

# Immunization Newsletter



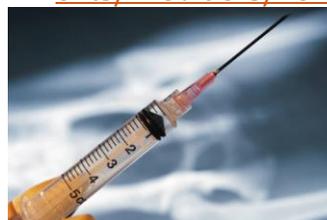
Fall 2014

## New ACIP Recommendations for Influenza Vaccines

The Centers for Disease Control and Prevention (CDC) published its updated influenza recommendations titled "Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of ACIP, 2014–15 Influenza Season" in the August 15 issue of *MMWR*. Everyone 6 months and older who do not have contraindications should receive influenza vaccination annually—this has been a core the Advisory Committee on Immunization Practices (ACIP) recommendation since the 2010–11 influenza season. The ACIP recommends that all children, including healthy children, 6 months–18 years be adequately immunized against influenza. However this is the first influenza season where the ACIP has expressed a preference for one influenza vaccine over another. When both live attenuated influenza vaccine (LAIV4) and inactivated influenza vaccine (IIV) are available, LAIV4 should be used for healthy children ages 2 through 8 who have no contraindications or precautions to LAIV4. If LAIV4 is not immediately available, vaccination should not be delayed and IIV should be used.

Two-Dose Recommendation for Children Ages 6 Months -8 Years:

- Children ages 6 months- 8 years receiving vaccine for the first time require two doses, at least four weeks apart.
- For 2012-13 and 2013-14 two accepted approaches:
  - Simplified approach considering only doses since July 2010
  - Second approach considering all vaccination history
- Children in this age group who received at least one dose of 2013 -14 seasonal vaccine need only one dose in 2014 -15.
- Recommendations for children for the 2014 -2015 influenza season can be found at <http://www.ndhealth.gov/Immunize/Documents/Providers/Forms/Algorithm14.pdf>.



## Welcome to the 2014-15 Influenza Season

Data collection and surveillance for the 2014-15 influenza season began September 1<sup>st</sup>. We are already beginning to see cases each week, which is an unusual amount of activity for this early in the season. Similar to the end of last season, both A and B influenza strains are circulating, and all influenza A cases that have been typed have been influenza A H3N2. In addition, two outbreaks in long term care facilities have been reported. Influenza cases can be, and are, identified year round, but it is unclear why we are seeing a higher

volume of cases that is usual for this time of year. It may be that enterovirus D68 concerns have created a heightened awareness of respiratory illness, contributing to an increase in case counts. Or, given that cases extended into summer last season, it may be there is just more influenza in our population. Whatever the reason, the North Dakota Department of Health (NDDoH) is keeping a close eye on the situation. Case counts are updated every week on [www.ndFlu.gov](http://www.ndFlu.gov).

## Enterovirus D-68

The United States is currently experiencing a nationwide outbreak of enterovirus D68 (EV-D68) associated with severe respiratory illness. From mid-August to October 14, 2014, CDC or state public health laboratories have confirmed a total of 691 people in 46 states and the District of Columbia with respiratory illness caused by EV-D68. CDC expects that, as with other enteroviruses, EV-D68 infections will likely begin to decline by late fall.

Every year, enteroviruses and rhinoviruses cause millions of respiratory illnesses in children. This year, EV-D68 has been the most common type of enterovirus identified, leading to increases in illnesses among children and affecting those with asthma most severely. Other rhinoviruses and enteroviruses continue to be detected as well.

EV-D68 can cause mild to severe respiratory illness. Mild symptoms may include fever, runny nose, sneezing, cough, and body and muscle aches. Severe symptoms may include wheezing and difficulty breathing. Anyone with respiratory illness should contact their doctor if they are having difficulty

breathing or if their symptoms are getting worse.

Since EV-D68 causes respiratory illness, the virus can be found in an infected person's respiratory secretions, such as saliva, nasal mucus, or sputum. EV-D68 likely spreads from person to person when an infected person coughs, sneezes, or touches a surface that is then touched by others. In general, a mix of enteroviruses circulates every year, and different types of enteroviruses can be common in different years.

