



MI Immunization Timely Tips

Michigan Department of Community Health (MDCH) Aug/Sep 2012

Hot Off the Press

- [CDC releases provisional ACIP recommendations for PCV13 use in adults with immunocompromising conditions](#)
- [August issue of CDC's Immunization Works newsletter](#)
- [Tight rabies vaccine supply prompts health alerts](#)

[Slides from MDCH and MSU Influenza Webinar](#)

On August 29, MDCH presented a webinar to kick-off the 2012-2013 influenza season. The webinar included information on influenza recommendations, coverage levels and strategies to increase vaccination rates. The slides are posted on the [MDCH seasonal influenza web page](#).

[2011 Vaccination Coverage Data among Children Age 19–35 Months Published by CDC](#)

The 2011 National Immunization Survey (NIS) results were released in CDC's Morbidity and Mortality Weekly Report (MMWR) on 9/7/12. Nationally, vaccination coverage among children aged 19–35 months remained stable or increased slightly compared with 2010 for all recommended vaccines.

The only vaccine for which Michigan significantly decreased statistically from 2010 is for diphtheria, tetanus, and pertussis, or 4+ DTaP. This decrease in DTaP is what is bringing the series estimates down. This could be due to random variation or a real decrease in coverage levels for this antigen. MDCH will monitor this over time.

Although this data is an estimate, MDCH is concerned about the rates since it could be an indicator that more individuals are refusing or postponing vaccines.

With recent measles cases from importation, we are concerned about measles vaccine (MMR) coverage in Michigan. Michigan is one of 15 states that have MMR coverage levels under 90 percent, the Healthy People 2020 goal. NIS reports that 87.6 percent of children have one dose of MMR. In the Michigan Care Improvement Registry (MCIR), 86 percent of 19-36 months have 1 dose of MMR.

Pertussis cases have increased in Michigan over the past three years. Decreases in DTaP#4 need to be closely evaluated. In Michigan, NIS reports that 81.7 percent of children are protected with four doses of DTaP. MCIR coverage levels are at 79 percent.

MCIR allows us to analyze NIS results and compare them to MCIR coverage levels. Since MCIR is a population-based registry, it informs us about the coverage of the entire population

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[Continuing Education Opportunities at Regional Immunization Confs](#)

Nurses, physicians and pharmacists can earn continuing education at the MDCH Fall Regional Immunization Conferences and there is still time to register. With a registration fee of only \$50, this is an excellent opportunity to get continuing education. More details are posted on the conference website.

The Grand Rapids conference is already filled up; however, there is plenty of space available at all the other locations. You are encouraged to register soon, since most of these conferences usually fill up in advance.

The conference dates are: Oct. 9 (Gaylord), Oct. 11 (Marquette), Oct. 18 (Troy), Oct. 30 (Dearborn), Nov. 1 (Bay City), Nov. 2 (E. Lansing), Nov. 14 (Grand Rapids), and Nov. 15 (Kalamazoo). A keynote speaker from CDC will present a Vaccine Update and also participate in a Troubleshooting Panel at each conference location.

Payment can be made online with a credit card, or with a check. Payment instructions are included on the registration website.

To register, or for more information, go to: <http://register2012.mihealth.org>.

2011 NIS-Teen Estimates Released

CDC released the 2011 [National Immunization Survey for teens \(NIS-Teen\)](#) in the [August 31 issue of CDC's Morbidity and Mortality Weekly Report \(MMWR\)](#). For the first time, Healthy People 2020 objectives for one or more doses of Tdap vaccine were achieved, with 80.5 percent of U.S. adolescents 13-15 years of age receiving the vaccine.

Michigan coverage levels also increased for all routinely recommended adolescent vaccines. From NIS-Teen 2010 to NIS-Teen 2011, Tdap coverage (one or more doses) increased from 66.2 percent to 71.0 percent, MCV4 coverage (one or more doses) increased from 70.9 percent to 77.9 percent, and Varicella coverage (two or more doses, without a reported history of disease) increased from 64.3 percent to 80.3 percent.

Further, HPV coverage for females increased in Michigan from 49.4 percent to 55.6 percent for one or more doses, and from 25.2 percent to 31.6 percent for three or more doses. Michigan-specific male HPV data was not reported in NIS-Teen because the sample size was too small; however, Michigan Care Improvement Registry (MCIR) estimates as of June 30, 2012, show that 7.31 percent of males 13-17 years of age have received one or more doses of HPV vaccine and 1.47 percent of males 13-17 years of age have received three or more doses of HPV vaccine.

