Influenza Vaccination Kick-Off

The North Dakota Department of Health (NDDoH) partnered with University of North Dakota (UND) Hockey to encourage North Dakotans to get vaccinated against the flu this year. Jill Baber and Lexie Barber from the NDDoH traveled to Grand Forks on September 25 for the 2017-2018 influenza vaccination kick off. During the event, UND hockey players Cam Johnson and Johnny Simonson were immunized by Julie Tennison from UND student health. Steve Westereng, chair of the Department of Sports Medicine at the UND School of Medicine and Health Sciences, spoke on the importance of the flu vaccine for student athletes, stating, “UND student athletes spend a large amount of time together during the season. Unfortunately, this increases the chances of spreading something like influenza. A flu vaccine is offered to student-athletes to protect themselves and others around them. Everyone should consider a flu shot for the same reasons.”

The flu vaccine is recommended for everyone 6 months and older, but it is especially important for certain groups of people who are at higher risk of serious complications from the flu. These include:

- Children 6 months through 4 years
- Adults 50 years and older
- Residents of long-term care facilities
- People of any age who have a chronic medical condition or who are immunocompromised
- Pregnant women
- American Indians or Alaskan Natives
- People who are morbidly obese

It is also important for health care workers and anyone else who has contact with high-risk individuals to be vaccinated. The most common symptoms of flu are fever, cough, sore throat, headache, chills, and body aches. Confirmed cases of influenza have already been reported to the NDDoH, so now is a great time for people to get vaccinated. People should be vaccinated by the end of October, if possible.

Influenza Educational Materials

Influenza educational materials, including posters and brochures, are available to order for free from the NDDoH. Materials may be ordered at www.ndflu.com/Education/Influenza/FluOrder.aspx.
NDDoH Announces Novel Influenza Case

In August, the NDDoH announced the state’s first variant influenza case. Variant influenza occurs when an influenza virus normally found in pigs, is found in a person. The case, a child who was hospitalized but has fully recovered, was identified through routine testing of summer influenza positives. The sample tested positive for seasonal influenza A H3N2 on a hospital PCR panel, but was found to be A H3N2 variant (H3N2v) when a surveillance specimen was tested at the NDDoH Division of Microbiology Lab Services. The result was verified via molecular sequencing by the CDC. Genome sequencing indicated the strain was well matched to the strains currently circulating in pigs in the United States.

The NDDoH assessed a variety of possible exposures for the H3N2v case. Exposure to pigs at the North Dakota State Fair was documented. Although it is rare for influenza viruses found in pigs to spread to people, it is possible. An overwhelming majority of variant influenza cases in the United States either work, have come in contact with, or been near pigs in the seven days before becoming ill. Symptoms tend to be mild and similar to seasonal influenza. As with other novel influenza strains, variant influenza does not move readily from person-to-person, and only limited person-to-person spread has been identified. A second case of H3N2v in a traveler from another state also reported exposure to pigs at the North Dakota State Fair. In 2017, 50 H3N2v cases have been identified in the United States.

Providers are reminded to consider variant influenza as a possible diagnosis when evaluating patients with acute respiratory illness and agriculture or fair exposure. Suspect novel influenza virus is immediately reportable to the NDDoH. Rapid detection and characterization of these novel influenza viruses remains an important component of national efforts to prevent further cases and assist in evaluating clinical illness associated with these viruses. It is important to note that variant influenza may test negative or positive for seasonal influenza using commercial or molecular testing methodologies. For this reason, these tests should not be used as screening tools before sending a specimen to the Division of Microbiology Lab Services.

Influenza National Immunization Survey Rates for the 2016 – 2017 Season

According to the CDC National Immunization Survey (NIS) data, national influenza vaccination coverage for the 2016-2017 season remained stable at 46.8%. North Dakota’s influenza coverage rate for the 2016-2017 flu season for everyone 6 months and older was 46.9%. This was a decline of about two percent.
The North Dakota coverage rate for adults 65 and older increased 1.7% from last year to 65.7%, right at the U.S. average of 65.3%.

The 2016-2017 flu season was the first season that Live Attenuated Influenza Vaccine (LAIV) or Flumist® was not recommended for use. While some states saw a decrease in childhood influenza rates, North Dakota’s coverage rates for children 6 months through 17 years increased 1.9% to 65.3%.