Small numbers of EV-D68 have been reported regularly to CDC since 1987. However, this year the number of people reported with confirmed EV-D68 infection is much greater than that reported in previous years.

Infants, children, and teenagers are most likely to get infected with enteroviruses and become ill. That's because they do not yet have immunity (protection) from previous exposures to these viruses. We believe this is also true for EV-D68. Adults can get infected with enteroviruses, but they are more likely to have no symptoms or mild symptoms. Children with asthma may

have a higher risk for severe respiratory illness caused by EV-D68 infection. EV-D68 can only be diagnosed by doing specific lab tests on specimens from a person's nose and throat.

Many hospitals and some doctor's offices can test ill patients to see if they have enterovirus infection. However, most cannot do specific testing to determine the type of enterovirus, like EV-D68. CDC and some state health departments can do this sort of testing. CDC developed, and started using on October 14, a new, faster lab test for detecting EV-D68. CDC recommends that clinicians only consider EV-D68 testing for patients with severe respiratory illness and when the cause is unclear.



There is no specific treatment for people with respiratory illness caused by EV-D68.

Some people with severe respiratory illness may need to be hospitalized. There are no antiviral medications currently available for people who become infected with EV-D68. There are no vaccines for preventing EV-D68 infections.

You can help prevent yourself from getting and spreading

EV-D68 and other respiratory illnesses by following these steps:

- Wash hands often with soap and water for 20 seconds
- Avoid touching eyes, nose and mouth with unwashed hands
- Avoid close contact such as kissing, hugging, and sharing cups or eating utensils with people who are sick
- Cover your coughs and sneezes with a tissue or shirt sleeve, not your hands
- Clean and disinfect frequently touched surfaces, such as toys and doorknobs, especially if someone is sick
- Stay home when you are sick



## **New ACIP Recommendations for Pneumococcal Vaccines**

On August 13, the ACIP voted to recommend one dose of PCV13 to every adult 65 and older who has not had one previously. Adults 65 and older who have not had a dose of PPSV23 (Pneumovax®) or whose history is unknown should receive a dose of PCV13 followed at least 6–12 months later by a dose of PPSV23. Adults 65 and older who have not had a dose of PCV13, but have already received a dose of PPSV23 since turning 65 should receive a dose of PCV13 at least one year after the dose of PPSV23. Adults 65 and older who received a dose of PPSV23 before turning 65 should have a dose of PCV13 at least one year after the most recent dose of

PPSV23, followed by a dose of PPSV23 at least 6–12 months later, provided that the minimum interval between the two doses of PPSV23 is at least five years. The magnitude of the direct benefit to older adults from PCV13 vaccination is expected to decline over time. Thus, the ACIP voted to re-examine its recommendation and the data on vaccine strain disease prevalence in 2018. Medicare will have to go through a rulemaking process to authorize Medicare Part B payment for a second dose of pneumococcal vaccine, with the earliest possible effective date being January 2016.