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[Posted online 9/21/12](#)

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Vaccination Coverage Data - Children Age 19–35 Months

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of 19-36 month old children compared to the small NIS sample of children of the same age. MCIR shows that our immunization rates are at or above NIS levels. These MCIR rates have consistently increased to show that we are progressing to a true population based registry, which gets closer to representing our true levels of protection.

MCIR rates are normally thought of as under-representing our true immunization levels because there are children included in the database who may no longer live in Michigan.

The MDCH Division of Immunization will be conducting studies of children 19-35 months of age to determine if alternative scheduling of vaccines (giving 1 or 2 shots at a visit) may be impacting coverage levels.

We are encouraging healthcare providers to document refusals for vaccines to help us get a better understanding of issues related to vaccine hesitancy or vaccine safety concerns.

We also recognize that recent years in Michigan have presented economic challenges for families. Immunizations may be delayed due to other family needs, or insurance programs may have high copays and deductibles which prevent families from getting vaccinated.

Continued partnerships among state, local, private and public partners are needed to sustain and improve immunization coverage levels. We must ensure that coverage levels continue to increase to reduce the burden of vaccine-preventable diseases and to prevent a resurgence of these diseases.

Families must be able to have access to all vaccines and to have healthcare providers who recommend all vaccines and can answer questions about vaccines and vaccine-preventable diseases.

[Kindergarten Vaccine Coverage Misses Targets](#)

CIDRAP 8/24/12

Vaccine coverage in U.S. kindergartners during the 2011-12 school year met national targets for three immunizations but fell below goals for two: measles, mumps, and rubella (MMR) and varicella. The findings, reported in CDC's Morbidity and Mortality Weekly Report (MMWR) on August 24, are based on data the agency collects from states and other grantees. The Healthy People 2020 target for kindergartener vaccine coverage is 95 percent or more for five vaccines: MMR, diphtheria, tetanus toxoid, and acellular pertussis (DTaP), poliovirus, hepatitis B, and varicella. Median coverage for MMR vaccine last school year was 94.8 percent, ranging from 86.8 percent in Colorado to 99.3 percent in Texas. For the varicella vaccine, median coverage for two doses was 93.2 percent. However, for the DTaP, poliovirus, and hepatitis B vaccines, coverage was at or above the national target. The median for vaccine exemptions for last year's kindergarteners was 1.5 percent, ranging from less than 0.1 percent in Mississippi to 7 percent in Alaska. The median was up 0.2 percentage points from 2010-11. CDC said the findings suggest coverage gaps at the local level, which raises concern over vulnerability to diseases such as measles. This was illustrated by last year's measles spike that was mainly linked to imported cases in unvaccinated people.

[Aug 24 MMWR report](#)

2011 NIS-Teen Estimates

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When comparing Michigan-specific NIS-Teen data to national NIS-Teen data, Michigan falls below the national average for one or more doses of Tdap and three or more doses of HPV for females. Michigan falls above the national average for one or more doses of MCV4 vaccine and one or more doses of HPV vaccine. Strategies addressing barriers to completing the HPV series need to be addressed in Michigan, and providers are urged to utilize reminder/recall notices in MCIR and to minimize missed opportunities by discussing HPV with patients and recommending the vaccine at every visit.

Nationally, despite increasing adolescent vaccination rates, the percentage point increase in one or more doses of HPV coverage among females was less than half that of the increase in one or more doses of Tdap or MCV4 vaccine. While great strides have been made in increasing adolescent immunization rates, the data show that it is imperative that we amplify our efforts to get more adolescents vaccinated against HPV, protecting them from cervical cancer, genital warts, and anal cancer later on in life.

Adolescent immunization data can be found under the [Adolescent Immunization Toolkit](#) (see "data" section) at www.michigan.gov/teenvaccines.

[Michigan versions of VIS should be used in Michigan](#)

Under the National Vaccine Injury Compensation Program, providers are responsible to: 1) provide clients with the most current Vaccine Information Statement (VIS) for each vaccine before it is administered; and 2) ensure that clients are able to read the VIS (or have it read to them) prior to vaccine administration.

In Michigan, it is important that vaccine recipients, their parents, or their legal representatives be given the Michigan versions of the VIS because they include information about the Michigan Care Improvement Registry (MCIR). By state law, parents must be informed about MCIR. VIS that are obtained from other sources (e.g., from the CDC or IAC) do not contain information about MCIR.

The *Important VIS Facts* handout contains all the current VIS dates, as well as other information about VIS. Each time a VIS is updated, this handout is also updated. It is available on the same web page as the Michigan versions of the [Vaccine Information Statements](#).

VIS Translations

The VIS are available in more than 35 languages. The Michigan versions of these VIS translations include information about MCIR. When a VIS translation is not the most current version, parents should also be given the current English version.

