MDPH Immunization Program Newsletter

Spring-Summer 2017

School Immunization News

Over the past several years, the MDPH Immunization Program has successfully advocated to make school-level immunization data and exemption rates publically available on the internet. The goal of making this information available is to help improve collaboration between immunizing clinicians, school nurses, parents, and other vaccine advocates to ensure that Massachusetts' children are protected by herd immunity and pockets of under-immunization can be addressed. Students in kindergarten through 12th grade are required to be immunized with DTaP/Tdap, polio, MMR, Hepatitis B, and Varicella vaccines.

The School Immunization website was recently updated to describe the importance of school requirements and the publically available school immunization data. The main changes to the page included:

- Content on the page geared towards a general public audience
- School data maps on exemption rates and guidance on how to interpret each of the maps
- Resource list for parents with descriptions of each resource/link
- New resource page for school nurses at the bottom of the page entitled 'School Immunization Information for School Nurses'

School immunization rates provide insight into the vaccine coverage in communities across the state. Since immunization rates are not uniform across the state, school immunization data found on this website highlight areas that may be more susceptible to vaccine-preventable diseases.

In addition, the school requirements table was updated with the following footnote to describe exemptions, including annual renewal of both medical and religious exemptions "†Medical exemptions (dated statement signed by a physician stating that a vaccine(s) are medically contraindicated for a student) and religious exemptions (dated statement signed by a student or parent/guardian, if the student is <18 years of age, stating that a vaccine(s) are against sincerely held religious beliefs) must be renewed annually, at the start of the school year." School nurses can now use this annual renewal as an opportunity to remind parents of the benefits of vaccines, answer any questions the parents may have, and encourage them to visit their health care provider to receive the vaccines they need. The school requirements table, as well as other school immunization information, can be found by visiting www.mass.gov/dph/imm and clicking on School Immunizations.

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Inside this issue:

REMINDER!

Starting on January 1, 2018, the Massachusetts Department of Public Health (MDPH) will require all pediatric practices (any site that administers at least some vaccine to those <19 years of age, excluding flu only sites) to have pharmaceutical grade refrigerators for all refrigerated vaccine storage units in their facility.

General Best Practices

CDC has released the General Best Practice Guidelines for Immunization as an online report, and it is available on the Advisory Committee on Immunization Practices (ACIP) web page (https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html). The General Best Practice Guidelines for Immunization replace the General Recommendations on Immunization, last published in the MMWR in 2011.

The General Best Practice Guidelines for Immunization goes beyond vaccination recommendations to give providers guidelines on vaccination practice. The document will help immunizing providers to assess vaccine benefits and risks, use recommended administration practices, understand the most effective strategies for ensuring that vaccination coverage in the population remains high, and communicate the importance of vaccination to reduce the effects of vaccine-preventable disease.

Public Health & Economic Consequences of Vaccine Hesitancy

"a 5% decline in MMR vaccine coverage in the United States would result in an estimated 3-fold increase in measles cases for children aged 2 to 11 years nationally every year, with an additional $2.1 million in public sector costs"

JAMA Pediatrics recently published an article entitled "Public Health and Economic Consequences of Vaccine Hesitancy for Measles in the United States" (http://jamanetwork.com/journals/jamapediatrics/fullarticle/2643169)

This article discusses how even "a 5% decline in MMR vaccine coverage in the United States would result in an estimated 3-fold increase in measles cases for children aged 2 to 11 years nationally every year, with an additional $2.1 million in public sector costs."

The study only accounted for children 2 to 11 years of age. The public health and economic numbers would be much higher if unvaccinated babies, adolescents, and adults were included.

This article highlights that even small reductions in vaccination coverage can have significant implications for public health and associated costs. While MA has high immunization rates on average, local conditions can vary. You can find more information on school immunizations on page 1 and by visiting the School Immunizations section of the www.mass.gov/dph/imm website.

Tdap in Pregnancy

A study entitled "Effectiveness of Vaccination During Pregnancy to Prevent Infant Pertussis." (Pediatrics 2017;139 (5):e20164091) on Maternal Tdap at 27 to 36 weeks' gestation (n=148,981) found:

•91% highly protective against infant pertussis during the first 2 months of life.

•85% more effective than postpartum Tdap in preventing pertussis in infants < 8wks.