## 2013 National Immunization Survey for Children 19–35 Months

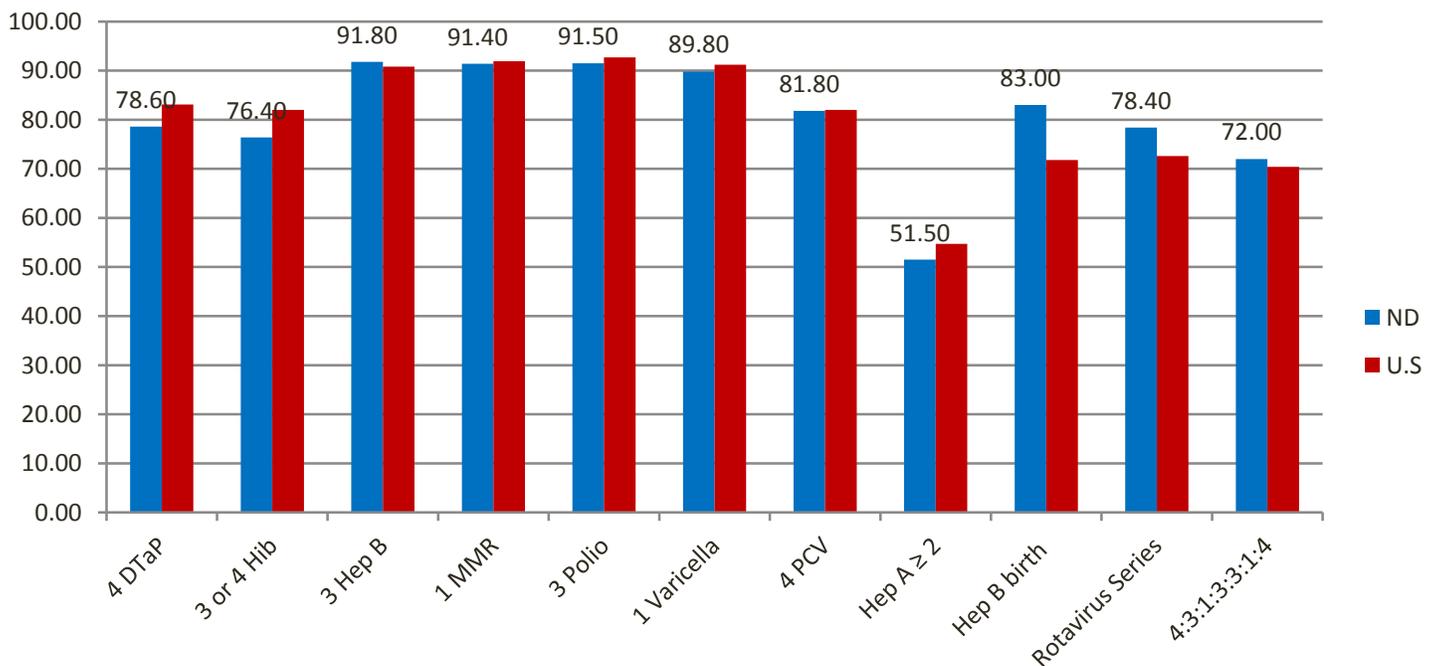
The National Immunization Survey (NIS) was released on August 29, 2014. The Healthy People 2020 Goals set for childhood immunizations are 90 percent for each vaccine and 80 percent for having 4:3:1:3:3:1:4 series (one or more doses of MMR and varicella, three or more doses of hepatitis B and polio, four or more doses of PCV and DTaP, and three or four Hib vaccines).

According to the NIS North Dakota's rates for infants 19–35 months are well below the United States average for the fourth DTaP and Hib booster dose. However, North Dakota's rates for infants 19–35 months are well above the United States average for the birth dose of hepatitis B, rotavirus, and hepatitis A vaccines. North Dakota has met the Healthy People 2020 Goals for three hepatitis B, one MMR, and three polio. The Healthy People 2020 Goals have not been met for three DTaP, three Hib, one varicella, four

PCV, two hepatitis A, hepatitis b birth dose, two or three doses of rotavirus vaccine, or the 4:3:1:3:3:1:4 series. Vaccination rates in North Dakota dropped for the fourth DTaP, Hib booster dose, and PCV13 booster dose from the previous year. The most significant decrease was in the fourth DTaP rate, where North Dakota's rate decreased 6.5 percent. The United States average did not experience declines in rates for these vaccines. Vaccination rates for other vaccines remained level or increased. This means the children are receiving other vaccines, but not finishing the DTaP, Hib, and PCV13 series. Additional efforts are needed to make sure children are coming back for booster doses after 12 months of age.

The chart below demonstrates North Dakota's immunization rates for 2013 versus the national averages for these vaccines and the series completion.

