

2012 AIM Outstanding Achievement Award Winners

The AIM Outstanding Achievement Award recognizes individuals, community groups, or corporations whose work has demonstrated one or more of the following characteristics:

- consistently contributed to raising and improving immunizations;
- provided outstanding and recognizable improvement in the immunization process; or
- promoted the cause of immunizations by involving providers and communities in immunization programming.

This year, AIM members chose from 32 well-qualified candidates from across all regions of Michigan. AIM is pleased to announce the following winners:

Individual Award

Amy Umbarger, MA, from Oakwood Health Center-Westland



Amy Umbarger, MA and AIM Co-Chair Patricia White, RN, BSN

In the News

- [ACIP Updates Tdap Vaccine Recommendation for Pregnant Women](#)
- [October issue of CDC's Immunization Works newsletter](#)
- [FDA approves first seasonal influenza vaccine manufactured using cell culture technology](#)
- [Influenza vaccination is recommended for nearly everyone, so please vaccinate your patients](#)

Organizational Award

Alana's Foundation



Courtney Londo and Joanna Yaksich, Alana's Foundation

Awards were presented at the 2012 Fall Regional Immunization Conferences and the November AIM meeting.

Thanks to all who nominated such exemplary candidates. Please be sure to nominate deserving individuals and organizations for the 2013 AIM Outstanding Achievement Awards.

Congratulations to this year's winners and to all of the deserving nominees!

[Regional Immunization Conferences' Slides Posted Online](#)

Nearly 1,800 health care professionals attended the statewide regional immunization conferences held in October and November. The conferences were held in multiple cities across the state. The [speakers' handouts](#) are posted online.

Continuing education was available to nurses, physicians and pharmacists. Nurses who attended the entire conference and completed the sign-in and evaluation will be awarded 5.75 contact hours. Certificates for CMEs will be mailed to physicians in December. Pharmacists who attended the entire conference and completed the required paperwork will receive PCE credit. Statements of Credit will be sent by the MDCH Division of Immunization four to six weeks after the final conference date.

Planning for the 2013 conferences will begin in February. Suggestions related to conference topics may be emailed to Rosemary Franklin at franklinr@michigan.gov.

I got my flu vaccine. Have you got yours?

[Dec. 2-8 is National Influenza Vaccination Week \(NIVW\)](#)

CDC offers many resources to help spread the word about the importance of influenza vaccination in 2012–13 including:

- Resources specific to [NIVW 2012](#) (print materials, a press kit for media outlets, web tools, etc.)
- Information for [CDC's flu prevention partners](#) (includes web content syndication and subscription services; videos, public service announcements, and podcasts; web buttons, e-cards, and badges; and more)
- Resources to help [decrease disparities in vaccination coverage](#) among various populations (e.g., among American Indian and Alaska Native populations)
- [Free downloadable materials](#) (includes flu-related mobile content [e.g., mobile web, mobile apps], web tools, print resources, video/audio tools, and more)

Flu Resources

Stay up-to-date with:

MDCH: www.michigan.gov/flu

CDC: www.cdc.gov/flu

HHS: www.flu.gov

Check out the [MDCH Flu Gallery](#) for posters you can use this flu season. An example of a flu poster is on page 4.

CDC's Response to New York Times Report on Influenza Vaccine

On November 5, the New York Times blog included "[Reassessing Flu Shots as the Season Draws Near](#)." CDC issued a response, which is reprinted below.

Flu vaccines are beneficial. While how well flu vaccines work can vary, the findings of many studies from multiple countries across age groups support the benefits of vaccination, especially during years when the vaccine is well-matched to circulating viruses. Vaccine effectiveness study results from 2010-2011 and 2011-2012 show effectiveness of 50-60%. Certainly CDC would like better influenza vaccines, especially for the elderly, who don't respond as well to vaccination. Efforts are underway on this front. In the meantime, however, influenza vaccines offer the best protection we have and should be used widely for maximum benefit.

