Michigan Immunization Update

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Michigan Department of Community Health
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Jennifer M. Granholm, Governor
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WHAT'S NEW

Hib vaccine recall and current shortage:

Interim recommendations for Hib vaccines published December 21 in the MMWR

CDC published Interim Recommendations for the Use of *Haemophilus influenzae* type b (Hib) Conjugate Vaccines Related to the Recall of Certain Lots of Hib-Containing Vaccines (PedvaxHIB and Comvax) in the December 21 issue of the Morbidity and Mortality Weekly Report (MMWR). Previously, the interim recommendations were available only in electronic format as published in the MMWR Dispatch on December 19.

The December 21 MMWR Dispatch is reprinted below in its entirety, excluding references.

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On December 13, 2007, Merck & Co., Inc. (West Point, Pennsylvania) announced a voluntary recall of certain lots of two *Haemophilus influenzae* type b (Hib) conjugate vaccines, PedvaxHIB® (monovalent Hib vaccine) and Comvax® (Hib/hepatitis B vaccine). Providers should return unused vaccine from these recalled lots using procedures outlined on the Merck website at http://www.merckvaccines.com/PCHRecall.pdf. Additional information regarding the affected lots is available online from the Food and Drug Administration (FDA) at http://www.fda.gov/consumer/updates/hib121307.html. Merck has suspended production of its Hib conjugate vaccines and does not expect to resume distribution of these vaccines until the fourth quarter of 2008. The recall of PedvaxHIB and Comvax and suspension of production are expected to result in short-term disruption to the Hib vaccine supply in the United States.

Merck issued this voluntary recall as a precautionary measure because the company cannot assure the sterility of equipment used during manufacture of these lots. However, the potency of the vaccine in the recalled lots was not affected, and Merck reported that no contamination of vaccine has been detected. Therefore, children who received Hib conjugate vaccine from the recalled lots do not need revaccination or any special follow-up.

Two other Hib conjugate vaccines manufactured by sanofi pasteur (Swiftwater, Pennsylvania) and currently licensed and available for use in the United States, ActHIB® (monovalent Hib vaccine) and TriHIBit® (diphtheria and tetanus toxoids and acellular pertussis [DTaP]/Hib vaccine), are unaffected by the recall. However, Sanofi Pasteur likely will not be able to immediately provide adequate Hib vaccine to vaccinate fully all children for whom the vaccine is recommended.

The recommended vaccination schedule for all available Hib-containing vaccines consists of a primary series (consisting of 2 or 3 doses, depending on the formulation) administered beginning at age 2 months and a booster dose at age 12--15 months. Because of the short-term reduction in available doses of Hib-containing vaccines, CDC, in consultation with the Advisory Committee on Immunization Practices (ACIP), the American Academy of Family Physicians, and the American Academy of Pediatrics, recommends that providers temporarily defer administering the routine Hib vaccine booster dose administered at age 12--15 months except to children in specific groups at high risk, which are described in this report. Providers should register and track children for whom the booster dose is deferred to facilitate recalling them for vaccination when supply improves.

Sustained high levels of coverage with Hib conjugate vaccine have resulted in a substantial decline in the incidence of Hib disease in the United States. In 2006, the incidence of Hib disease in children aged <5 years was 0.21 per 100,000, representing a greater than 99% reduction in disease compared with incidence in the prevaccine era. Population immunity is a result of direct protection of children by vaccination with Hib vaccine and herd immunity resulting from prevention of nasopharyngeal carriage and interruption of Hib transmission. Short-term deferral of the booster dose among children aged 12--15 months is not likely to result in an increased risk for Hib disease because of continued protection of children with the primary series and the low level of nasopharyngeal carriage and transmission achieved in the United States by the Hib immunization program.

The vaccines affected by the recall, PedvaxHIB and Comvax, contain Hib capsular polysaccharide (i.e., polyribosylribitol phosphate [PRP]) covalently linked to a meningococcal outer membrane protein (OMP) carrier. The two unaffected vaccines, ActHIB and TriHIBit, are PRP-tetanus toxoid (PRP-TT) conjugate Hib vaccines. PedvaxHIB and Comvax are recommended as a 2-dose primary series (at ages 2 and 4 months), whereas ActHIB is recommended as a 3-dose primary series (at ages 2, 4, and 6 months). ActHIB and PedvaxHIB also are licensed for the 12--15 month booster dose. TriHIBit is licensed only for the 12--15 month booster dose. Children who are not at increased risk for Hib disease, as described in this report, and who received PRP-OMP vaccines for only the first or second dose of their routine primary series may be administered PRP-TT to complete the primary series. In these children, a total of 3 doses will complete the primary series. Children who are behind schedule should complete the primary series according to age-appropriate recommendations.

Certain children are at increased risk for Hib disease, including children with asplenia, sickle cell disease, human immunodeficiency virus infection and certain other immunodeficiency syndromes, and malignant neoplasms. CDC recommends that providers continue to vaccinate these children with available Hib conjugate vaccines according to the routinely recommended schedules, including the 12--15 month booster dose. PedvaxHIB (if available), ActHIB, and TriHIBit may be used for the booster doses for these children during this shortage. Hib vaccines also are recommended for use in prophylaxis for susceptible close contacts of patients with Hib disease. CDC recommends that providers continue to vaccinate close contacts according to published guidelines.