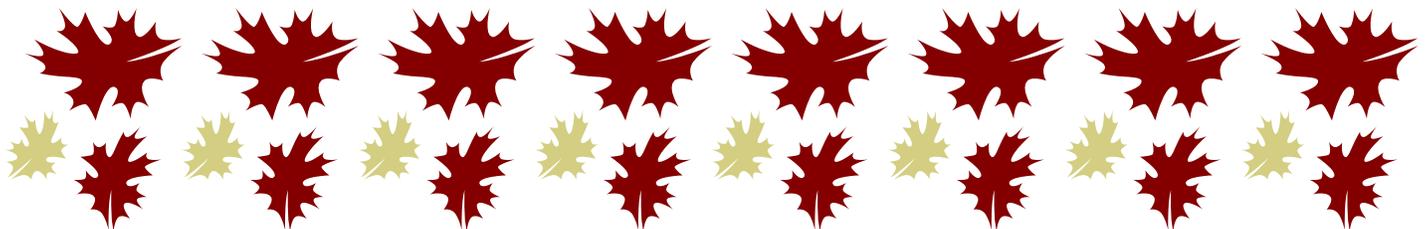
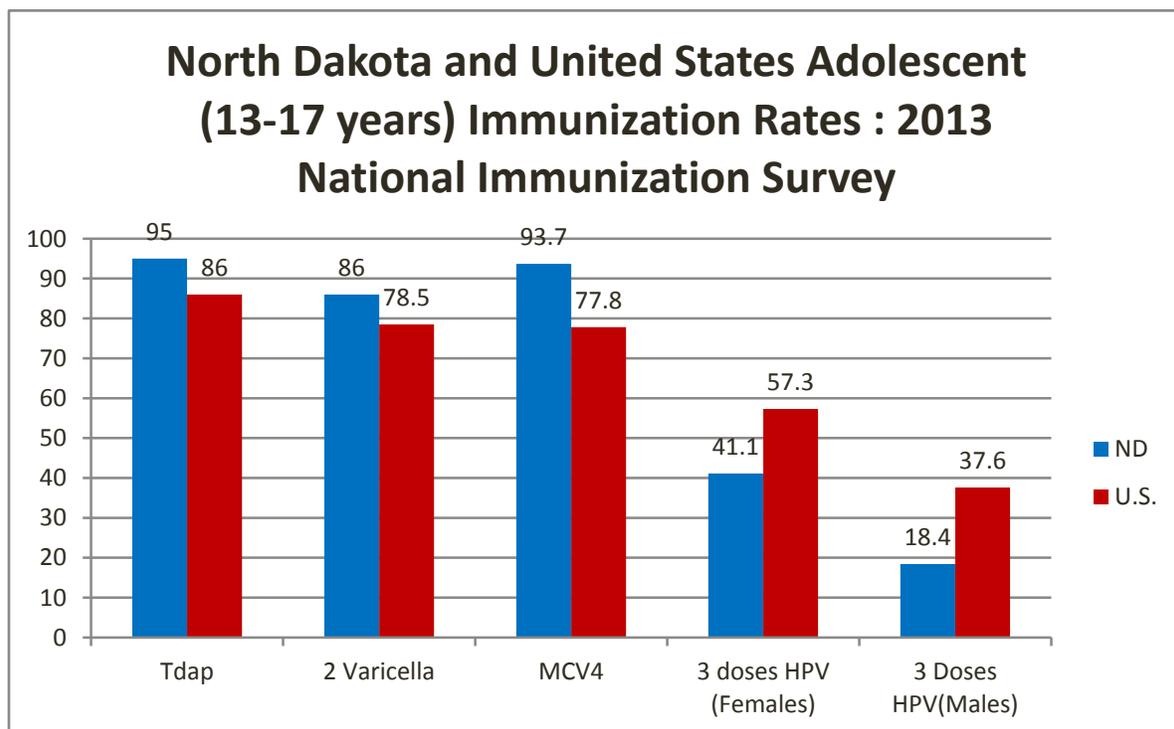
**North Dakota and United States Children (19-35 months)  
Immunization Rates: 2013 National Immunization Survey**



