which include a large number of health care providers in Michigan.

[The letter to health care personnel on adolescent vaccines](#) outlines recent changes to the adolescent immunization schedule and the need to immunize adolescent patients throughout the spring and summer months in order to avoid the back-to-school rush. Please take the time to read through this letter about the importance of integrating vaccine administration with other preventative and acute health care visits, as well as offering all ACIP-recommended vaccines to eligible adolescents. The Division of Immunization is urging providers to focus on fully protecting adolescents by following the ACIP recommended immunization schedule.

Be sure to check out the [Adolescent Immunization Toolkit](#) for all of your adolescent immunization information needs in Michigan. The Toolkit contains links to the most up-to-date adolescent immunization coverage levels in Michigan (see [Adolescent Immunization Data](#) section).

Thanks for all that you do to keep Michigan's pre-teens and teens protected from serious diseases.

OTIS Pregnancy Materials and Studies

The [Organization of Teratology Information Specialists](#) (OTIS) is a non-profit organization made up of individual services throughout North America. OTIS provides accurate evidence-based, clinical information to patients and health care professionals about exposures during pregnancy and lactation. This organization is currently conducting [several national studies](#) on vaccine safety in pregnancy, including [influenza](#), [meningitis](#) and [HPV](#) vaccines. If you know of a patient who has received these vaccines during pregnancy, please inform them of these studies. To find out more about these studies, visit [hpvshotinpregnancy.org](#).

Michigan's Immunization Timely Tips (MITT)

To subscribe, send an email to MBenhamza@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.

Updated MMR VIS: Additional Information

Continued from page 2

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.

Translation of other languages will be available at a later date. Please note that when the foreign language VIS is not the most current version, parents should also be given the current English version.

The updated *Important VIS Facts* handout, which includes all the current VIS dates, has also been updated.

These documents are posted on the MDCH website at www.michigan.gov/immunize under [Vaccine Information Statements](#).

Immunization Conferences Announced for Fall 2012

The MDCH regional immunization conferences have been approved for fall 2012:

- Oct. 9 – Gaylord
- Oct. 11 – Marquette
- Oct. 18 – Troy
- Oct. 30 – Dearborn
- Nov. 1 – Bay City
- Nov. 2 – E. Lansing
- Nov. 14 – Grand Rapids
- Nov. 15 – Kalamazoo

We are still in the planning stages for these conferences. The registration process will begin in mid-August. As more details become available, they will be posted online at www.michigan.gov/immunize (under Provider Information). A Save the Date flyer is posted on the [2012 Fall Regional Immunization Conferences](#) web page. Stay tuned!

AFIX Feedback Follow-up Meetings and How to Attend a Fall Conference Free of Charge

Would you like the opportunity to attend a 2012 Michigan Immunization Conference at no cost to your office (based on conference space availability)? The standard registration fee is \$50 per person.

MDCH is offering on-site AFIX feedback meetings to provider offices that submit a request and complete the meeting prior to the 2012 conferences. AFIX (Assessment, Feedback, Incentives & eXchange) is a quality improvement strategy used to raise immunization coverage levels and improve standards of practice. AFIX is widely supported nationally as effective and is a recommended strategy for improving immunization rates. The on-site AFIX feedback meeting will contain information specific to your practice, offering resources that can further assist staff in promoting timely immunizations for your patients. Data will primarily focus on the young child (19-36 month) age range, but adolescent data can also be reviewed. The on-site AFIX feedback meeting can help practices in identifying strategies and methods that can save time, increase immunization coverage levels, and increase the practice's Health Employer Data and Information Set (HEDIS) numbers.

For additional information and to schedule a meeting for your practice, please contact Stephanie Sanchez at 517-335-9011.