American Indian/Alaska Native (AI/AN) children also are at increased risk for Hib disease, particularly in the first 6 months of life. Before the use of Hib conjugate vaccines, the incidence of Hib disease among young AI/AN children in AI/AN communities was approximately 10 times higher than among children of comparable age in the general population. Compared with PRP-TT conjugate vaccines, the administration of PRP-OMP vaccines leads to a more rapid seroconversion to protective antibody concentrations within the first 6 months of life. Failure to use PRP-OMP vaccines for the first dose is associated with excess cases of Hib disease in AI/AN infants living in communities where Hib transmission is ongoing and exposure to colonized persons is likely. Although PRP-OMP and PRP-TT vaccines are equally effective after completion of the primary series, availability of more than one Hib vaccine in a clinic could lead to administration of the wrong vaccine for the first dose in these populations. For these reasons, CDC recommends that providers who currently use PRP-OMP--containing Hib vaccines (PedvaxHIB and Comvax) to serve predominantly AI/AN children in AI/AN communities continue to stock and use only PRP-OMP-- containing Hib vaccines not affected by the recall and vaccinate according to the routinely recommended schedules, including the 12--15 month booster dose. In its vaccine stockpile, CDC has PRP-OMP--containing Hib vaccines not affected by the recall and will prioritize distribution of available PRP-OMP vaccines for use in AI/AN communities. AI/AN children not in AI/AN communities or who already receive PRP-TT conjugate vaccines should continue to be vaccinated with available vaccines according to the routinely recommended schedules, including the 12--15 month booster dose.

Limitations of the vaccine supply underscore the importance of surveillance for Hib disease in children and serotyping of H. influenzae isolates. ACIP recommends that public health practitioners conduct thorough and timely investigations of all cases of Hib disease. To maximize the amount of available vaccine, providers should order only the number of doses of vaccine required to meet immediate needs (i.e., a supply for up to 4 weeks) and should refrain from attempting to build an inventory of Hib vaccine. CDC, ACIP, and other partners will continue to monitor the supply of available Hib vaccines and the epidemiology of Hib disease and provide updates when available. FDA and CDC will continue to monitor the safety of Hib vaccines. Any adverse events that are potentially vaccine-related should be reported to the Vaccine Adverse Event Reporting System (VAERS) by telephone (800-822-7967) or online (http://www.vaers.hhs.gov). Additional information regarding Hib vaccine is available at http://www.cdc.gov/vaccines/vpd-vac/hib/default.htm. Updates on vaccine supply are available at http://www.cdc.gov/vaccines/vac-gen/shortages/default.htm#chart.

For more information

Hib Interim Vaccination Schedule: A one-page handout showing the Hib Interim Vaccination Schedule is on page 6.

To access a web-text (HTML) version of the complete article, go to:
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5650a4.htm

To access a ready-to-print (PDF) version of this issue of MMWR, go to:
http://www.cdc.gov/mmwr/PDF/wk/mm5650.pdf

To receive a free electronic subscription to MMWR (which includes new ACIP statements), go to:
http://www.cdc.gov/mmwr/mmwrsubscribe.html

To receive email updates on vaccine shortages and delays automatically, go to:
www.cdc.gov/vaccines/vac-gen/shortages. Double-click on the picture of the mailbox shown in the center of the page. Email updates on vaccine shortages and delays will be sent to you automatically.

Updated Childhood/Adolescent Immunization Schedules

The 2008 Recommended Immunization Schedules for Persons 0-18 and the catch-up immunization schedule were published on January 11. The childhood schedule expands the recommendation for the nasal spray influenza vaccine, FluMist, to include healthy children from 2 to 5 years of age who are healthy and don't have a history of asthma or wheezing. The vaccine, which contains a weakened form of the live virus and is sprayed in the nose, had previously been limited to healthy children 5 years of age and older and healthy adults up to age 50.

Meningococcal Conjugate Vaccine (MCV4) is now recommended for routine vaccination for children 11 – 12 years of age and of adolescents 13-18 years of age who have not been previously vaccinated and other people at increased risk of meningococcal disease, including college freshmen living in dorms and military recruits.

(continued on page 5)

This recommendation modifies and simplifies the previous recommendation for routine vaccination with MCV4 of children at 11-12 years of age, adolescents before high school entry (approximately 15 years of age), and other people at increased risk.

The new schedule also updates recommendations for use of pneumococcal vaccine. Healthy children 24 through 59 months of age who are incompletely vaccinated should receive one dose of PCV4. More information about the schedule can be found in the full article in CDC's Morbidity and Mortality Weekly Report (MMWR).

This MMWR is also posted at:
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5701a8.htm?s_cid=mm5701a8_e

To access a ready-to-print (PDF) version of the new schedule, go to:
http://www.cdc.gov/vaccines/recs/schedules/default.htm

(Newsletter is continued, see next page)

Michigan Department of Community Health
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Hib Interim Vaccination Schedule

On December 13, 2007, Merck and Co., Inc. announced a voluntary recall of **certain lots** of two *Haemophilus influenzae* type b (Hib) conjugate vaccines, PedvaxHIB (monovalent Hib) and Comvax (Hib/Hepatitis B). Merck has also suspended production of its Hib conjugate vaccines. Providers may currently have PedvaxHIB and Comvax vaccines that are not in the affected lots. They should continue to use these products following the interim Hib recommendations and schedule **CDC recommends that providers temporarily defer administering the routine Hib vaccine booster dose (generally given at age 12-15 months) except to children in specific groups at increased risk for Hib disease. ****

Interim Recommendations for Children in Specific Groups at Increased Risk for Hib Disease

1. Children at increased risk due to asplenia, sickle cell disease, HIV infection, certain other immunodeficiency syndromes and malignant neoplasm should continue to receive the full routinely recommended schedule including the 12-15 month booster dose. These children can receive ActHIB, PedvaxHIB, or Comvax (Hib/Hep B) for the primary series and any brand, including TriHIBit (DTaP/Hib) for the booster dose.