## 2013 National Immunization Survey for Adolescents 13 – 17 Years

The NIS rates for adolescents, ages 13–17, were released on August 29, 2014. The Healthy People 2020 Goals set for adolescent immunizations are 80 percent for having Tdap, HPV, and meningococcal conjugate vaccines. And the Healthy People 2020 Goals are set at 90 percent coverage for two doses of varicella. According to the NIS, North Dakota's rates for adolescents ages 13–17 years are above average in comparison to the United States average for all adolescent vaccines. North Dakota has met Healthy People 2020 Goals for Tdap and MCV4. Healthy People 2020 Goals have not yet been met for two varicella, females starting the HPV series, or males or females completing the HPV series. North Dakota is first in the United States for Tdap rates and second for MCV4 rates. Varicella rates increased significantly from the

previous year. HPV rates remain level. This means that adolescents are being vaccinated against Tdap and MCV4, but not HPV at the same time. The chart below demonstrates North Dakota's immunization rates for 2013 versus the national averages for these vaccines and the series completion. When adolescents are seen for other immunizations, HPV vaccine should be offered. An appointment for the second and third HPV doses can also be made at that time. Using the forecast tool in NDIIS at all immunization visits will help to reduce the number of missed opportunities. The Reminder/Recall function can also help providers contact children and adolescents who are coming due or are overdue for immunizations. Using these tools on a consistent basis will increase North Dakota and provider immunization rates.



## Pediatric Multi-dose Vaccine Information Statements

The pediatric multi-vaccine vaccine information statement (VIS) has recently been updated and is now available. This VIS may be used in place of the individual VISs for DTaP, Hib, Hepatitis B, Polio, and PCV13 when two or more of these vaccines are administered during the same visit. It may be used for infants through children receiving their routine 4–6 year vaccines. This

VIS no longer includes rotavirus vaccine, because its unique recommendations aren't easily harmonized with those for other infant vaccines. The individual rotavirus VIS must be used. Remaining stocks of the previous edition of the multi-vaccine VIS should be discarded, and this newest edition should be used.

### PPSV23 No Longer Supplied by NDDOH for Uninsured/Underinsured Adults

Due to reduced federal funding, starting October 1, 2014 the NDDoH Immunization Program no longer supplies PPSV23 Pneumovax® for uninsured or underinsured adults. Providers can use existing supplies of PPSV23 to vaccinate uninsured or underinsured adults, but must discontinue using state-supplied PPSV23 for the adult population once existing supplies are depleted.

In general, most adults should have insurance coverage for this vaccine. Medicare Part B covers

this vaccine. The Affordable Care Act mandates that insurance cover this vaccine at the first dollar. The North Dakota Vaccine Coverage Table has been updated to reflect this change and can be found on our website

<http://www.ndhealth.gov/immunize/>.

PPSV23 will still be available for order for high-risk children who are eligible for the Vaccines For Children (VFC) Program.

### Lunch and Learns

“Lunch and Learns” have been well received and the immunization program will continue the presentations. The presentations are approximately one hour in length and are available for one contact hour of continuing education credit. “Lunch and Learn” will always be held the second Wednesday of each month at noon CST. After each presentation, the post-test must be completed for credit. The presentations are all archived with slides on the immunization program website. Educational credit is available

for one month after the original presentation. The immunization program would like to encourage providers to request topics they would like to see covered by “Lunch and Learns.” Just email a member of the immunization program.

An email will be sent the first and second Monday of each month to allow providers time to register for the sessions. If multiple people will be watching from one location, we recommend having one person register as lines are limited.

December 10

January 14

February 11



## Let's Not Talk About Sex

Below is an OP-ED article in *The New York Times* by Dr. Paul Offit on how to present HPV vaccines to parents.

