

Pertussis-Related Infant Death in Michigan

Michigan and other states continue to experience worrisome levels of pertussis. In Michigan, there has been a steady increase in pertussis over the past decade, peaking in 2010 with over 1,500 cases reported. In part due to changes for stricter case reporting parameters, 2011 saw a decline of about 55%, however even with the change, there were still nearly 700 reported cases in the state. Additionally, it is certain that many cases go undiagnosed and unreported.

But these numbers cannot convey the human cost of this disease. The worst case scenario recently occurred in southeast Michigan with a pertussis-related infant death. There have been some media reports about it and the family is reaching out to the community to educate everyone on this preventable tragedy. The MDCH Division of Immunization wishes to express our deepest sympathy to the infant's family. This is a sad reminder to all of us about the importance of advocating for vaccination and educating parents and extended families and friends about the tragic consequences of this disease.

There are many resources available to help you stay up-to-date on pertussis prevention and control messages including the importance of immunization. Educational resources are available at www.michigan.gov/immunize - click on "Pertussis (Whooping Cough) Information in Michigan." In addition, your local public health department and MDCH have excellent [immunization educational programs for physicians and office staff](#) available free of charge and at a time and location convenient to you.

Shot By Shot Pertussis Story Goes Viral

California Immunization Update, May 16, 2012

In April, 2.5 million people went to the California Immunization Coalition's Shot By Shot (SBS) website to view the tragic [story of baby Kahli'a's](#) death from pertussis. The response highlights the power of video stories about vaccine-preventable diseases. Health care professionals can [use the SBS stories](#) in a variety of ways, such as showing them in their waiting rooms. Be sure to check out the excellent videos posted on the Shot By Shot website.

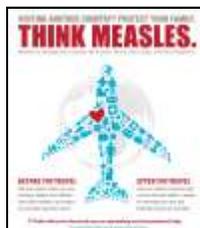
Stay Up-to-Date on Immunization

By Deborah L. Wexler, MD, Executive Director, Immunization Action Coalition (IAC); Reprinted from the [Vaccine Update for Healthcare Providers, May 2012](#)

The [Email News Service](#) section on the IAC's website contains a list of many immunization-related e-newsletters to help you stay up-to-date on immunizations. A few examples are:

- [IAC Express](#)
- [CDC Email Subscription Service](#)
- [Morbidity and Mortality Weekly Report \(MMWR\)](#)
- [Immunization Works](#)

For the complete list, go to: [Try these free email services to stay up to date on immunization information.](#)



International Travelers: Make Sure You've Been Vaccinated against Measles

IAC Express, Issue 996, May 29, 2012

On May 23, the Centers for Disease Control and Prevention (CDC) posted [Announcement- London 2012: Olympic and Paralympic Games](#) on its Travelers' Health web section. The announcement

advises U.S. travelers to the 2012 Olympic Games (July 29–August 12) and 2012 Paralympic Games (August 29–September 9) to plan ahead while in the U.S. and to take precautions after arriving in London. Heading the list of CDC travel tips is this advice on vaccination:

Make sure you are up to date on your routine vaccines. The vaccine that protects against measles is especially important. There is [a large measles outbreak in Europe](#), and a lot of unvaccinated American travelers were infected with measles in 2011.

The CDC announcement includes many other travel tips and links to useful travel websites.

America's Silent Epidemic: Viral Hepatitis

The U.S. Department of Health and Human Services (HHS) estimates 3.5–5.3 million persons are currently living with viral hepatitis in the U.S., and millions more are at risk for infection. Because viral hepatitis can persist for decades without symptoms, 65%–75% of infected Americans remain unaware of their infection and are not receiving care and treatment. In the absence of treatment, 15%–40% of persons living with viral hepatitis will develop liver cirrhosis or experience other conditions that affect the liver, including liver cancer.

Additionally, only half of Michigan's births to hepatitis B surface antigen (HBsAg)-positive women are being identified according to CDC estimates. It is crucial that prenatal care providers [test all pregnant women for HBsAg for every pregnancy](#) and that all HBsAg-positive results are reported even if the woman is chronically infected or previously vaccinated. For additional information, review the recently updated Perinatal Hepatitis B Prevention Program manual at www.michigan.gov/hepatitisb.

To help individuals determine if testing for hepatitis A and/or B vaccine is recommended and to provide an explanation of these recommendations, CDC created the [Hepatitis Risk Assessment](#) tool.

