NORTH DAKOTA
DEPARTMENT of HEALTH

Immunization Newsletter

Spring 2015

National Infant Immunization Week

During National Infant Immunization Week (NIIW), April 18 to 25, 2015, the North Dakota Department of Health (NDDoH) distributed a news release reminding parents of the importance of protecting infants from vaccine-preventable diseases.

NIIW is an annual observance that emphasizes the need to fully immunize children 24 months and younger against 14 vaccine-preventable diseases.

For more information about NIIW, contact Amy Schwartz, North Dakota Department of Health, at 701.328.2378 or at 1.800.472.2180, or visit our website at www.ndhealth.gov/immunize

2015 CDC Childhood Immunization Award

The Centers for Disease Control and Prevention (CDC) Childhood Immunization Champion Award, given jointly by CDC and the CDC Foundation, honors individuals who are doing an exemplary job or going above and beyond to promote childhood immunizations in their communities.

The 2015 award winner for North Dakota is Annette Groves. Annette is a public health nurse at Lake Region District Health Unit in Devils Lake.

When a positive pertussis case was diagnosed in Ramsey County, Annette went to extra lengths to keep children safe by encouraging parents to make sure their children were protected with complete and on-time DTaP immunizations. She also strongly urged parents, grandparents, and caregivers to get Tdap vaccine as well. As a public health nurse with North Dakota's Lake Region District Health Unit, she has made it her mission to promote immunizations both within and outside the walls of her clinic.

Annette has taken many steps to make it easier for busy parents to vaccinate their children, including implementing flexible clinic schedules, accepting walk-ins, and running immunization clinics at preschool screenings and child facilities. She has promoted vaccination at car seat checks, during community meetings, and

through the local "Coffee Talk" radio program. She discusses and schedules follow-up shots at each visit, making it easier for parents to stay on schedule.

When she challenged her local fire chief to get a flu shot, not only did he accept the challenge—he also invited her to host a flu clinic at the fire station's open house during Fire Prevention Week. This type of creativity embodies Annette's approach to promoting immunization within her community. Thanks to her efforts, over 90 percent of infants between 19 and 35 months of age in the Lake Region District Health Unit are fully immunized. Her commitment to promoting immunization in creative ways makes her North Dakota's CDC Childhood Immunization Champion.

No Link between MMR vaccine and Autism

According to a study that was published in the Journal of the American Medical Association (JAMA) the MMR vaccine does not increase the risk of autism. The new study included more than 95,000 children. The study looked at these children during an 11-year window. The researchers studied the risk of developing autism in those children who received MMR vaccine and compared them to the children who did not receive the vaccine.

The study found that there was no harmful association between receiving MMR vaccine and the development of an autism spectrum disorder.

For children with older siblings who were diagnosed with autism the study found no evidence that receiving either one or two doses of MMR vaccine was associated with an increased risk of autism. This study also found that children who had an older sibling with autism were less likely to be vaccinated. The article can be found at http://jama.jamanetwork.com/article.aspx?articleid=2275444&resultClick=3.

Advisory Committee on Immunization Practices Update

On February 25, 2015 the Advisory Committee on Immunization Practices (ACIP) made new immunization recommendations.

Meningococcal B Vaccine:
Meningococcal B vaccine was recommended for high-risk individuals ages 10 and older. "High-risk" includes functional or anatomic asplenia, persistent complement component deficiencies, meningococcal B outbreak settings, and microbiologists. The "high-risk" recommendation does not include international travel, college students, or military service. Either licensed meningococcal B vaccine may be used, there is no preference. Both vaccines are licensed by the Food and Drug Administration (FDA) for ages 10 to 25, but ACIP recommended either vaccine for people age 10 and older (no maximum age limit – off label).

- Bexsero® (Novartis): two doses at least one month apart
- Trumenba® (Pfizer): three doses at 0, 1, and 6 months

The ACIP will discuss additional recommendations (college and routine adolescent) for meningococcal B vaccine at their June 2015 meeting.

Meningococcal B vaccines are available for order for high-risk Vaccines For Children (VFC) eligible. Both brands of meningococcal B vaccine are currently available for purchase in the private market.

Influenza Vaccine:
For the 2015 – 2016 influenza vaccination season, the ACIP removed the preference for live attenuated influenza vaccine (LAIV) over inactivated influenza vaccine (IIV) for children ages 2 to 8 years. Either vaccine may be used. For the 2014 – 2015 influenza vaccination season, the ACIP had expressed a preference for LAIV over IIV for children ages 2 to 8 years.

9-Valent Human Papillomavirus Vaccine
HPV2, HPV4 and HPV9 all protect against HPV 16 and 18, the virus types that cause about 66 percent of cervical cancers and the majority of other HPV-attributable cancers in the United States. HPV9 targets five additional cancer causing types, which account for about 15 percent of cervical cancers. HPV4 and HPV9 also protect against HPV 6 and 11, types that cause genital warts. The ACIP did not express a preference for HPV9 vaccine over other HPV vaccines. HPV9 was recommended as an option for HPV vaccination. Providers may use HPV2, HPV4 (as long as available), or HPV9. ACIP recommends routine HPV vaccination at age 11 or 12 years. The vaccination series can be started beginning at age 9 years. Vaccination is also recommended for females ages 13 through 26 years and for males ages 13 through 21 years who have not been vaccinated previously or who have not completed the 3-dose series. Males ages 22 through 26 years may be vaccinated; the recommendation is for men who have sex with men and for immunocompromised persons (including those with HIV infection). Vaccination of females is recommended with HPV2, HPV4 (as long as this formulation is available), or HPV9. Vaccination of males is recommended with HPV4 (as long as this formulation is available) or HPV9.