*Every year in the United States thousands of men and women die from cancers that can be prevented with a simple vaccine. Sadly, uptake of this cancer-preventing vaccine is abysmal. One reason: Doctors don't want to talk about sex. The good news is, they don't have to.*

*In the past decade, the Centers for Disease Control and Prevention, in concert with the American Academy of Pediatrics, has recommended three vaccines for adolescents. One to prevent meningococcus, which causes bloodstream infections and meningitis; another, given in a three-in-one shot called Tdap, to prevent tetanus, diphtheria and pertussis (whooping cough); and a third to prevent human papillomavirus (HPV), which causes several types of cancer.*

*In July, the C.D.C. announced the most recent results of its teenage immunization survey. Around 80 percent of adolescents now receive the meningococcal and Tdap vaccines. The HPV vaccine, however, is a different story. Only 57 percent of girls had started the three-dose series; 38 percent had finished it. In boys, for whom the vaccine was recommended a few years*

*ago, 35 percent had started and 14 percent had finished the series.*

*"It's frustrating to report almost the same HPV vaccination coverage levels among girls for another year," said Dr. Anne Schuchat, director of the National Center for Immunization and Respiratory Diseases at the C.D.C., in a statement.*

*Why are adolescents and their parents embracing meningococcal and Tdap vaccines but not the HPV vaccine? One possible explanation is a clash between perception and reality. People just don't understand how serious an infection HPV can be. In a typical year in the United States about 150 people die from meningococcus, four from tetanus, none from diphtheria, 20 from pertussis, and roughly 4,000 from cancers caused by HPV. People are more than 20 times more likely to die from HPV than from the other four diseases combined.*

*About 79 million people in the United States have been infected with HPV, and 14 million new infections occur every year. As a consequence, 18,000 women and 8,000 men suffer preventable cancers of the cervix, anus, penis and throat; it's the most common, and except for H.I.V., the most fatal sexually transmitted disease.*

*Another common misperception is that the HPV vaccine is ineffective and immunity is short-lived. But the truth is that the HPV vaccine is virtually 100 percent effective at preventing the precancerous lesions caused by the types of HPV contained in the vaccine, which would most likely prevent most cervical cancers. Regarding how long immunity will last, the HPV vaccine is made in the same manner as the hepatitis B vaccine, for which immunity lasts at least 30 years. Immunity provided by the HPV vaccine is likely to be no different.*

*Further, some high-profile — and highly irresponsible — claims have been made that the vaccine is unsafe. The HPV vaccine has now been studied in more than a million women to determine whether it causes any serious side effects. It doesn't. There is no scientific support for the suggestion by the onetime presidential hopeful Michele Bachmann that the HPV vaccine could cause "mental retardation," or for Katie Couric's giving voice to the notion that it may have caused illnesses and death.*

*Finally, some fear that the HPV vaccine may increase sexual promiscuity. A study of 1,243 young women and girls between the ages of 15 and 24 alleviated this concern. Those who received the HPV vaccine were not more likely to engage in risky sexual*

*behavior. Nor did it make sense that they would. The HPV vaccine doesn't prevent other*

*sexually transmitted diseases, like chlamydia, gonorrhea, herpes and syphilis. Indeed, the HPV vaccine doesn't even prevent all types of HPV, just the majority of those most likely to cause cancer. This argument would be analogous to the claim that people who received a tetanus vaccine could run across a bed of rusty nails with impunity.*

*When the C.D.C.'s Dr. Schuchat stood in front of the media in July and analyzed the woeful rates of HPV vaccination, she didn't mention any of these misperceptions. Rather, she offered something else. Adolescents weren't getting*

*the HPV vaccine because doctors weren't recommending it strongly enough. In fact, one*

*of the top reasons parents gave for not vaccinating was the lack of a recommendation from their health care providers. A likely reason: Doctors are uncomfortable talking about sex with 11-year-olds. So, what to do? How do we separate "the sex talk" from the first dose of HPV vaccine?*

*Amy B. Middleman, chief of adolescent medicine at the University of Oklahoma College of Medicine offers one solution in the coming NOVA television special "Vaccines — Calling the Shots": Don't talk about sex. "The sex part," says Dr. Middleman, "the way in which you get the target disease, is*