2. American Indian and Alaskan Native children are at increased risk for Hib disease particularly during their 1st 6 months of life and should continue to receive the full routinely recommended schedule including the 12-15 month booster dose. PedvaxHIB or Comvax is preferred, as these vaccines only require 2 doses to complete the primary series, but other Hib vaccines should be used if these products are unavailable.

Recommended Interim Schedule for Children Without any Hib Doses

Vaccine	Age today at 1st dose	Primary Series: Continue to give all doses based on the child's age	Booster Dose: During the vaccine shortage, given only to children at increased risk
4-dose schedule **- 3 primary doses** **- 1 booster dose** **Brand: ActHIB**	2-6 months	3 doses, 2 months apart	12-15 months*
	7-11 months	2 doses, 2 months apart	12-15 months*
	12-14 months	1 dose	2 months later
	15-59 months	1 dose	None
3-dose schedule **- 2 primary doses** **- 1 booster dose** **Brand: PedvaxHIB, Comvax (Hib/Hep B)**	2-6 months	2 doses, 2 months apart	12-15 months*
	7-11 months	2 doses, 2 months apart	12-15 months*
	12-14 months	1 dose	2 months later
	15-59 months	1 dose	None

***Minimum interval of 2 months between completion of primary series and booster dose, if applicable**

Additional Considerations

1. If the first 2 doses of the primary series are given as all-ActHIB or a combination of ActHIB and PedvaxHIB, follow the 4 –dose schedule
2. If the first 2 doses of the primary series are given as PedvaxHIB, follow the 3-dose schedule.
3. The booster dose, if applicable, can be given using any brand of Hib (PedvaxHIB, Comvax, ActHIB, or TriHIBit). Note: TriHIBit (DTaP/ActHIB) **can not** be used for any of the primary series doses.

**Information and guidance on interim recommendations: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5650a4.htm. Refer to current Catch-up Schedule for children who are lagging behind.

STATE NEWS

Michigan ranks 3rd in nation for hepatitis B birth dose

Michigan is ranked third place in the U.S. for the number of infants who receive the first dose of hepatitis B vaccine at birth. The 2006 CDC National Immunization Survey (NIS) has revealed that 78.3 percent (+ 5.0) of the state's infants received the first dose of hepatitis B vaccine between birth and two days of age compared to the national average of 48.8 percent (+ 1.1). The NIS is a random digit dial survey conducted annually by Centers for Disease Control and Prevention (CDC) to assess immunization coverage levels of infants aged 19-35 months. Michigan's rate is based on the outstate rate of 77.8 percent (+ 5.5) and the City of Detroit's rate of 81.7 percent (+ 5.6), second among major cities.

Over the years, CDC has strengthened recommendations for providing the first dose of hepatitis B vaccine before hospital discharge. The most recent recommendation in December 2005 is that all infants should receive hepatitis B vaccine prior to hospital discharge. For additional information regarding this recommendation go to: www.cdc.gov/mmwr/PDF/rr/rr5416.pdf.

Michigan's success is attributable, in large part, to the Vaccines for Children (VFC) Program Universal Hepatitis B Vaccination Program which provides free hepatitis B vaccine to enrolled hospitals. However, the Perinatal Hepatitis B Prevention Program (PHBPP) and the Division of Immunization realize that this achievement would not have been possible without the commitment and hard work of Michigan health care providers and hospitals. Congratulations and thank you to all the health care professionals and hospitals that played a role in this achievement. Due to your diligence and dedication, children in Michigan are safer and healthier.

If you have any questions or for additional information please contact the PHBPP at 800-964-4487 or visit www.michigan.gov/hepatitisB.

Perinatal Hepatitis B Prevention Program Manual Posted on Internet

The Michigan Department of Community Health (MDCH) Perinatal Hepatitis B Prevention Program Manual is now posted online at www.michigan.gov/hepatitisB.

The manual is divided into six sections:

- OB/GYN providers
- Laboratories
- Hospitals
- Local health departments
- Family practice providers
- Pediatric care providers

If you have questions, please contact the Perinatal Hepatitis B Prevention staff at 517-335-8122 or 800-964-4487. In southeast Michigan, call 313-456-4431 or 313-456-4432.

Annual regional immunization conferences attracted 1,700 attendees

A record number of health care professionals attended the MDCH Fall Regional Immunization Conferences during October and November. The one-day conferences are held in multiple cities across the state every fall, in an effort to make this training opportunity accessible to as many Michigan health care professionals as possible.

Most of the annual immunization conferences fill up in advance. For that reason, the Division of Immunization held eight conferences this year, adding an additional conference to the series. The conferences were held in Gaylord, Marquette, East Lansing, Kalamazoo, Troy, Ypsilanti, and Detroit. Two separate conferences were held at the same Kalamazoo facility on two consecutive days. The Western Michigan University facility was used twice for two primary reasons: 1) it is the location that always fills up first; and 2) it is a reasonably-priced conference facility.

The primary goal of the conferences was to update health care professionals on immunization issues that affect people of all ages. The agenda featured the following: 1) Vaccines Across the Lifespan, 2) Michigan Care Improvement Registry (MCIR) Update, 3) Vaccine Management Business Improvement Project (VMBIP), 4) Vaccine-Preventable Diseases: The Michigan Experience, 5) Influenza Vaccination and Healthcare Personnel, 6) Other Immunizations Healthcare Personnel Need, and 7) the Troubleshooting Panel.

A panel of three immunization experts answered questions on a variety of immunization issues during the troubleshooting session. The panel included a physician, an immunization nurse educator from a local health department, and a manager from the MDCH Division of Immunization. Bob Swanson, M.P.H., the Division of Immunization Director, or Pat Vranesich, R.N., B.S.N., the Outreach and Education Section manager, represented the Division of Immunization on each of the Troubleshooting Panels.