The flu vaccination coverage rate for pregnant women in the U.S. was 53.6% for the 2016-2017 season, similar to previous seasons. Pregnant women who received a recommendation and an offer of flu vaccination by their health care provider, however, had a vaccination coverage rate of 70.5%. Those who reported receiving a recommendation but no offer had a coverage rate of 43.7% and those who reported not receiving a recommendation or offer had a coverage rate of only 14.8%. According to CDC’s survey, a provider offer of vaccination was associated with higher vaccination coverage even among pregnant women with negative perceptions regarding flu vaccination. This emphasizes the importance of a health care provider’s recommendation of flu vaccination for pregnant women.

The coverage rate for health care providers in the U.S. was 78.6% for the 2016-2017 flu season, similar to the previous year. Coverage in health care providers is highest when work settings require flu vaccine. Coverage was also higher among health care providers who had access to free, on-site vaccinations over multiple days.
Pregnant Women and Flu Vaccine

A paper in Vaccine regarding H1N1-containing vaccines and miscarriage risk was published in September, 2017. CDC put together some resources to help explain and give context to the study.

Vaccine published a CDC-funded study (www.sciencedirect.com/science/article/pii/S0264410X17308666) that found women who were vaccinated early in pregnancy with a flu vaccine containing the pandemic H1N1 (H1N1pdm09) component and who also had been vaccinated the prior season with a H1N1pdm09-containing flu vaccine had an increased risk of spontaneous abortion (miscarriage) in the 28 days after vaccination.

This study does not quantify the risk of miscarriage and does not prove that flu vaccine was the cause of the miscarriage. Earlier studies have not found a link between flu vaccination and miscarriage.

There is an ongoing investigation to study this issue further among women who were pregnant and eligible to receive the flu vaccine during the 2012-13 through 2014-15 flu seasons. Results are anticipated in late 2018 or 2019.

CDC and the Advisory Committee on Immunization Practices (ACIP) are aware of this data, which were first presented to ACIP at a public meeting in June 2015. At this time, CDC and ACIP have not changed the recommendation for influenza vaccination of pregnant women. It is recommended that pregnant women get a flu vaccine during any trimester of their pregnancy because flu poses a danger to pregnant women and a flu vaccine can prevent influenza in pregnant women.

Additionally, the American Congress of Obstetrics and Gynecology (ACOG) has also released a statement which continues to recommend influenza vaccine during pregnancy: https://www.acog.org/About-ACOG/News-Room/Statements/2017/It-is-Safe-to-Receive-Flu-Shot-During-Pregnancy.

For additional information regarding this study, please visit https://www.cdc.gov/flu/professionals/vaccination/vaccination-possible-safety-signal.html.

2018 North Dakota State Immunization Conference

The 2018 North Dakota State Immunization Conference will be here before you know it! The conference will take place on July 17 – 18, 2018 and will be held at the Bismarck Event Center. Anyone involved in immunizations is encouraged to attend. This includes nurses, mid-level practitioners, physicians, pharmacists, front desk staff, medical technicians, school nurses, public health staff, administration and anyone with an interest in learning more about immunizations.

Confirmed speakers (so far):
- Dr. Candice Robinson (Centers for Disease Control and Prevention) – Pediatric, Adolescent and Adult Immunization Recommendations
- Dr. Sharon Humiston (Department of Pediatrics/ Division of Emergency Medicine Children’s Mercy Kansas City Professor of Pediatrics UMKC School of Medicine) – HPV Vaccine Champion
- Meningitis Angels
- Screening of Movie “Hilleman: A Perilous Quest to Save the World’s Children”

We are currently working on scheduling speakers for the following topics: communication strategies for vaccine hesitant parents, international travel vaccines and immunization recommendations for immunocompromised patients.

