



MI Immune

Immunization Timely Tips

Michigan Department of Health and Human Services (MDHHS) January 2016

2016 Childhood Immunization Champion Award

Nominations due February 11

The Michigan Department of Health and Human Services is now accepting nominations for the 2016 Centers for Disease Control and Prevention (CDC) Childhood Immunization Champion Award.

The CDC Childhood Immunization Champion Award is an annual award that recognizes individuals who make a significant contribution toward improving public health through their work in childhood immunization. The 2016 awardee will be announced and recognized by the State of Michigan and CDC during National Infant Immunization Week, April 17- 23, 2016.

This award is intended to recognize individuals who are working at the local community level. Nominations can include coalition members, parents, health care professionals (e.g., physicians, nurses, physicians' assistants, nurse practitioners, medical assistants, etc.), and other immunization leaders who meet the award criteria. Immunization program managers, state and federal government employees paid by state or federal immunization funding, individuals who have been affiliated with and/or employed by pharmaceutical companies and those who have already received the award are not eligible to apply (for details, see page 3 of [the nomination packet](#)).

Please complete the [nomination packet](#) and submit to Stephanie Sanchez, MDHHS Division of Immunization, at SanchezS@Michigan.gov, no later than February 11, 2016.

[Previous award recipients](#) can be viewed on the CDC website.

If you have questions or need assistance, please contact Stephanie Sanchez at sanchezs@michigan.gov or 517-335-9011.



HPV Vaccination Rates Remain Low

January is [Cervical Health Awareness Month](#) and raising human papillomavirus vaccination (HPV) rates is a priority both nationally and in Michigan. The American Cancer Society states that an estimated 12,900 cases of cervical cancer occurred in the U.S. in 2015, 350 of them in Michigan. Of those occurrences, there were a total of 4,100 deaths in the U.S. and 120 deaths in Michigan. The HPV vaccination coverage is low in Michigan – less than a third (30.5 percent) of females and less than a fifth (19.3 percent) of boys have received the recommended 3 doses of HPV vaccine.

The MDHHS Division of Immunization has distributed an [HPV Snapshot handout](#) focusing on the role of pharmacies in raising Michigan's HPV vaccination rates. Additional Snapshot handouts will be available over the next few months.

Both the [CDC](#) and [National Cervical Cancer Coalition](#) offer posters, sample social media messages, and more to help promote the importance of cervical cancer health and HPV vaccine.

Influenza: Keep Vaccinating Your Patients

As of January 23, flu activity in the U.S. increased slightly with 2.2 percent of outpatient visits due to influenza-like illness (ILI), which was above the national baseline of 2.1 percent. Six of 10 regions reported ILI at or above region-specific baselines. So far this flu season, 7 influenza-associated pediatric deaths have been reported nationally, 4 of which were unvaccinated, and 1 was ineligible for vaccination due to age. The remaining 2 children had unknown vaccine status when they were reported.

Nearly all of the circulating influenza viruses analyzed this season match this season's influenza vaccine virus components. Additional information is in the weekly FluView reports available at: www.cdc.gov/flu/weekly.

While this influenza season is starting later compared to the past few seasons, influenza viruses have been circulating since October and can cause severe illness, hospitalizations, and even death. It is not too late to get vaccinated, and there is plenty of flu vaccine available!

Influenza vaccination is recommended for everyone six months of age and older and is especially important for children, adults over 65 years of age, people of any age with chronic health conditions, and pregnant women. If you don't provide influenza vaccination in your clinic, make a strong vaccination recommendation to your patients and refer them to a clinic or pharmacy that provides vaccines or to the [HealthMap Vaccine Finder](#) to locate sites near their workplaces or homes that offer influenza vaccination services.

AIM Award Winners Recognized at 2015 Fall Conferences

[The Alliance for Immunization in Michigan \(AIM\) Outstanding Achievement Award](#) recognizes individuals, community groups, or corporations whose work has demonstrated one or more of the following characteristics:

1. Consistently contributed to raising and improving immunizations
2. Provided outstanding and recognizable improvement in the immunization process
3. Promoted the cause of immunizations by involving providers and communities in immunization programming

Congratulations to the 2015 winners!