There is data to support the benefits of influenza vaccination. The column did not give proper consideration to the full spectrum of data available supporting the benefits of influenza vaccination, including observational studies of influenza vaccine effectiveness. Study designs have improved dramatically in recent years and results are useful in informing clinical practice and public health, especially when randomized controlled trials would be considered unethical.

While good practice, hand washing is not a substitute for vaccination. The column concludes with the "option" of frequent hand washing. CDC does recommend everyday preventive actions (including hand washing, covering coughs and sneezes, and keeping a distance between people who are sick and those who are well) to help prevent the spread of respiratory viruses like influenza. These common-sense measures, however, are an adjunct to influenza vaccination, not an alternative. Additionally, of these "non-pharmaceutical interventions," the evidence-base for hand washing to prevent influenza is weakest. The main way that influenza is thought to spread is through droplets from coughs and sneezes of someone who is sick. Sadly, hand washing is not likely to protect you if someone who is sick sneezes in your face.

Vaccine Storage and Handling Recommendations Updates

CDC has recently posted the [Vaccine Storage and Handling Toolkit](#). This toolkit is a comprehensive resource for providers on vaccine storage and handling recommendations and best practice strategies. The Vaccine Storage and Handling Toolkit is based on recommendations of the Advisory Committee on Immunization Practices (ACIP), the manufacturer's product information, and studies from the National Institute for Scientific Technology (NIST). The newly released toolkit outlines best practice and recommendations regarding considerations for equipment that includes storage units and thermometers, strategies for maintaining the cold chain, routine storage and handling practices, inventory management and emergency procedures for protecting vaccine inventories.

Proper vaccine storage and handling practices play a very important role in protecting individuals and communities from vaccine-preventable diseases. Vaccine quality is the shared responsibility of everyone, from the time vaccine is manufactured until it is administered. Additional information on vaccine storage and handling may be found at CDC's website: [Recommendations and Guidelines: Vaccine Storage and Handling](#).

On November 29, CDC hosted a NetConference on vaccine storage and handling. The archived webcast will be posted at: <http://www.cdc.gov/vaccines/ed/ciinc/#archived>. It should be posted sometime within the next 1-2 weeks.

Influenza Vaccine Coverage in Pregnant Women

According to a new study in [Vaccine](#), pregnant women receiving influenza vaccine declined slightly the year after the 2009 H1N1 pandemic but remained above 50%. The study found that vaccination by an obstetrician was common but decreased from 71% to 60%. While most women (76%) in 2010–11 reported that their provider recommended influenza vaccination, the prevalence of a discussion about the vaccine dropped from 24% to 11%. Safety concerns about the vaccine, however, also dropped, with 66% of women in 2009-10 voicing such concerns but only 27% doing so in 2010-11.

Flu Vaccines Required to be Entered into MCIR

As a reminder, providers are required to report ALL immunizations, including flu, administered to every child born after December 31, 1993 and less than 20 years of age within 72 hours of administration into the [Michigan Care Improvement Registry \(MCIR\)](#). Please ensure you are entering your doses for adults as well!

[Vaxfax.me – A New Kind of Vaccine Information Search Engine](#)

[Vaxfax.me](#) is a vaccine information search engine specifically designed to gather information from science-based vaccine sites. The site also provides the option to narrow your search to view only information gathered from hospitals, research articles and science-based blogs.

It was set up by a parent who spent a lot of time online getting worried about vaccination until she realized that much of the information that she was finding was misleading and/or simply not true.

[CDC Publishes Updated Pediatric Multi-vaccine VIS](#)

The pediatric multi-vaccine Vaccine Information Statement (VIS) has recently been updated. This VIS may be used as an optional substitute for any or all of the routine birth-6 month vaccine VISs (DTaP, IPV, Hib, PCV, Hepatitis B, and Rotavirus). 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.

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 also been updated. These documents are posted at www.michigan.gov/immunize under [Vaccine Information Statements](#).