We are looking for one more keynote speaker and many breakout speakers or topics. If anyone has any ideas please email Abbi Berg at alberg@nd.gov.
Pertussis Update

Pertussis, or whooping cough, is a respiratory illness caused by the bacteria *Bordetella pertussis*. Pertussis is still seen in the United States and in North Dakota. Cases tend to peak every three to five years. The last major outbreak of pertussis in North Dakota and in the United States was in 2012. This year, 39 cases of pertussis have been reported to the NDDoH. Most of the cases have been in individuals between 10-24 years old, but ages have ranged from less than a year to over 59 years. Cases have been seen throughout the state, occurring in Williams, Ward, McHenry, Grant, Morton, Burleigh, Stutsman, Grand Forks, and Cass Counties.

People with pertussis are infectious from the onset of cough until they have completed five days of appropriate antibiotic treatment or until they have been coughing for 21 days. If pertussis is suspected, patients should be tested, treated, and advised to exclude themselves from school, work, or other activities until they have completed 5 days of antibiotic treatment or have been coughing for 21 days.

Cases of pertussis should be reported to the NDDoH immediately at 701.328.2378. Information on pertussis cases in North Dakota is updated weekly at [http://www.ndhealth.gov/Immunize/Disease/Pertussis.aspx?&y=2017](http://www.ndhealth.gov/Immunize/Disease/Pertussis.aspx?&y=2017).

Storage and Handling

When temperature excursions occur, action should be taken as soon as the alarm is found and before any vaccine is administered. Anytime providers experience a temperature excursion, the manufacturers should be contacted to inquire as to the viability of the vaccine, and the NDDoH immunization program should be made aware of the excursion. Since October of 2016, the NDDoH has had 61 reported temperature excursions, resulting in 999 doses of wasted vaccine for a total of $50,402. Additionally, there have been 68 unreported temperature excursions; these are excursions that are found when providers send monthly temperature logs to the NDDoH and out-of-range temperatures are not reported immediately when they occur. Unreported excursions resulted in 502 doses of vaccine being wasted for a total of $19,429. There have also been three providers that needed to revaccinate patients after not reporting temperature excursions right away and administering nonviable vaccines to patients.

Common temperature excursions that the NDDoH has seen recently are related to vaccine units failing, providers leaving the unit doors open, power outages (either by storms or planned power outages), provider being unaware an excursion had occurred in their unit, and the temperature probe falling out of the unit.

If you have any questions or need to report a temperature excursion, please contact the NDDoH at 7001.328.3386 or toll-free at 800.472.2180.
School Immunizations

The NDDoH’s school immunization survey for the 2017-2018 school year will be open from October 3, 2017 through November 10, 2017. Schools are required to report their vaccination rates through the school immunization survey. Please remember to print off an extra official immunization record for your patients to turn in to their school when administering vaccinations at your facility. This will help schools in determining the vaccination status of their students. For more information on school requirements or the school survey, visit: [www.ndhealth.gov/Immunize/Schools-ChildCare/](http://www.ndhealth.gov/Immunize/Schools-ChildCare/).

Students attending private and public schools in North Dakota, as well as homeschooled students, are required to be up-to-date on certain vaccinations. Students have 30 calendar days from the start of the school year to be caught up on vaccinations before they need to be excluded from school. The required vaccinations include:

<table>
<thead>
<tr>
<th>Vaccine Type</th>
<th>Kindergarten – 12th grade</th>
<th>7th grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTaP</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Polio</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>MMR</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Chickenpox</td>
<td>2 doses (K - 9th)</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>1 dose (10th - 12th)</td>
<td></td>
</tr>
<tr>
<td>Meningococcal</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Tdap</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Kindergarten immunization rates in North Dakota increased to almost 94% for the 2016-2017 school year after remaining around 90% or lower for the previous 4 years.

In addition to kindergarten requirements, seventh grade students must receive a dose of Tdap and a dose of meningococcal vaccine (MCV4). For the 2016-2017 school year, the Tdap coverage rate for seventh grade students in North Dakota was 91.19% and the MCV4 coverage rate was 90.21%. This was up from a Tdap coverage rate of 85.55% and a MCV4 coverage rate of 84.31% the previous year.
Avoid Shoulder Injuries – Do You Know the Correct Way to Administer Intramuscular Vaccines?

The CDC launched a campaign to remind providers about the importance of administering influenza vaccine and other vaccines that require intramuscular (IM) injections correctly to avoid shoulder injuries. The Vaccine Adverse Event Reporting System (VAERS) and the National Vaccine Injury Compensation Program (VICP) have had increased reports of shoulder injury related to vaccine administration over the last several years. These reports involve adults more commonly than children. The injuries can cause shoulder bursitis and tendinitis.