A physician keynote speaker gave the Vaccines across the Lifespan presentation at each of the conferences, in addition to participating in the Troubleshooting Panel. The Michigan Care Improvement Registry (MCIR) updates were given by the MCIR Regional Coordinators, and the remaining presentations were given by MDCH Division of Immunization staff. The Division has received positive feedback from many attendees about the conferences. In addition, the presentations were given high rankings on the majority of the conference evaluations.

In fall 2008, we will again hold eight conferences. The dates and locations of seven of the conferences have already been determined (see below). Conference planning staff is in the process of looking for a new conference venue in Detroit. As soon as the Detroit location has been approved by the department, the entire schedule for the fall 2008 conferences will be posted on the Division's website at www.michigan.gov/immunize. As additional information becomes available, it will also be posted on the Division's website. We expect to have this information posted on the Internet in early spring.

Fall 2008 Conference Schedule

October 14 – Gaylord	October 30 – Ypsilanti
October 16 – Marquette	November 12 – Troy
October 28 – Kalamazoo	November 13 – Detroit – **TENTATIVE**
October 29 – Kalamazoo	November 20 – East Lansing

CENTRALIZED VACCINE DISTRIBUTION PLAN

Michigan's Centralized Vaccine Distribution Plan to be implemented this spring

The timeline for the transition to the new vaccine distribution system has been delayed. The date Michigan will "go-live" with centralized distribution through McKesson Specialty, Inc is May 12, 2008. The Michigan Department of Community Health (MDCH) is working with local health departments (LHDs), Michigan Care Improvement Registry (MCIR) staff, and MDCH immunization field staff to develop a jurisdictional plan to roll out both the Vaccine Inventory Module (VIM)* and a new E-ordering system.

The transition plan to the new system includes the following updated information:

- E-ordering will not be available until May 12, 2008.
- No E-ordering training will occur prior to May 12, 2008 when Michigan begins direct shipment of vaccine through McKesson.
- LHDs will be using a Tiered Ordering Frequency (TOF) schedule to prioritize and spread out provider start dates (schedule is pending).
- The MDCH state vaccine depot will be completely spent down by June 30, 2008. Vaccine inventory will be maintained at LHD depots until vaccine is well stocked and fully supplied at Vaccines for Children (VFC) provider offices. Until providers are appropriately trained, vaccine will continue to be supplied through LHDs.
- A spend down of LHD vaccine inventories (2-3 months of vaccine, depending on the TOF) will occur from May 12, 2008 through fall 2008.
- Monthly doses administered reports, temperature logs, ending inventory and monthly reconciliation will be required of all VFC providers.
- There are approximately 1,550 VFC practices in Michigan. Priority for training will be provider offices that are scheduled to order vaccine monthly per the TOF.
- VIM and E- ordering capabilities will both be activated via a "toggle" switch just prior to training.
- LHDs may continue to place bulk orders from MDCH, until the depot supply is depleted (by June 30, 2008). Regular communication on the MDCH depot supply will be provided to LHD IAP Coordinators by VFC staff.
- MDCH and immunization field staff will work with LHDs to carefully plan the spend down of LHD inventories by late fall 2008.
- Michigan will be completely transitioned to McKesson by late fall 2008.
- Routine open-line calls with MDCH staff will be available throughout the transition, and for several months following the "go-live" date to all local staff for communication and information sharing.
- Under the new system, all vaccine ordering and accountability will be done electronically through MCIR

* VIM: (Vaccine Inventory Module) A VIM user is defined as a provider that has active lots on their control inventory screen.

As additional information becomes available, it will be posted on the Michigan Department of Community Health's Vaccines for Children (VFC) program website at www.michigan.gov/vfc.

CENTRALIZED VACCINE DISTRIBUTION PLAN

Timeline

March-May 2008

- Beginning in March 2008, LHD staff will work with MCIR staff to schedule VIM trainings. MCIR staff will train on all VIM features and functionality which includes Ending Balance Inventory.
- Training opportunities on MCIR vaccine inventory and reconciling for current VIM users (which is approximately 185 provider practices in the state) will begin in winter 2008, prior to the "Go-live" date.
- MCIR training may be done in a variety of settings; including training labs and face-to-face meetings in provider offices. Assistance in populating the MCIR with current inventory will accompany training on functionality. The training is expected to take approximately 2 hours.

May 2008

- On May 12, 2008, the MCIR vaccine E-ordering system will be available;
- Following May 12, 2008, all providers using VIM will be trained on the E-ordering system for all vaccine orders;
- From May 12 - June 30, 2008 all physicians *not yet* trained on VIM **or** E-ordering will be trained simultaneously on inventory and ordering.

September 2008

- Spend down of LHD depots should be completed by late fall 2008. After that time, the vaccine supply at the LHD should be only for clients they serve.

VIM: (Vaccine Inventory Module) A VIM user is defined as a provider that has active lots on their control inventory screen.

Version: January 28, 2008

NATIONAL NEWS

Revised recommendations for meningococcal vaccination of children 2--10 years of age were published in December

The FDA licensed quadrivalent meningococcal conjugate vaccine (MCV4) for use in children 2--10 years of age on October 18, 2007. An MMWR Notice to Readers containing recommendations for the use of meningococcal vaccine for children 2--10 years of age was subsequently published on December 7. This notice provides updated recommendations for meningococcal vaccination among children aged 2--10 years at increased risk for meningococcal disease. Portions of the recommendation are reprinted below.