*irrelevant. We don't talk about diphtheria, and how you can get diphtheria, before we give*

*the Tdap vaccine." In other words, it's not about sex. It's about cancer.*

*The fact remains that millions of adolescents aren't getting a vaccine to prevent a known cause of cancer. It takes about 20 years for an HPV infection to progress to cancer. That's when the bill is due. Given current rates of immunization, somewhere around 2,000 adults every year whose parents had chosen not to give them the HPV vaccine will probably die from a preventable cancer. It's unconscionable. And doctors will have only themselves to blame.*

## **NODS to Nurses**

Recently, I had the opportunity to attend the Immunization Conference in Bismarck. What an excellent conference. It was a chance to hear many great speakers and learn more about the vaccines that we provide in our local public health units. Much of the discussion and presentations were focused on the HPV vaccine. It really was beneficial to hear repeated information about this vaccine to share with our clients in helping them make an informed decision to receive this vaccine.

When youth and parents come to Public Health office for vaccinations we offer all the shots that the NDIIS forecaster lists. Some parents are hesitant to get the HPV vaccination and ask questions about it. We explain that it is a "Cancer Prevention" vaccination for both girls (cervical) and boys (penile). I ask the parents

"why" they are not having their child receive the HPV, if they choose not to get it, and they usually say it is because of stories they have heard on the internet. They are then encouraged to use reputable sites to glean information in making their decision and we give them handouts to read if they are still reluctant to get the vaccine. Since attending this conference we are seeing an increase in the uptake of this vaccine in our community. This helps "prevent, promote, and protect" the young men and women of our community from such a deadly disease.

~Susan Brandvold, RN

FDHU – Bottineau County

## CALENDAR OF EVENTS



**NORTH DAKOTA**  
DEPARTMENT of HEALTH

Division of Disease Control  
Immunization Program

[www.ndhealth.gov/immunize](http://www.ndhealth.gov/immunize)

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2014 Texas Immunization Summit is November 5 through 7, 2014 in San Antonio, TX.

Fall 2014 National Foundation for Infectious Disease conference is November 7 through the 9, 2014 in Houston, TX.

Current Issues in Immunization NetConference by the CDC is December 3, 2014.

National Influenza Vaccination Week is December 7 through 13, 2014.