We need to continue to identify everyone at risk of viral hepatitis infection. Thank you for your ongoing efforts to protect Michigan residents from hepatitis.

For additional immunization resources, go to www.michigan.gov/immunize.

MACI Resolution Endorses ACIP-Immunization Schedules

The Michigan Advisory Committee on Immunization (MACI) is an advisory board comprised of public and private sector organizations that make recommendations to the Michigan Department of Community Health (MDCH) on immunization programs and policies, including school communicable disease rules. MACI's mission is to reduce the cost and burden of vaccine preventable diseases in the state of Michigan by advising MDCH regarding effective strategies on promoting and maximizing the safe and effective use of vaccines in Michigan.

The [Advisory Committee on Immunization Practices \(ACIP\)](#) is a group of medical and public health experts that develops recommendations on how to use vaccines to control diseases in the U.S. Each year the ACIP publishes recommended vaccination schedules for children, adolescents and adults.

On May 16, 2012, the Michigan Advisory Committee on Immunization (MACI) released a resolution stating that it strongly supports the ACIP-recommended vaccination schedules. The [MACI Resolution endorsing ACIP-Immunization Schedules](#) is posted at www.michigan.gov/immunize under "Provider Information."

ACIP's New Framework (GRADE) for Development of Evidence-Based Recommendations

[MMWR \(05/11/12\) Vol. 61, No. 18, P. 327](#)

The ACIP develops its vaccine recommendations by forming work groups that gather, analyze and prepare scientific information for public meetings. At the October 2010 meeting, ACIP adopted a new framework for developing evidence-based recommendations. New and significantly revised ACIP recommendations will be developed using an evidence-based framework called "[Grading of Recommendations Assessment, Development and Evaluation](#)" (GRADE). Recommendations for vaccines will belong to one of two categories. Category A recommendations will include those for which ACIP recommends vaccination for all persons in an age group or an at-risk group. Category B recommendations do not apply to all members of a group, but instead guide the clinician for individual clinician-patient interactions to help determine whether or not a vaccine is appropriate for a certain patient. ACIP will use the GRADE framework to systematically assess the evidence for a vaccine's expected health impacts and its health benefits and risks, as well as the values and preferences of persons affected and health economic analyses. The evidence includes randomized controlled trials; randomized controlled trials with important limitations; observational studies, or randomized controlled trials with notable limitations; and clinical experience and observations. This standardized and more explicit process for developing ACIP recommendations is expected to enhance transparency, consistency, and communication.

A Sampling of Immunization Resources

- [Vaccines and Teens](#) booklet - Children's Hospital of Philadelphia, Vaccine Education Center
- [Provider Resources](#) – Tips from CDC on communicating effectively about vaccines; for health care professionals
- Order FREE brochures from MDCH at www.healthymichigan.com

Register Now: Webinar on Communicating Risks and Benefits of Vaccination on July 18

The American College of Physicians has scheduled a [webinar on communicating the risks and benefits of vaccination](#) to patients on July 18 at noon ET. [Registrations \(required\)](#) are now being accepted.

Recommendations vs. Requirements: What's the Difference?

The [Recommended Immunization Schedules for Persons Aged 0 through 18 Years](#) are published annually. They are approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP). The [Recommended Adult Immunization Schedule](#) is also published annually and is approved by the ACIP, AAFP, the American College of Physicians (ACP), the American College of Obstetricians and Gynecologists (ACOG), and the American College of Nurse-Midwives (ACNM). The Michigan Department of Community Health (MDCH) urges immunization providers to give the most comprehensive protection to patients by following the ACIP recommendations.

Requirements are usually related to state mandates for day care and school entry. Many colleges/universities and healthcare institutions also have immunization requirements. Finally, the federal government has immunization requirements for immigrants and refugees entering the United States.

[Requirements for school and childcare attendance](#) in Michigan may differ from the Recommended Immunization Schedule. MDCH recommends that providers vaccinate based on current ACIP recommendations. In doing so, Michigan's school immunization requirements will be met. More importantly, patients will receive the maximum protection from vaccine preventable diseases.