At its October meeting, ACIP revised its recommendation to state that MCV4 is preferable to meningococcal polysaccharide vaccine (MPSV4) for vaccination of children aged 2--10 years who are at increased risk for meningococcal disease. These children include travelers to or residents of countries in which meningococcal disease is hyperendemic or epidemic, children who have terminal complement component deficiencies, and children who have anatomic or functional asplenia. Additionally, MCV4 is preferred to MPSV4 for use among children aged 2--10 years for control of meningococcal disease outbreaks. Providers may elect to vaccinate children aged 2--10 years who are infected with human immunodeficiency virus (HIV).* For children aged 2--10 years who have previously received MPSV4 and remain at increased risk for meningococcal disease, ACIP recommends vaccination with MCV4 at 3 years after receipt of MPSV4. Children who last received MPSV4 more than 3 years ago and remain at risk for meningococcal disease should be vaccinated with MCV4 as soon as possible. For children at lifelong increased risk for meningococcal disease, subsequent doses of MCV4 likely will be needed. ACIP will make recommendations for revaccination with MCV4 as more data on duration of protection become available.

Persons with a history of Guillain-Barré syndrome (GBS) might be at increased risk for GBS after MCV4 vaccination; therefore, a history of GBS is a precaution to administering MCV4. For children with a history of GBS, MPSV4 is an acceptable alternative for short-term (i.e., 3--5 years) protection against meningococcal disease.

The ACIP meningococcal vaccine workgroup is considering options for general use of MCV4 among children aged 2--10 years. Recommendations will be presented at a future ACIP meeting. Recommendations for use of MCV4 in persons aged 11--55 years, including a recommendation for routine vaccination with MCV4 of persons aged 11--18 years, have been published previously and remain unchanged.

* Children with HIV infection likely are at increased risk for meningococcal disease, although not to the extent that they are at risk for invasive *Streptococcus pneumoniae* infection. The efficacy of MCV4 among HIV-infected children is unknown.

To access a web-text (HTML) version of the complete article, go to:
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5648a4.htm

To access a ready-to-print (PDF) version of this issue of MMWR, go to:
http://www.cdc.gov/mmwr/PDF/wk/mm5648.pdf

To receive a FREE electronic subscription to MMWR (which includes new ACIP statements), go to:
http://www.cdc.gov/mmwr/mmwrsubscribe.html

INFLUENZA

Keep giving flu vaccine – from now through spring

Influenza vaccination should continue from now through spring. In fact, you should continue to give flu vaccine as long as you have it, until it expires on June 30. Visit the following websites often to find the information you need to keep vaccinating. These websites are updated frequently with the latest resources.

- Michigan's flu website: www.michigan.gov/flu
- CDC's flu website: http://www.cdc.gov/flu
- National Influenza Vaccine Summit website: http://www.preventinfluenza.org

New recommendations regarding which children need 2 doses of flu vaccine

Changes were made this past fall regarding which children should receive 2 doses of influenza vaccine. CDC now recommends:

- Children 6 months through 8 years of age who are receiving flu vaccine for the first time should receive 2 doses of vaccine.
- Children 6 months through 8 years who received flu vaccine for the first time during the previous influenza season, and got only one dose, should receive 2 doses this season. However, children who were given influenza vaccine during any other prior flu season should receive only one dose.
- Administer doses of flu vaccine (TIV or LAIV) 4 weeks apart. If possible, give the 2nd dose before December.

For the most up-to-date educational materials for your office staff, please monitor the MDCH flu website (www.michigan.gov/flu), along with the AIM Provider Tool Kit website (www.aimtoolkit.org), which includes a flu folder. The CDC influenza website is www.cdc.gov/flu.

FluMist recommendations expand to include younger children; changes to administration and storage of LAIV are also approved

On September 19, 2007, MedImmune Vaccines received approval from the FDA to expand the use of FluMist®, a live, attenuated influenza vaccine (LAIV), to children aged 2-4 years (i.e., 24--49 months). FluMist is an intranasally administered influenza vaccine that was first licensed by the FDA in 2003 for healthy, non-pregnant persons aged 5-49 years. Expanding the age indications to include healthy children aged 2-4 years provides another influenza vaccination option for young children. In granting the new approval, FDA emphasized that FluMist is not approved for vaccination of children aged <2 years or adults aged >49 years, and that FluMist safety has not been established in persons with underlying medical conditions predisposing them to influenza-related complications. In addition, FluMist should not be administered to persons with asthma or children aged <5 years with recurrent wheezing.

Three other changes in the use of FluMist and its 2007--08 formulation should be noted:

- a reduction in the volume of vaccine used to 0.1 mL per nostril,
- a reduction in the minimum dose spacing to 4 weeks for children who require 2 doses (which makes the LAIV minimum interval now the same as the TIV (trivalent inactivated vaccine; injectable) minimum interval, and
- a change in the temperature requirements for shipping and storage of the vaccine (now 2-8 degrees C [35-46 degrees F])

The MMWR Notice to Readers, published on November 23, 2007, is posted in its entirety at www.cdc.gov/mmwr/preview/mmwrhtml/mm5646a4.htm.

Updated VIS reflects change in the age at which LAIV can be given to children

In October, CDC released an updated edition of the Vaccine Information Statement (VIS) for the live attenuated influenza vaccine (LAIV; nasal-spray formulation). The updated VIS reflects the change in the age at which LAIV can be given to children. Previously, LAIV was approved for use in children age 5 years and older; it is now approved for use in children age 2 years and older. The updated VIS is posted on the Michigan Department of Community Health (MDCH) 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. More information about the VIS is included on page 19.

MICHIGAN CARE IMPROVEMENT REGISTRY

MSU Kalamazoo Center for Medical Studies receives 2007 Site of Excellence Award

Contributed by: Nancy Deising, Registry Coordinator and Chair of the Site of Excellence Subcommittee

Every year, Region 2 Michigan Care Improvement Registry (MCIR) selects one provider office from the 647 participating offices in a 15-county region as the regional Site of Excellence recipient. Michigan State University Kalamazoo Center for Medical Studies (MSU/KCMS) in Kalamazoo was chosen as the recipient of the Region 2 MCIR Site of Excellence Award for 2007.