The Individual Award was given to Susan Craft and Marianne Langlois, Henry Ford Health System.



(left to right) Susan Craft, Marianne Langlois, and Lisa Hahn, AIM Co-Chair

The Organizational Award was given to Child and Adolescent Health Center Providers, Health Department of Northwest Michigan's Hornet Health Center and Ironmen Health Center.



(left to right) Natalie Kasiborski, Rachelle Rife, Lisa Peacock, Cheryl Gunther, Rebecca Litzner, Molly Cotant, Tammy Hickman, and Carey Squires.

The awards were presented at the 2015 Fall Regional Immunization Conferences and the November AIM meeting. Thanks to all who nominated such exemplary candidates. Congratulations to the 2015 winners and to all the deserving nominees!

Influenza: Keep Vaccinating Your Patients

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Flu Websites

- www.michigan.gov/flu
- www.cdc.gov/flu
- www.flu.gov
- <http://vaccine.healthmap.org/>

Interpreting Foreign Immunization Records and Immunizing Newly Immigrated Populations

Reprinted from the January, 2016, Vaccine Update for Healthcare Providers, Vaccine Education Center, Children's Hospital of Philadelphia

Editor's note: The idea for this month's article was the result of a question submitted by a doctor in the suburbs of Philadelphia. As we communicated with our colleagues in the Philadelphia Department of Public Health and the Pennsylvania Immunization Coalition, we determined that it was likely that other healthcare providers throughout the country were also dealing with this issue. Therefore, we were pleased when Joanne Sullivan, executive director, Pennsylvania Immunization Coalition, offered to write an article for our newsletter readers. We thank Joanne and hope you will find this article to be of help if this issue arises in your practice.

Have you had the challenge of deciphering a foreign immunization record lately? The process can be confusing and time consuming especially if you don't have the resources to interpret the records.

[If you have had this type of issue or think you might in the future, read more »](#)

Meningococcal B Quick Look Handout Now Available

[A Quick Look to using Meningococcal Group B Vaccine \(MenB\)](#) is a new resource available on the MDHHS website. To view all the Quick Looks, go to: www.michigan.gov/immunize; look under "Health Care Professionals/Providers" > "Provider Education Resources" > "Quick Looks and Other Resources." Be sure to bookmark this web page; you will want to visit it again for updated and new Quick Looks.

Another useful resource is the [Meningococcal Vaccination for Adolescents: Questions and Answers-Information for Healthcare Professionals](#); this is highly recommended as a supplement to the new Quick Look. The web page includes a section that focuses on Serogroup B Meningococcal Vaccines. This resource addresses why the Advisory Committee on Immunization Practices (ACIP) elected to give persons 16 through 23 years of age a Category B recommendation (based on individual clinical decision and not a routine recommendation). Plus, there are many more questions and answers at the link provided.

For further information on Serogroup B Meningococcal Vaccines, review the Morbidity and Mortality Weekly Report (MMWR) and the Vaccines for Children (VFC) resolution at: <http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html>.

New Hepatitis B Reporting Requirements

The Centers for Disease Control and Prevention (CDC) estimates that less than half of hepatitis B surface antigen (HBsAg)-positive pregnant women are identified in Michigan. When these women are not identified, their infants might not receive timely post-exposure prophylaxis (PEP) through vaccination. Timely PEP prevents transmission of hepatitis B virus (HBV) up to 95 percent of the time. If an infant is infected with HBV, the outcome is often chronic hepatitis B infection which can lead to premature death.

In an effort to identify more pregnant HBsAg-positive women, CDC and MDHHS are implementing new reporting requirements for 2016 and 2017.

MDHHS is asking laboratories, health systems, local health departments (LHD) and clinicians to continue to report positive/reactive results regardless of whether the patient was previously reported.