Here are a few items to consider to prevent injury during administration of an IM injection:

1. Follow safe injection practices—wash your hands and use a new needle and syringe for each injection
2. Use the correct syringe (1mL or 3mL) with a 22 to 25 gauge needle
3. Determine the appropriate length of the needle to use based on the size of the patient
4. Identify the injection site—in adults use the deltoid muscle
5. Insert the needle at a 90° angle to the muscle and inject all of the vaccine into the muscle tissue

There are numerous websites and information guides to review to improve your technique as well as to teach new employees about the proper technique.

- The CDC website for vaccine administration:  [www.cdc.gov/vaccines/hcp/admin/admin-protocols.html](http://www.cdc.gov/vaccines/hcp/admin/admin-protocols.html)
- A short video about the correct way to administer a vaccine:  [www.youtube.com/watch?v=PqSuCPnPeYE](http://www.youtube.com/watch?v=PqSuCPnPeYE)
- You can earn continuing education by taking an e-Learn course:  [www.cdc.gov/vaccines/ed/courses.html#elearn-vaccadmin](http://www.cdc.gov/vaccines/ed/courses.html#elearn-vaccadmin)
- You Call the Shots Infographic:  [www.cdc.gov/vaccines/hcp/infographics/call-the-shots.html](http://www.cdc.gov/vaccines/hcp/infographics/call-the-shots.html)

Marking an NDIIS Client as MOGE: Which MOGE reason to choose and why?

To help ensure that the North Dakota Immunization Information System (NDIIS) represents the population of North Dakota as accurately as possible, NDIIS users can change the status of a client. This status is known as “Moved or Gone Elsewhere” or MOGE. It is a way for a provider site to indicate, in the NDIIS, that a patient should no longer be counted in the population for their practice or the state/county or both. NDIIS users are only able to change a client’s MOGE status if their provider site is the last provider visited, excluding influenza (i.e. the last provider site to enter a non-flu vaccine in the NDIIS client record). NDDoH Immunization Program staff and Local Public Health Unit users can change the MOGE status for any NDIIS client, regardless of their last provider visited. If a client has been marked as MOGE or Lost-To-Follow-up and a new immunization is entered into the NDIIS for them, the status is automatically set back to active.

When changing an NDIIS client’s status to MOGE, the system requires you to select a reason for the status change. There are four reasons to select, and each one provides different details as to why the client is being marked as MOGE. The reason selected will also determine if a particular client is included in the North Dakota population when coverage rates and different reports are run.

Selecting a MOGE reason that the client moved out of North Dakota or that the client moved and no forwarding address was provided, indicates that the person should not be included in any NDIIS reports and that they need to be excluded from the population. Clients with either of these MOGE reasons selected will be excluded from all NDIIS reports and will also be excluded from state and county-wide coverage assessments calculated by the Immunization Program.
Selecting a MOGE reason that the client has moved out of the immediate area or has transferred to another provider, indicates that the client is still in the state, but has moved to another city/county/jurisdiction or is seeing a different provider and should no longer be associated with your provider site. Selecting this MOGE status will exclude the client from your provider’s NDIIS reports, but will still be included in all state and county-wide coverage assessments.

A client’s status should only be changed to Lost-To-Follow-up if there have been multiple (at least three) attempts to contact them with no response. Clients marked as Lost-To-Follow-up are excluded from all NDIIS reports and all state-wide and county-wide coverage assessments.

It is very important that users are selecting the appropriate MOGE status and MOGE reason when changing a client’s status in the NDIIS. This status will have an impact on the client population in the NDIIS which can greatly affect the immunization coverage rates that are calculated using NDIIS data.

**NDIIS Long Term Care Outreach and Follow-Up**

As part of the ongoing outreach program, the NDIIS team has completed a total of 86 visits since 2015 with long term care (LTC) and associated facilities across North Dakota. We would like to thank those participating facilities and their staff as we continue to work together to improve adult immunization awareness, coverage rates and reporting to the NDIIS. The map to the right shows the locations of long term care facilities across the state that have received an outreach visit.