Pictured left to right are: Therese Hoyle, Karen McGettigan, Robert Carter, MD, Jamie Blake, Dorothy Bennett, RN, MBA, Nancy Deising, and Roxanne Ellis, R.N., B.S.N.

One of the measurements used as selection criteria for this award is the immunization status of children aged 19-36 months old. The immunization rates at MSU/KCMS for all three clinics were 85 percent for Pediatrics, 91 percent for Family Medicine, and 92 percent for Internal Medicine-Pediatrics. The overall average for all three clinics was 89 percent. This is an outstanding achievement. Eighty-nine percent of the 19-36 month-old children were fully immunized, as measured by MCIR. These immunization rates are exceptional!

The public health code of the State of Michigan requires providers to submit immunization data to the registry for all patients born after December 31, 1993. However, MSU/KCMS has chosen to enter the immunization data for all their patients into MCIR, regardless of birth dates. Now that the registry has opened up for adults (beginning in 2006), this means that all the adult data are entered into MCIR, as well as the children's data.

"We are honored to receive this award," said Dorothy Bennett, RN, MBA, Director of Nursing Services/Quality Improvement at MSU/KCMS. "I am very proud of our primary care clinic staff and providers for the work they have performed to improve the immunization status of our patients. MSU/KCMS has adopted an 'Immunize Now!' mentality, assessing the immunization status of all patients at every visit."

MSU/KCMS was recognized at an award reception in September. Featured speakers included: Therese Hoyle, Michigan Department of Community Health, Karen McGettigan, MCIR Region 2 Program Coordinator, and Roxanne Ellis and Dawn Smith, Kalamazoo County Health & Community Services. Congratulations MSU/KCMS!

Share your photos and stories

We encourage you to submit stories, story ideas, photographs, and comments. Articles should be prepared with Microsoft Word. If you send photos, jpeg files are best. Please email your photos, stories, story ideas, and suggestions and comments to Rosemary Franklin at franklinr@michigan.gov. You may also call Rosemary at 517-335-9485.

TRAVEL VACCINES

Revised International Certificate of Vaccination is now available

To comply with the International Health Regulations (2005), the Centers for Disease Control and Prevention (CDC) has revised the International Certificate of Vaccination or Prophylaxis (ICV). CDC requests that all health care providers who use the ICV destroy any unused old certificates and begin using the new certificate effective immediately (this went into effect on December 15, 2007.)

Currently, yellow fever is the only disease under the International Health Regulations (2005) for which proof of vaccination may be required for travelers. Previously issued certificates remain acceptable proof of vaccination against yellow fever as long as the certificate is valid. Travelers should keep the ICV with their passports at all times.

The new certificates are available for purchase from the Government Printing Office bookstore. To order, please visit http://bookstore.gpo.gov/collections/vaccination.jsp or call toll-free (866) 512-1800. Packages of 25 are available for $23, and packages of 100 are available for $51. Shipping may take a week or more.

Please note that information about travel vaccines is posted on the MDCH website at www.michigan.gov/yellowfever.

CONFERENCES & TRAINING OPPORTUNITIES

Epi Conference to be held on April 4

Mark your calendars for April 4, when the Epidemiology Section of the Michigan Public Health Association will present the Seventh Annual Michigan Epidemiology Conference at the MSU Union in East Lansing. More information will be distributed online (http://mipha.org/epi/index.htm) and by e-mail, as it becomes available.

The conference will feature plenary sessions focusing on a variety of epidemiological subjects. In addition, poster presentations and breakout sessions will cover many topics, including:

- Infectious disease
- Occupational injury
- Environmental epidemiology
- Maternal & child health
- Chronic disease
- Epidemiology careers

Admission to the conference will be free, although there will be a nominal cost for parking. CME and CEU credits will be available.

If your organization is interested in exhibiting at the Michigan Epidemiology Conference, please contact Kyle Enger at engerk@michigan.gov.

CDC will offer 5 NetConferences during 2008

Immunization NetConferences are live, 1-hour presentations combining an online visual presentation with simultaneous audio via telephone conference call and a live question and answer session.

These presentations, collectively titled "Current Issues in Immunization," are scheduled 5 times in 2008. Specific topic(s) will be announced prior to each presentation.

The first NetConference, titled “Zoster and Zoster Vaccine and Adolescent Vaccination Recommendations,” was held from 12 Noon - 1 pm ET on January 17. An archive of this program is posted at http://www.cdc.gov/vaccines/ed/netconferences.htm (a link to the archives is available at the bottom of that page).

Four additional NetConferences are scheduled in 2008 on these dates:

- March 13, 2008
- June 12, 2008
- September 18, 2008
- November 6, 2008

Stay current on CDC training opportunities

There’s an easy, quick way to receive automatic emails about changes in the CDC training opportunities. Simply go to www.cdc.gov/vaccines/ed/broadcasts.htm. Double-click on the picture of the mailbox shown in the center of the web page (it says “get email updates.”) After that, follow the simple instructions. That's all there is to it.

For more information: http://www.cdc.gov/vaccines/ed/

CDC Epidemiology and Prevention of Vaccine-Preventable Diseases course

The CDC satellite broadcast series Epidemiology and Prevention of Vaccine-Preventable Diseases has been presented annually since 1995. Because of escalating costs and limited availability of the CDC broadcast facility, beginning in 2008 the series will no longer be presented as a live broadcast. It will still be available on DVD and by internet.

The 2008 series is expected to be available in late spring.