Use of Pneumococcal Vaccines (PPSV23, PCV13) for Adults 19 Years and Older

On June 20, 2012, the ACIP recommended routine use of 13-valent pneumococcal conjugate vaccine (PCV13; Prevnar 13, Wyeth Pharmaceuticals, Inc., a subsidiary of Pfizer, Inc.) for adults older than 19 years with immunocompromising conditions, functional or anatomic asplenia, cerebrospinal fluid (CSF) leaks, or cochlear implants. PCV13 should be administered to eligible adults in addition to the 23-valent pneumococcal polysaccharide vaccine (PPSV23; Pneumovax 23, Merck & Co. Inc.), the vaccine currently recommended for these groups of adults. The evidence for the benefits and risk of PCV13 vaccination of adults with immunocompromising conditions was evaluated using the Grading of Recommendations, Assessment, Development, and Evaluation (GRADE) framework and designated as a Category A recommendation. The [October 12, 2012, MMWR](#) outlines the new ACIP recommendations and summarizes the evidence considered by ACIP to make its recommendations.

MDCH has created a handout titled, "[Use of Pneumococcal Vaccines \(PPSV23, PCV13\) for Adults 19 years and Older](#)," to assist health care professionals as they put these recommendations into practice.

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

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

To subscribe, send an email to cmarkzon@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.

MMRV Vaccine Now Available to Order

MMRV vaccine is available to order but some safety considerations should be reviewed. Due to concern of increased risk of febrile seizures with MMRV, children receiving their first dose of MMR and Var at ages 12-47 months should receive separate MMR and Var vaccines. MMRV vaccine is recommended by ACIP to be used for the 2nd dose of MMR and Var in children through age 12 years or for the 1st dose of MMR and Var for children who are aged 4 through 12 years.

The Advisory Committee on Immunization Practices (ACIP) published "[Use of Combination Measles, Mumps, Rubella, and Varicella Vaccine](#)" recommendations in 2010.

CDC further addresses the use of MMRV at this link which also includes a handout for providers and one for parents: <http://www.cdc.gov/vaccines/vpd-vac/combo-vaccines/mmrv/vacopt-faqs-hcp.htm>

Remember to use the [Michigan version of the MMRV Vaccine Information Statement](#) (VIS).

Chronic Hepatitis C – Why Baby Boomers Should Be Tested

In the U.S., it is estimated that 17,000 persons are newly infected every year and 4 million persons are living with hepatitis C virus (HCV) infection.

Since 1998, routine HCV testing has been recommended by CDC for persons most likely to be infected with HCV. These recommendations were made on the basis of a known epidemiologic association between a risk factor and acquiring HCV infection. However, many persons with HCV infection do not recall or report having any of these specific risk factors.

CDC estimates that persons born during 1945–1965 comprise an estimated 27 percent of the population, account for approximately three fourths of all HCV infections in the U.S., 73 percent of HCV-associated mortality, and are at greatest risk for hepatocellular carcinoma and other HCV-related liver disease.

In August of 2012, CDC made the following recommendations for HCV testing:

- Adults born during 1945–1965 should receive one-time testing for HCV without prior ascertainment of HCV risk

Providers and patients should discuss HCV testing as part of an individual's preventive health care. For persons identified with HCV infection, CDC recommends that they receive appropriate care, including HCV-directed clinical preventive services (e.g., screening for alcohol use, hepatitis A and hepatitis B vaccination as appropriate, and medical monitoring of disease). Treatment decisions should be made by the patient and provider after several factors are considered, including stage of disease, genotype, comorbidities, therapy-related adverse events, and benefits of treatment.

Source: MMWR. [Recommendations for the Identification of Chronic Hepatitis C Virus Infection Among Persons Born During 1945–1965](#). August 17, 2012. Volume 61. No. RR-4.

Protect Your Baby Before He is Born.



Get Vaccinated Against
Flu and Pertussis
(Whooping Cough).



Available at: www.michigan.gov/flu → Click on “Flu Gallery”