•Maternal Tdap continues to significantly protect over 1st year of life (69%).

•Children with maternal Tdap are better protected at each level of DTaP administered.

•Maternal Tdap does not interfere with infant DTaP.

Maternal Tdap vaccination was highly protective against infant pertussis, especially in the first 2 months of life. Even after infant DTaP dosing, there was evidence of additional protection from maternal Tdap vaccination for the first year of life. This study strongly supports the current recommendation to administer Tdap during each pregnancy.

Remember, pregnant women should receive 1 dose of Tdap during each pregnancy, preferably during the early part of gestational weeks 27–36, regardless of prior history of receiving Tdap.

For more information about pregnancy and pertussis, visit https://www.cdc.gov/pertussis/pregnant/

Take Care to Use Correct Dose Volume for Administration of Flu Vaccine in Children

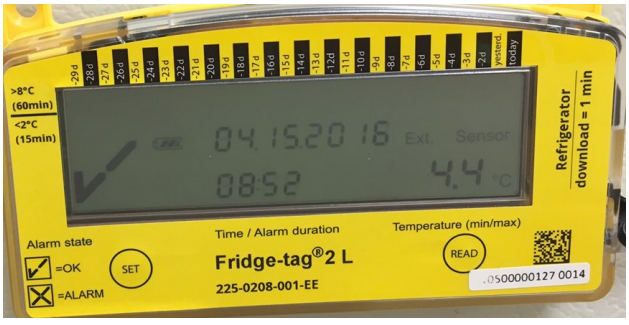
The MDPH Immunization Program has received a number of questions from providers about the correct dose volume of FluLaval Quadrivalent (IIV4), which is approved for use in children aged 6 months through 35 months as a 0.5mL intramuscular dose.

- For <u>any</u> dose needed, children aged 6 through 35 months may receive either:
  - 0.5mL FluLaval Quadrivalent (IIV4) intramuscularly, or
  - 0.25mL Fluzone Quadrivalent (IIV4) intramuscularly.
  - Note that dose volume <u>differs</u> for these two brands. Care should be taken to administer the correct dose.
- Children aged 3 through 17 years may receive 0.5 mL intramuscularly of an age-appropriate IIV formulation.

Please note: Children 6 months through 8 years who are receiving influenza vaccine for the 1st time or who have had a total of only 1 dose of influenza vaccine in any previous seasons will need 2 doses separated by ≥4 weeks. For those children who need 2 doses this season, the 2 doses do not need to be the same product.

REMINDER!

Label your data loggers to ensure they stay with the same storage unit!



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Do you know someone interested in receiving this newsletter? Please email rebecca.vanucci@state.ma.us to be added to this distribution list.

www.mass.gov/dph/imm

Educational Activities

Multiple education products are available free through the CDC website (https://www.cdc.gov/vaccines/ed/index.html):

- Immunization courses
- "You Call the Shots" self-study modules
- Netconferences

Continuing education credits are available.

Vaccine Administration e-Learn

- The e-Learn is a free, interactive, online educational program that serves as a useful introductory course or a great refresher on vaccine administration
- Continuing education credits are available for nurses, physicians, pharmacists, and other health care personnel. You can find the course at https://www.cdc.gov/vaccines/ed/courses.html#elearn-vaccadmin

Raise Your Rates!

The National HPV Roundtable recently released a self-paced CME course on how to increase adolescent immunization rates in your practice. This free course can be found at https://www.cmeuniversity.com/course/disclaimer/114605#01

Annual Vaccines for Children (VFC) Compliance Training Webinar

The Vaccine Coordinator and Back-up Vaccine Coordinator at each pediatric provider receiving vaccines from the Immunization Program are required to complete an annual VFC Compliance Training. The recorded webinar from the 2017 Immunization Updates fulfills the requirement if you view the webinar in its entirety, and complete and pass the post-test. You can find the webinar by visiting www.mass.gov/dph/imm and click on Events.

The Immunization Program is committed to promoting the health of Massachusetts' citizens by reducing the burden of vaccine preventable diseases that affect the residents of the Commonwealth. The mission of the program is to prevent disease by ensuring that all individuals are fully immunized in a timely manner.

The Immunization Program develops strategies to ensure that the children and adults of the Commonwealth are appropriately immunized and have access to vaccines.