For more information and to view the CDC 2008 course calendar visit
http://www.cdc.gov/vaccines/ed/broadcasts.htm#2008

There’s a quick and easy way to receive automatic emails about changes in the CDC training opportunities. Simply go to www.cdc.gov/vaccines/ed/broadcasts.htm. Double-click on the picture of the mailbox shown in the center of the web page (where it says “get email updates.”) After that, follow the simple instructions. That's all there is to it.

For more information: http://www.cdc.gov/vaccines/ed/

PRACTICE TIPS

Documenting Immunizations: Question & Answer

Q. Are parents or legal guardians required to sign the vaccination record in order for children to receive immunizations?

A. A parent or patient's signature has never been required to administer immunizations in Michigan. Documentation required by federal law includes:

- Date the vaccine is given
- Date the Vaccine Information Statement is given
- Date on the Vaccine Information Statement
- Vaccine lot number
- Vaccine manufacturer
- Signature of the vaccine administrator
- Clinic name and address where the vaccine was administered

Michigan public health code requires immunization providers to report childhood immunizations to the Michigan Care Improvement Registry (MCIR) within 72 hours of administration and to give a record of the vaccines administered to the patient/parent.

That being said, there is no law prohibiting immunization providers from obtaining a signature. Often facilities include immunizations in the initial consent to treat form patients/parents sign. A few facilities do require a signature at the time the vaccine is administered. When dealing with this issue, it's a good idea for health care personnel to review the policies and procedures of the organization they work for.

The Michigan Department of Community Health offers free immunization education programs, including one that specifically deals with documenting immunizations. For more information, call Carlene Lockwood at 517-335-9070.

A one-page handout outlining immunization documentation requirements in Michigan is on page 20.

ADDITIONAL RESOURCES

ACIP-VFC Vaccine Resolutions

Sign up to receive automatic email updates at www.cdc.gov/vaccines/programs/vfc/acip-vfc-resolutions.htm. When the website opens up, double-click on the picture of the mailbox shown in the center of the web page (it says "get email updates"). After following the simple instructions that follow, email updates will be sent to you automatically as soon as they are available.

Vaccine Management Recommendations

Vaccine Management Recommendations for Storage and Handling of Selected Biologicals, is now posted on the CDC website at http://www.cdc.gov/vaccines/pubs/downloads/bk-vac-mgt.pdf.

Childcare Requirements and PCV7

Michigan's new childcare rules for the PCV7 vaccine became effective January 1, 2007. At the request of healthcare professionals, the MDCH Division of Immunization has developed a one-page handout to use as a reference tool (see page 21).

Status of Licensure of New Vaccines

Check the Red Book Online regularly to stay current on which vaccines are licensed or waiting to be licensed at http://aapredbook.aappublications.org/news/vaccstatus.shtml.

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Share your photos and stories

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The *Michigan Immunization Update* newsletter

The *Michigan Immunization Update* newsletter is distributed electronically through an immunization listserv. The current issue and past issues are posted on the Michigan Department of Community Health website at www.michigan.gov/immunize under the *Provider Information* section.

If you have any questions about the *Michigan Immunization Update*, please contact Rosemary Franklin at franklinr@michigan.gov or 517-335-9485.

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Important Vaccine Information Statement (VIS) Facts

VIS now posted on MDCH website

The English language Vaccine Information Statements (VIS) are now posted on our website. We are also in the process of posting the foreign language VIS.

In Michigan, it is important that vaccine recipients, their parents, or their legal representatives be given the Michigan version of the VIS because they include information about the Michigan Care Improvement Registry (MCIR). By state law, 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.

www.michigan.gov/immunize

Foreign Languages

The VIS are available in 36 foreign languages. They include information about MCIR. When the foreign language VIS is not the most current version, parents should also be given the current English version. To receive the VIS in a foreign language, call the MDCH Division of Immunization at 517-335-8159.

We are currently in the process of posting the foreign language VIS on the MDCH website. The foreign language VIS will be posted at www.michigan.gov/immunize.

VIS documentation procedures

By noting the version date of the VIS on the patient's vaccine administration record, the provider is indicating that the parent and/or patient received the most current information about the vaccine. To document this, the provider must note in the patient's medical record the date the VIS was given and the version date of the VIS.

Revised 1/28/08

VIS Version Dates (1/28/08)

VIS	Current Version Date	New Version Dates
HPV	Interim 2-2-07	
Hep B	Interim 7-18-07	
DTaP	5-17-07	
Td	6-10-94	
Tdap	Interim 7-12-06	
Hib	12-16-98	
IPV	1-1-00	
MMR	1-15-03	
VAR	Interim 1-10-07	
PCV	9-30-02	
PPV23	7-29-97	
Hep A	3-21-06	
TIV (Flu)	Updated annually	7-16-07
LAIV (Flu)	Updated annually	10-4-07
Meningococcal* (MCV4 & MPSV4)	Interim 1-28-08	
Rota (Rotavirus)	Interim 4-12-06	
Zoster (Shingles)	Interim 9-11-06	
Japanese Encephalitis	5-11-05	
Rabies	1-12-06	
Typhoid	5-19-04	
Yellow Fever	11-09-04	

VIS are available in 36 foreign languages

Albanian
Amheric (Ethiopia)
Arabic
Armenian
Bengali
Bosnian
Burmese
Cambodian
Chinese
Croatian (Serbian)
Farsi
French
German
Haitian Creole
Hindi
Hmong
Ilokano
Italian
Japanese
Korean
Laotian
Marshallese
Polish
Portuguese
Punjabi
Romanian
Russian
Samoan
Serbo-Croatian
Somali
Spanish
Tagalog
Thai
Turkish
Urdu
Vietnamese

DOCUMENTING VACCINES

Documenting vaccines is a critical part of immunization services. Documentation requirements and guidelines are outlined in federal and state laws, along with Standards of Immunization Practices for both children and adults.