If you need a VIS translation, check our website first. If the translation you need isn't listed, call the MDCH Division of Immunization at 517-335-8159.

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

2012-13 Influenza Vaccine Recommendations

CDC's Morbidity and Mortality Weekly Report (MMWR) published [Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices \(ACIP\) — United States, 2012–13 Influenza Season](#) on August 17. These recommendations address changes/updates for the following topics:

- influenza vaccine virus strains included in the U.S. seasonal influenza vaccine for 2012–13;
- guidance for the use of influenza vaccines during the 2012–13 season, including an updated vaccination schedule for children aged 6 months through 8 years and a description of available vaccine products and indications;
- febrile seizures associated with administration of influenza and 13-valent pneumococcal conjugate (PCV-13) vaccines;
- vaccination recommendations for persons with a history of egg allergy; and
- the development of quadrivalent influenza vaccines for use in future influenza seasons.

Updated MDCH materials for the 2012-13 influenza season are posted on the [seasonal flu website](#). These materials include vaccine doses for [children aged 6 months through 8 years](#), recommendations regarding persons with an egg allergy, and additional flu vaccine documents.

Current materials include:

- [Who Needs Two Doses of 2012-13 Seasonal Influenza Vaccine?](#)
- [Why is MDCH Promoting the More Complex Two Dose Influenza Vaccination Algorithm for the 2012-13 Influenza Season?](#)
- [Administering Intradermal Trivalent Influenza Vaccine \(TIV ID\)](#)
- [Seasonal Influenza Vaccines 2012-2013](#)
- [A Quick Look at Trivalent Influenza Vaccines: TIV, TIV ID, TIV High Dose](#)
- [A Quick Look at Live, Attenuated Intranasal Vaccine \(LAIV\)](#)
- [Influenza Vaccine Screening Algorithm for Persons who Report Egg Allergy](#)

HealthMap Vaccine Finder

The [HealthMap Vaccine Finder](#) is now available to promote flu and other adult vaccinations to the public.

If you already have a Vaccine Finder account, it is now time to enter your data [here](#). Go to [HealthMap Vaccine Finder](#) if you have not already signed up for an account and would like to have your practice listed on HealthMap Vaccine Finder.

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

Immunization Action Coalition (IAC) Newsletters

The August 2012 issues of [Needle Tips](#) and [Vaccinate Adults](#) are available online. [Vaccinate Adults](#) is an abbreviated version of [Needle Tips](#) with the pediatric content removed.

[Immunization Strategies: Using the Evidence & What Works to Improve Practice](#)

The Aug 22 webinar course Immunization Strategies: Using the Evidence and What Works to Improve Practice is now archived.

Lead by Example

Through its [Leading by Example initiative](#), the National Foundation for Infectious Diseases (NFID) is calling on healthcare professionals and business and community leaders to “lead by example” and get vaccinated annually to help prevent influenza in our communities. NFID issued an [influenza prevention commitment statement](#) calling on leaders, as well as individuals, to do their part to make influenza prevention a health priority for all.

Michigan Adult Influenza Vaccination Coverage

Only [58% of Michigan](#) adults aged 65 and older received their influenza vaccine in 2011 according to recent data released by the Behavioral Risk Factor Surveillance System (BRFSS).

Coverage varied [by race and ethnicity](#): White, Non-Hispanic (58.3%), Black, Non-Hispanic (47.0%), Other/Multiracial, Non-Hispanic (68.7%) and the sample size for Hispanics were too small. Coverage also varied by [Emergency Preparedness Region](#) and [Michigan Economic Development Collaborative Region](#).

Please note, in 2011 significant changes were made to the methodology of BRFSS data collection:

- Including and increasing interview calls to cell phones
- Updating the weighting method used

Because of these changes, 2011 estimates should not be compared to 2010 estimates.

[CDC Warns of Flu Risk for Kids with Disabilities](#)

Children with intellectual disability, cerebral palsy and other neurologic disorders are at much greater risk of complications from the flu, federal health officials said Wednesday. In a study looking at the 2009 H1N1 flu outbreak, the U.S. Centers for Disease Control and Prevention found that a disproportionately high number of kids with neurologic disorders died as compared to other children. What's more, of those conditions, the most frequently cited were intellectual disability, cerebral palsy and other neurodevelopmental disorders, researchers reported in the journal *Pediatrics*.

[Study details waning protection from pertussis vaccine](#)

CIDRAP 9/13/12

A detailed look at California children during the state's large pertussis outbreak in 2010 revealed that protection from the diphtheria, tetanus, and pertussis (DTaP) vaccine wanes 5 years after kids receive their last dose, which could be fueling outbreaks. [Read CIDRAP article...](#)

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

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