CDC PSAs and Posters Available to Promote Childhood Immunization Year-Round

This year during National Infant Immunization Week (NIIW), CDC announced the launch of new materials to help you promote infant immunization in your communities. CDC designed these pieces to be "evergreen" so that you can use them throughout the year. These new materials are available in English and Spanish and include:

- [Radio and television public service announcements](#)
- [Print Ads/Posters](#)
- [Online order form for posters and other items](#)

Based on extensive research and materials testing with parents of young children, these materials reinforce the fact that most parents do vaccinate their children, and raise awareness about the value and benefits of timely and complete immunization by age two. We want to encourage you to display the posters in your community throughout the year.

Thank you for your ongoing efforts to protect our nation's children from vaccine-preventable diseases. Our nation's high childhood immunization rates would not be possible without your extraordinary efforts.

Pain Article in Pediatrics

[Pediatrics, Vol 129, No 5, May 2012](#)

In a recent article, Effective Analgesia Using Physical Interventions for Infant Immunizations, researchers assessed analgesic effectiveness of the 5 S's (swaddling, side/stomach position, shushing, swinging and sucking) alone and combined with sucrose during routine immunizations at 2 and 4 months old.

The 5 S's (swaddling, side/stomach position, shushing, swinging and sucking) is a physical nonpharmacological intervention proposed by Dr. Harvey Karp that when used together should trigger an infant's calming reflex. His technique is outlined in his book [The Happiest Baby on the Block](#).

A prospective, randomized, placebo-controlled trial designed to test the effectiveness of physical intervention by using the 5 S's for analgesic pain control, alone and in conjunction with sucrose analgesia, after routine immunizations at 2 and 4 months of age. Patients were assigned into 4 groups receiving either 2 mL of water or 2mL of 24% oral sucrose and then either standard-of-care comfort measures by parents or intervention with the 5 S's immediately postvaccination.

Two hundred and thirty infants were enrolled. The findings revealed that the study groups that received the physical intervention of the 5 S's and the group that received the physical intervention of the 5 S's with sucrose administration had lower similar mean pain scores over time when compared to the control group and the group that received sucrose alone. The same lower mean score was found in the proportion of children crying.

The study concluded that the physical intervention of the 5 S's (swaddling, side/stomach position, shushing, swinging and sucking) provided decreased pain scores on a validated pain scale and decreased crying time among 2 and 4 month old infants immediately after routine vaccinations.

Save the Date: 2012 MDCH Fall Regional Immunization Conferences

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!

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.

Vaccine Information Statement News

The Typhoid Vaccine Information Statement (VIS) was updated on 5/29/12. Minor changes were made throughout, the most significant of which is a change in the interval between certain antibiotics and the oral typhoid vaccine from 24 hours to 3 days. [Providers should begin using the new Typhoid VIS immediately.](#)

Barcodes Added to VIS



As part of a modernization initiative, CDC is adding two-dimensional (2D) "data matrix" barcodes to VIS. Currently this technology is designed primarily to help immunization providers record required information about the VIS, by allowing them to scan the name and edition date of a VIS into an electronic medical record, immunization information system, or other electronic database. Scanning the barcode instead of manually recording the information is optional.

So far, barcodes have been added to 7 more VISs (in addition to MMR and Typhoid, the first VIS to feature a barcode). These are hepatitis A, hepatitis B, HPV (Gardasil), polio, Japanese encephalitis, meningococcal, and Td/Tdap. Other than the addition of barcodes, these VISs are identical to the ones they replace. The edition dates have not changed, and existing (non-barcode) versions may still be used. For more information, see CDC's [VIS Barcode webpage](#).

Additional Information

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.

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

The updated handout and the new Typhoid VIS are both posted on the Division of Immunization's website at www.michigan.gov/immunize under [Vaccine Information Statements](#).

Vaccine Blog Encourages Science-Based Conversations about Vaccines

The [Shot of Prevention blog](#) offers an opportunity for parents, health care professionals, and others to have some real dialogue about vaccines. Shot of Prevention is edited by Amy Pisani, executive director of Every Child by Two (ECBT), and Danielle Romaguera, a mother of three who lost a child to pertussis. Individuals with questions about vaccines may find this blog a helpful resource. Clinicians should feel free to refer vaccine-hesitant parents and patients to Shot of Prevention at www.shotofprevention.com.

Recent Postings:

- [Have Vaccine Critics Made You More of an Immunization Advocate?](#)
- [Celebrity Mom Brings Attention to Global Vaccine Access](#)
- [Medical Community Response to Irresponsible Media](#)