The NDIIS will be offering education and training to adult immunization providers and LTCs over the next nine months as part of an extension of the outreach program, along with the training and education that is always available upon request.

Since the beginning of this year, participating facilities have received follow up assessments that include details on how many doses of routinely recommended adult vaccines they have entered into the NDIIS, as of the outreach visit date. The goal of these assessments is help make facilities more aware of their data entry status and to encourage reporting of resident and staff immunizations to the NDIIS. Of the 217 LTCs represented by the North Dakota Long Term Care Association (NDLTCA), there are currently 103 set up with active access to the NDIIS. This provider group represents 1.4% of doses entered for persons age 65 years and older since the beginning of 2016.

We continue to actively encourage LTCs to take advantage of all the training, technical resources, and opportunities provided by the NDDoH Immunization Program. During the course of the outreach program, the NDIIS team has received frequent feedback from participating facilities that staff time and technical resources are significant barriers to successfully entering immunization information into the NDIIS. Electronic reporting of immunizations can eliminate the need for staff time spent on duplicate data entry. The NDIIS is promoting electronic data submission amongst LTCs and other adult provider groups, and resources are available to assist facilities in assessing this potential. If your facility is interested in further training, scheduling an outreach visit, or discussing the potential for electronic reporting through your EHR, please contact Dominick Fitzsimmons, NDIIS Coordinator, at dfitzsimmons@nd.gov or visit the NDDoH Immunization Program website.
Teen National Immunization Survey Rates

In August, CDC released results from the 2016 Teen NIS. The Teen NIS assesses vaccination coverage rates amongst adolescents ages 13 – 17. According to the 2016 NIS, vaccination coverage rates in North Dakota increased for most vaccines compared to 2015. North Dakota’s coverage rates for all vaccines were above the national average and the average for North Dakota’s Health and Human Services (HHS) region.

The most significant increase in rates was seen for males starting the HPV vaccination series, which increased from 62.3 percent to 66.9 percent.

Thank you to North Dakota healthcare providers and local public health units for increasing and maintain high teen vaccination rates!
According to a Mott Poll Report, most parents are not keeping up with their adolescent child’s vaccines. To explore parents’ understanding of adolescent vaccine recommendations, the C.S. Mott Children’s Hospital National Poll on Children’s Health asked a national sample of parents about getting vaccines for their teens 13-17 years old.

Most parents reported their teen definitely (79%) or probably (14%) has gotten all vaccines recommended for his or her age. However, many parents were unclear when or if their teen is due for another vaccine. Nineteen percent said their teen is supposed to get another vaccine within the next year, and 26% believed additional dose(s) would be due in more than a year. One in five (19%) said their teen does not need any more vaccines, while 36% did not know about the need for additional vaccines.

Parents named the doctor’s office as the primary way they know when their teen is due for another vaccine: either because the doctor’s office scheduled an appointment for vaccination (44%), the doctor or nurse mentioned vaccination while the parent/teen were at a doctor visit (40%), and/or the doctor’s office sent a reminder that a vaccine was due (11%). Infrequently, parents received a notice from their teen’s school (10%), health plan (1%) or the public health department (0.3%). Ten percent of parents weren’t sure how they would know when a vaccine is due.

This Mott Poll indicates that many parents likely overestimate their teens’ vaccination status. Over 90% of poll respondents thought their teen had received all vaccines recommended for that age, but CDC data indicate that nationally, only one third of teens have received the second dose of meningitis vaccine by age 17. Similarly, less than half of boys age 13-17 have completed the HPV vaccine series, and less than half of adolescents receive an annual flu shot.

Knowledge gaps about adolescent vaccine recommendations play a role, as over half of the parents in this poll did not know their teen was due for additional vaccines. This lack of awareness may reflect the evolution of the US immunization schedule, where adolescent vaccine recommendations have undergone numerous changes. Since 2006, the CDC has recommended that at age 11-12, around the time of middle school entry, children receive pertussis and meningitis vaccines, and begin the multi-dose HPV vaccine series. More recent recommendations include a second dose of meningococcal vaccine for all teens, and an option to receive a newer vaccine that protects against meningitis B.