The schedule for vaccination is the same – three dose schedule at 0, 1, and 6 months. The ACIP did not discuss a two-dose HPV schedule. The two-dose HPV vaccination schedule will most likely not be discussed by ACIP until 2016. If providers do not know or do not have available the HPV vaccine product previously administered, or are in settings transitioning to HPV9, for protection against HPV 16 and 18 any HPV vaccine product may be used to continue or complete the series for females. HPV4 or HPV9 may be used to continue or complete the series for males. HPV9 vaccination of persons who previously received 3 doses of HPV4 or HPV2 is not a routine recommendation at this time. Available data demonstrate no safety concerns in persons who are vaccinated with HPV9 after having been vaccinated with HPV4. The incremental benefit of vaccination would be small and mainly for females. The only data available are for HPV9 vaccination of females after a complete 3-dose HPV4 series and with the first dose of HPV9 given at least 12 months after completing the HPV4 series.

At a future ACIP meeting, the group will discuss recommendations for HPV9 vaccine for people who were previously vaccinated with HPV2 or HPV4. At this time, there is not a formal recommendation for this.

HPV9 vaccine is available for order from the NDDoH. HPV9 vaccine will be available only for children 18 and younger from the NDDoH. HPV4 will need to be used on adults. HPV9 vaccine is available for purchase in the private market.

Vaccine Information Statements

In the past month there have been changes in the vaccine information statements (VIS). The Hib, rotavirus, Td and Tdap VIS's have recently been updated and are now available on CDC's website. Providers are encouraged to use these updated editions as soon as possible. However, current stocks of the previous versions may be used until depleted.

A new VIS for HPV Gardasil-9® is now available, and may be used immediately. It is available on the CDC's website. The VIS for Garadil-4® (HPV4) should not be used for Garasil-9® (HPV9). The new HPV Gardasil-9® VIS should be used.

Hib	**04/02/2015**
HPV9	**04/15/2015**
Rotavirus	**04/15/2015**
Td	**02/24/2015**
Tdap	**02/24/2015**
PPSV23	**04/25/2015**

Vaccines Work

CDC statistics demonstrate dramatic declines in vaccine-preventable diseases when compared with the pre-vaccine era.

DISEASE	PRE-VACCINE ERA ESTIMATED ANNUAL MORBIDITY*	MOST RECENT REPORTS OR ESTIMATES† OF U.S. CASES	PERCENT DECREASE
Diphtheria	21,053	0†	100%
H. influenzae (invasive, <5 years of age)	20,000	31‡	>99%
Hepatitis A	117,333	2,890§	98%
Hepatitis B (acute)	66,232	18,800§	72%
Measles	530,217	187†	>99%
Mumps	162,344	584†	>99%
Pertussis	200,752	28,639†	86%
Pneumococcal disease (invasive, <5 years of age)	16,069	1,900‡‡	88%
Polio (paralytic)	16,316	1†	>99%
Rotavirus (hospitalizations, <3 years of age)	62,500**	12,500††	80%
Rubella	47,745	9†	>99%
Congenital Rubella Syndrome	152	1†	99%
Smallpox	29,005	0†	100%
Tetanus	580	26†	96%
Varicella	4,085,120	167,490§§	96%

* CDC. *JAMA* November 14, 2007; 298(18):2155–63.
† CDC. *MMWR* August 15, 2014; 63(32):702–15.
‡ An additional 10 cases of Hib are estimated to have occurred among the 185 reports of Hib (<5 years) with unknown serotype.
§ CDC. Viral Hepatitis Surveillance – United States, 2011.
** CDC. *MMWR*, February 6, 2009; 58(RR-2):1–25.
‡‡ CDC. Active Bacterial Core Surveillance, 2013 data (unpublished).
†† CDC. New Vaccine Surveillance Network, 2013 data (unpublished); U.S. rotavirus disease now has a biennial pattern.
§§ CDC. Varicella Program, 2013 data (unpublished).

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.

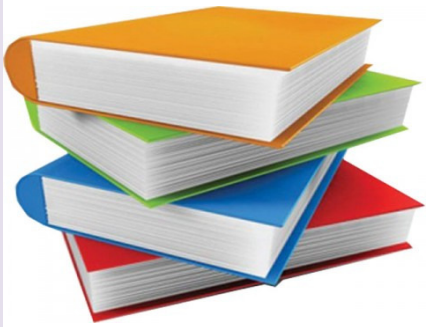
May 6
June 10
July 8
August 12
September 9

Education Opportunity

In light of recent outbreaks of infectious diseases and new developments in immunizations, everyone from parents to policy-makers have questions about vaccines. What's actually in a vaccine? Are vaccines effective? Are they safe?

Vaccines is a six week class that will be taught by Dr. Paul Offit will tackle these questions and more. This course will discuss issues regarding vaccines and vaccine safety: the history, science, benefits, and risks of vaccines, together with the controversies and common questions surrounding vaccines, and an update on newly created vaccines and recent outbreaks of previously controlled diseases.

The link to register for this online class is https://www.coursera.org/course/vaccines.



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Calendar of Events

2015 ACOG Annual Clinical & Scientific Meeting May 2 through May 6, 2015 in San Francisco, CA.

National Adult and Influenza Summit (NAIIS) May 12 through May 14, 2015 in Atlanta, GA.

ACIP Meeting June 24 through June 25, 2015 in Atlanta, GA.

NACCHO Annual 2015 Conference July 7 through July 9, 2015 in Kansas City, MO.

Spring

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Published by the North Dakota Department of Health Division of Disease Control,
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