New for 2016

Laboratories, health systems, LHDs and clinicians are now being asked to report pregnancy status (if available) for persons with a reportable HBV or HCV result. The major commercial laboratories are currently reporting pregnancy status on positive HBsAg results and other labs are now being encouraged to do the same for all designated conditions. For the [Perinatal Hepatitis B Prevention Program \(PHBPP\)](#), automation of reporting pregnancy status will increase the number of HBsAg-positive pregnancies identified and will improve the timeliness of public health response to prevent mother-to-child transmission of HBV.

New for 2017

Laboratories, health systems, LHDs and clinicians are being asked to report POSITIVE, NEGATIVE and INDETERMINATE results for children 5 years of age and younger for:

- HBsAg
- Hepatitis B Surface Antibody (Anti-HBs)

MDHHS encourages reporting of these results for this age group prior to 2017, if available. This information will help the PHBPP track post-serologic testing in children that were potentially exposed to HBV.

To report children 5 years of age and younger into the Michigan Disease Surveillance System (MDSS), enter infants 1-24 months of age under the Perinatal Hepatitis B reportable condition and all others under Acute or Chronic Hepatitis B reportable condition. Please refer to case definition when completing case and investigation status.

If your laboratory or facility is new to reporting to MDSS or has questions regarding reportable diseases, please refer to [2016 Reportable Diseases in Michigan](#) or contact the MDHHS Communicable Disease Division at 517-335-8165.

Shoulder Injuries Related to Vaccine Administration (SIRVA)

What is SIRVA? It stands for Shoulder Injury Related to Vaccine Administration. According to CDC, SIRVA manifests as shoulder pain and limited range of motion occurring after the administration of a vaccine intended for intramuscular administration in the upper arm. These symptoms are thought to occur as a result of unintended injection of vaccine antigen or trauma from the needle into and around the underlying bursa of the shoulder resulting in an inflammatory reaction; onset of symptoms occur less than or equal to 48 hours after vaccine administration. Studies indicate that SIRVA is more likely to occur when vaccines are administered into the upper one-third of the deltoid muscle.

When the deltoid muscle is used for intramuscular (IM) vaccination, steps to follow include:

- Administering IM injections in the thickest, most central part of the muscle
- Using a needle length based on the patient's age and weight
- Using a 90 degree angle when inserting the needle into the muscle
- Ensuring all immunizing staff members are properly trained

Vaccine administration is a skill that requires *supervised* practice. A "Skills Checklist for Immunization" and "How to Administer IM and SC Injections" are available at www.immunize.org.

A Vaccine Administration module brought to your clinic site by an Immunization Nurse Educator is available to all Michigan practices; contact MDHHS, Division of Immunization at lockwoodc@michigan.gov.

Additional Resources

- CDC – www.cdc.gov/vaccines
- American Academy of Pediatricians – www.aap.org
- American Pharmacists Association – www.pharmacist.com

Vaccine Administration Error Resources

[Notes from the Field: Injection Safety and Vaccine Administration Errors at an Employee Influenza Vaccination Clinic — New Jersey, 2015](#), published in December, 2015, by CDC, documents vaccine storage and handling as well as administration errors that occurred during an on-site employee influenza vaccine clinic. Resources to help prevent such errors in the office include:

- The Immunization Action Coalition's [Clinic Resources](#)
- The Immunization Action Coalition's [Skills Checklist for Immunization](#)
- California Department of Public Health's video: [Immunization Techniques: Best Practices with Infants, Children, and Adults](#)

Michigan Immunization Timely Tips (MITT)

To subscribe to the [Michigan Immunization Timely Tips](#) (MITT) newsletter, send an email to cmarkzon@msms.org and enter the word SUBSCRIBE in the subject line. You will receive this newsletter, as well as additional immunization updates on a periodic basis. MITT is posted at www.michigan.gov/immunize; look under "Health Care Professionals/Providers" > "Provider Education Resources." For more information, contact Rosemary Franklin at franklinr@michigan.gov.

The Holidays May Be Over
But Flu Season Is Not.



Don't Spread the Flu to Your Loved Ones.

It's Not Too Late To Get
Vaccinated Today.



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