- Federal law requires immunization providers to give a copy of the relevant federal "Vaccine Information Statement" (VIS) for each vaccine they are about to give. If the patient is a minor, the VIS must be given to the parent or legal representative.

In the Medical Record: Federal law requires immunization providers to record certain information about the vaccine(s) administered in the patient's medical record or a permanent office log. This includes:

- Date the vaccine is given
- Vaccine Information Statement is given
- Date on the Vaccine Information Statement
- Vaccine lot number
- Vaccine manufacturer
- Signature of the vaccine administrator
- Clinic name and address where the vaccine was administered

Best immunization practice would also include route, site, and type of vaccine.
The Vaccines for Children (VFC) program provides federally purchased vaccines to private provider offices. VFC participating providers must document that they are giving VFC vaccines to eligible children. For more information on the Vaccines for Children Program, visit www.michigan.gov/immunize
Sample Vaccine Administration Records for children & adults are in the AIM Provider Tool Kit, visit www.aimtoolkit.org

In the Michigan Care Improvement Registry (MCIR)

Many people in Michigan receive immunizations from multiple providers. Without access to accurate patient immunization records, providers find it difficult to determine which vaccines are still needed.

- MCIR was created to collect reliable immunization information and make it accessible to authorized users online.
- Public Act 91 of 2006 requires that all immunization providers report childhood immunizations (birth thru 18 yrs of age) to the MCIR with in 72 hours of administration.
- Reporting adult immunizations to MCIR is highly encouraged. For information on MCIR, visit www.mcir.org

For Parents and Patients

Michigan Public Health Code (Public Health Code Act 368 Section 333.9206) requires immunization providers to give a record of the vaccines administered to the patient/parent.

- This certificate should be in a form approved by the Michigan Dept of Community Health.
- Immunization record cards for children and adults can be obtained through your local health department.
- An official immunization record may also be printed from MCIR.

Documenting Adverse Events

The Vaccine Adverse Event Reporting System (VAERS) is a post-marketing safety surveillance program of the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA).

- The National Childhood Vaccine Injury Act of 1986 requires health care providers report any event listed by the vaccine manufacturer as a contraindication to subsequent doses of the vaccine and those listed in the Reportable Events Table (included in the AIM Kit) that occurs within the specified time period after vaccination.
- Immunization providers are encouraged to report any events following vaccination, whether you think the vaccine caused the event or not, and vaccine administration errors- route, site, timing- to the (VAERS).
- For more information, visit www.vaers.hhs.gov

Documentation When Vaccines are Refused

It is important that immunization providers document when parents/patients refuse recommended vaccines. Provider liability has occurred when patients contract vaccine-preventable diseases.

- An example of a refusal to consent to vaccination form can be found in the adult and Childhood sections of the AIM Provider Tool Kit, visit www.aimtoolkit.org

Michigan Department of Community Health
MDCH
Jennifer M. Granholm, Governor
Janet Olszewski, Director

Childcare Requirements and Pneumococcal Conjugate Vaccine (PCV7, Prevnar®)

• PCV7 is recommended for all children 2 months through 4 years of age (59 months)

• The routine schedule is 4 doses: a primary series at 2 mo, 4 mo, 6 mo and a booster dose at 12-15 mo of age

• Number of doses needed to complete the PCV7 series can vary depending on:
- Number of previous doses
- Age at which previous doses were given
- Age of child today

See 2007 Recommended Immunization Schedule and 2007 Catch-up Schedule for Children"
(available in the AIM Kit, Childhood Section or online at www.aimtoolkit.org).

•The Michigan Care Improvement Registry (MCIR) is programmed to assess PCV7 using the 2007 Recommended and 2007 Catch-up schedule for Children

• For children vaccinated at less than age 12 months, minimum interval between doses is 4 weeks.
For doses given at/after 12 months of age, minimum interval between doses is 8 weeks.

•All healthy 24 to 59 months children in childcare programs with any incomplete schedule should receive 1 dose of PCV7

• For children age 24 to 59 months at high risk for invasive pneumococcal disease with:
- Any incomplete schedule of less than 3 doses—give 2 doses of PCV7
- Any incomplete schedule of 3 doses---give 1 dose of PCV7

• Children 5 years and older are not routinely vaccinated with PCV7

Childcare Rules (effective January 1, 2007)
A completed PCV7 series (based on age and vaccination history) or one dose at or after 24 months of age is required for children 2 months through 4 years of age who attend preschools, head start or licensed childcare programs

Contraindications to Vaccination
• Previous anaphylactic (severe allergic) reaction to PCV7 vaccine or a component of the vaccine
• Note: moderate to severe illness is a precaution to vaccination

Administration
• PCV7 (Prevnar) should be given IM using a 7/8 to 1 inch, 22-25 gauge needle in either the anteriolateral thigh or, when muscle mass is adequate, the deltoid

Storage and Handling
• Store PCV7 in the refrigerator at 35°- 46° F (2°- 8° C). Do NOT freeze

Reminders
• Enter PCV7 in MCIR as "pneumococcal conjugate"; CPT code = 90669
• Document the type of vaccine as PCV7 in the child's chart record and on the immunization record card
• PCV7 can be administered with other recommended vaccines, at separate sites
• Give parent/legal guardian a copy of the Pneumococcal Conjugate Vaccine Information Statement (VIS). Record the version date of this VIS on the child's chart record (VAR)

For additional information, refer to MMWR, Preventing Pneumococcal Disease among Infants and Young Children, Recommendations of the ACIP, October 6, 2000