2015 Annual Conference on Vaccine Research is April 13 through the 15, 2015 in Bethesda, MD.



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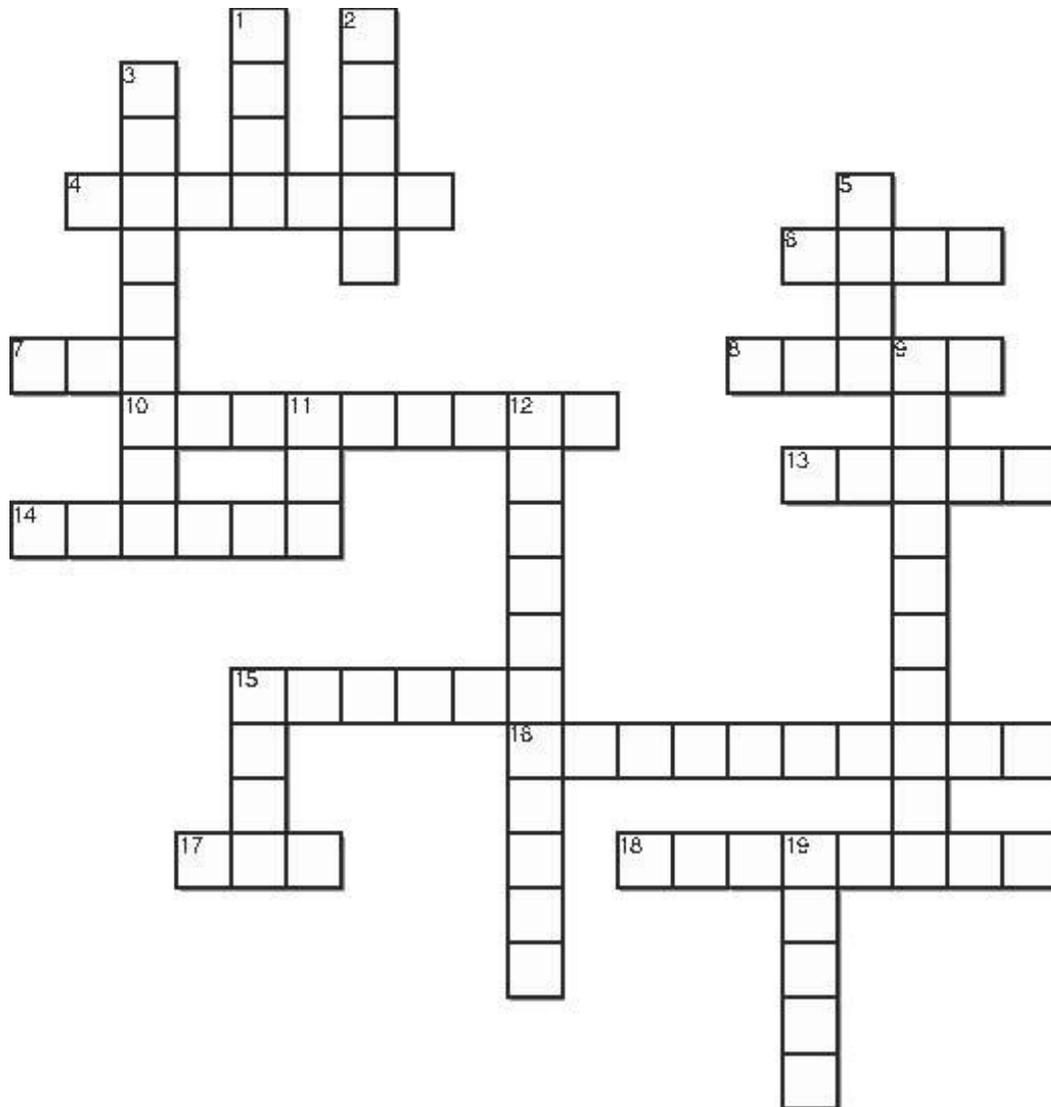
Publication is available in alternative forms; for more information, contact Miranda Baumgartner, editor, *Immunization Newsletter*.

**EQUAL OPPORTUNITY EMPLOYER**

## Word Bank

ACIP  
Freezer  
Three  
Four  
Six months  
Standalone  
VAERS  
Twenty four  
Birth  
Live  
Pertussis  
MMR  
Asthma  
Light  
Children  
Hand washing  
Zoster  
VIS  
Food  
HPV

## Immunization Crossword



### Across

4. Storage location for varicella vaccine
6. Not allowed in vaccine refrigerators
7. CDC info sheet before vaccination (abbr)
8. Recommended age for first dose of Hep B
10. Earliest age influenza vaccine can be administered
13. Vaccine Adverse Event Reporting System (abbr)
14. Vaccine recommended by ACIP for individuals 60 years and older
15. LAIV not recommended in children 2-4 years with this condition
16. Refrigerator type recommended by CDC
17. Virus infection that is precursor for cervical cancer (abbr)
18. Vaccines for \_\_\_\_\_ Program

### Down

1. Vaccine type contraindicated for pregnant women
2. Required period for maintaining temp logs (years)
3. DTaP prevents against \_\_\_\_\_, Tetanus and Diphtheria
5. There is a \_\_\_\_\_ day grace period for most minimum intervals and ages for most vaccines
9. The Rotarix vaccine two dose series should be completed by \_\_\_\_\_ weeks of age
11. Only vaccine stored either in the freezer or the refrigerator
12. One of the most important ways to prevent the spread of influenza infections
15. Advisory body that recommends immunization (abbr)
19. Protect vaccine from this by keeping in original packaging