Flu vaccine is recommended every year for all ages, yet only 1 out of 5 Mott Poll respondents thought their teen was due for another vaccine within the next year. These results suggest that many parents may still think of flu vaccine as primarily for older adults and people with chronic disease, yet every year healthy teens face serious complications from influenza.

It is clear from this Mott Poll that parents view their teen’s health care provider as the main source of information about when their teen is due for another vaccine. Nearly half of parents believe the provider will schedule an appointment when the teen’s next vaccine is due. This is common during the early childhood period, when practices schedule the child’s next well-child visit to coincide with the timing of vaccine doses. However, as children get older and well-child visits occur less frequently, both parents and practices find it difficult to schedule a year or more in advance. Thus, parents may perceive that a lack of scheduled appointment means that no vaccines are due.

Another challenge is many adolescents do not have regular well-child visits, and busy child health practices may not address vaccines during brief visits for illness or injury. When teens go for several years without a well visit, there is limited opportunity for the doctor or nurse to discuss vaccines during a visit – which may contribute to parent beliefs that no additional vaccines are needed. For this reason, techniques such as reminder notices or phone calls from child health providers can serve an important function in raising parents’ awareness about teen vaccines.

To address the challenge of teen vaccines, the CDC recently revised the format of its recommended vaccine schedule to put a focus on age 16 years, to ensure that teens receive the second dose of meningococcal vaccine on time, to provide an opportunity to catch up on any remaining doses of HPV or other vaccines, and to discuss the new meningococcal B vaccine. This new schedule may help providers put more of a focus on the unique needs of older teens, including scheduling well-child visits at age 16 to address immunizations and other aspects of preventive care.
North Dakota Interactive Immunization Maps

The North Dakota Immunization Program has posted county-based interactive infant, adolescent, and adult immunization maps to our website. The childhood, adolescent, and adult immunization maps will be updated on a quarterly basis and provide county-specific immunization rates based on data from the NDIIS. The immunization maps identify areas of low immunization rates based on county population and age appropriate immunization recommendations. The program has also posted interactive seasonal influenza maps demonstrating North Dakota’s seasonal influenza immunization rates. Immunization coverage maps are available under the coverage rates tab on the immunization program website at www.ndhealth.gov/Immunize/NDIIS/Rates.aspx.

New Zoster Vaccine

A U.S. Food and Drug Administration (FDA) advisory panel voted 11-0 on September 13, 2017 that the safety and efficacy of GlaxoSmithKline's Shingrix® shingles vaccine warrants approval for its use in adults ages 50 and over. While the FDA is not required to follow the advice of its expert panels, it typically does so, with an approval decision expected in coming weeks. In clinical trials, Shingrix® produced high efficacy rates against shingles among older recipients. Four years after injection, the GSK vaccine remained about 90 percent effective in people over age 70 years of age. Considerations and proposed recommendations for the Shingrix® vaccine are expected to be discussed during the upcoming Advisory Committee on Immunization Practices (ACIP) meeting scheduled to take place on October 25, 2017.

Hepatitis A Vaccine Supply

The NDDoH immunization program received a communication from CDC stating that adult hepatitis A vaccine is in limited supply in the United States. Healthcare providers should be able to order hepatitis A vaccine privately, but certain presentations may be unavailable or providers may receive limited amounts.

In light of ongoing outbreaks of hepatitis A among adults in several U.S. cities, the demand for adult hepatitis A vaccine has increased substantially over the past six months and vaccine supply to meet this unexpected demand in the U.S. has become constrained. U.S.-licensed manufacturers of hepatitis A vaccine for adults (GlaxoSmithKline and Merck Vaccines) report that unexpected demand globally has also constrained supplies for this vaccine outside the U.S. In order to address current supply constraints, CDC staff are working directly with public health officials to provide guidance about how best to target vaccine distribution. In addition, U.S.-licensed manufacturers of adult hepatitis A vaccine are exploring options to increase domestic supply and are working collaboratively with CDC to monitor and manage vaccine orders to make the best use of supplies of adult hepatitis A vaccine during this period of unexpected increased demand. Of note, these constraints do not apply to the pediatric hepatitis A vaccine supply in the U.S.

2018 National Immunization Conference

The 48th National Immunization Conference, “Immunization: Prevention, Protection, and Progress,” will be held at the Hilton Hotel in Atlanta, Georgia, May 15 – 17, 2018. Conference tracks include: Adult Immunization, Immunization Information Systems, Programmatic Issues, Health and Risk Communications, Epidemiology and Surveillance, and Childhood/Adolescent Immunization. The conference will include exhibit and poster opportunities with conference registration. Abstracts will be accepted through December 31. For more information, please visit www.cdc.gov/vaccines/events/nic/index.html.
State-Supplied Adult Pneumococcal Vaccines

Beginning **October 1, 2017**, providers can order pneumococcal polysaccharide (PPSV23) and pneumococcal conjugate (PCV13) vaccines for adults age 19 – 64 years who are uninsured or underinsured and meet certain ACIP-defined high risk criteria (listed below). Patients older than 65, who do not have a high risk condition recommended for vaccination with either pneumococcal vaccine, or are insured, should receive a private vaccine and have their insurance billed.

**PPSV23 high risk groups** (Must be aged 19 – 64 years old and un/underinsured) AND:
- cigarette smokers
- chronic cardiovascular disease (e.g., congestive heart failure, cardiomyopathies; excluding hypertension)
- chronic pulmonary disease (including COPD and emphysema, and for adults ages 19 years and older, asthma)
- diabetes mellitus
- alcoholism
- chronic liver disease, cirrhosis
- candidate for or recipient of cochlear implant
- Cerebrospinal fluid (CSF) leak
- functional or anatomic asplenia (e.g., sickle cell disease, splenectomy)
- immunocompromising conditions (e.g., HIV infection, leukemia, congenital immunodeficiency, Hodgkin's disease, lymphoma, multiple myeloma, generalized malignancy) or on immunosuppressive therapy
- solid organ transplantation; for bone marrow transplantation
- chronic renal failure or nephrotic syndrome

**PCV13 high risk groups** (Must be aged 19 – 64 years old and un/underinsured) AND:
- Immunocompromising conditions (e.g., congenital or acquired immunodeficiency, HIV, chronic renal failure, nephrotic syndrome, leukemia, lymphoma, Hodgkin’s disease, generalized malignancy, immunosuppression by corticosteroids or chemotherapy, solid organ transplant, and multiple myeloma)
- Functional or anatomic asplenia (e.g., sickle cell disease and other hemoglobinopathies and congenital and acquired asplenia)
- CSF leak
- Cochlear implant

Providers are not required to order additional pneumococcal vaccines or separate stock for use in VFC eligible and adult populations. Please see the NDDoH vaccine coverage table for more information at [www.ndhealth.gov/Immunize/Documents/Providers/Forms/Vaccinecoverage.pdf](http://www.ndhealth.gov/Immunize/Documents/Providers/Forms/Vaccinecoverage.pdf).

**Administrative Rule Changes**

The NDDoH Immunization Program is in the process of updating the North Dakota Administrative Rules for child care and school entry immunization requirements. The public comment period for these rules has closed. If the rules are approved, they will go into effect as of January 1, 2018. The changes to school immunization requirements would go into effect for the 2018 – 2019 school year. Significant changes to the rules include:
- Adding hepatitis B vaccine as a requirement for childcare
- Adding Tdap and MCV4 as a requirement for eighth through twelfth grades. Both Tdap and MCV4 were already required for seventh grade. **This change does mean that the booster dose of MCV4 will be required for entry into eleventh and twelfth grades.**
- Adding a requirement for laboratory testing for history of disease exemptions for varicella, hepatitis A, hepatitis B, measles, mumps, and rubella. Previously, history of disease exemptions could only be claimed for varicella and allowed parental report of disease.
- Changed the exclusion for children who are not up-to-date for school entry from 30 days after enrollment to October 1st of each year.
Calendar of Events

*October 25 & 26*
ACIP Meeting
Atlanta, GA

*November 8*
Immunization Program Lunch & Learn

*November 3-5*
Fall 2017 Clinical Vaccinology Course
Bethesda, MD

*November 15*
Current Issues in Vaccines webinar series
Vaccine Education Center at the Children’s Hospital of Philadelphia
Registration is required

*December 13*
Immunization Program Lunch & Learn
Immunization Program

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