IMMUNIZATION UPDATE

The Iowa Immunization Program Newsletter *Winter 2015*

Program Highlights

2015 Iowa Immunization Champions

This fall, the Immunization Program sent a request to more than 1,000 immunization partner organizations asking for their nominations of immunization champions - people who work day in and day out to improve the health of Iowans. After reviewing many applications, the review committee selected six applicants to receive this award. The awardees are nominated by their peers or supervisors, and the awardees are recognized for their commitment to public health and the impact they have on their communities and state as a whole, making them 'champions' in the truest sense. The immunization champion award winners, listed below, represent a special group of health care professionals known for their successful work, innovation and unfailing commitment to Iowans. The Iowa Immunization Program thanks these recipients for their dedication to promoting and protecting the health of Iowans!

- **Calla Poldberg,** Myrtue Medical Center, Shelby County Public Health
- **Myrtue Medical Center**
- **Kathy Dehnert and Austin Smith,** Unity Point Employee Health
- **Stephanie Claussen,** Adair County Public Health
- **Susan Brooks,** Polk County Health Department
- **Dr. Nathan Boonstra,** Blank Children's Pediatric Clinic

Updated Interval for Postvaccination Serologic Testing of Infants born to Hepatitis B-infected Mothers

On October 9, 2015, the CDC published new recommendations on postvaccination serologic testing (PVST) of infants exposed to hepatitis B at birth. Previously, the recommendation was to test infants for hepatitis B surface antigen (HBsAg) and hepatitis B surface antibody (anti-HBs) at 9-18 months of age. The new recommendation is to receive PVST at 9-12 months of age, or 1-2 months after the final dose of the hepatitis B virus (HBV) vaccine series if the series is delayed.

Results of HBsAg tests can be transiently positive for 1-18 days following HBV vaccination. PVST should be performed no earlier than age 9 months of age to avoid detection of passive anti-HBs from hepatitis B immune globulin received at birth and to maximize detection of late hepatitis B virus infection.

A Perinatal Hepatitis B Program Enhanced Surveillance project found that longer intervals after the final vaccine dose before PVST is performed resulted in fewer infant anti-HBs results indicating immunity (at least 10 milli-International Units per milliliter or greater) to hepatitis B. Testing infants born to hepatitis B-infected mothers at age 9-12 months provides the following benefits:

- Provide opportunities for testing at two well-child visits (i.e., 9-month and 12-month visits);
- Reduce the period during which nonresponders are at risk for transmission from close contacts with HBV infection;

- Enable prompt revaccination of infants needing revaccination with a second 3-dose hepatitis B vaccine series to attain protective anti-HBs levels;
- Increase adherence with timely PVST completion recommendations, therefore conserving public health resources; and
- Prevent misclassification of some infants as non-responders which leads to unnecessary revaccination.

The above information is adapted from the Morbidity and Mortality Weekly Report; ***Update: Shortened Interval for Postvaccination Serologic Testing of Infants Born to Hepatitis B-Infected Mothers.*** The full article is available here.

For additional information about the Perinatal Hepatitis B Prevention Program, contact Kelli Smith at (800)831-6293, extension 2.

Pregnancy Risk Assessment Survey (PRAMS)

The Pregnancy Risk Assessment Survey (PRAMS) is a cooperative project between the Iowa Department of Public Health (IDPH) and the Centers for Control and Prevention (CDC). Iowa joined the PRAMS project in 2011 and began data collection in February of 2013. Since that time, more than 5,000 Iowa mothers have been asked to provide information on the experiences and behaviors before, during, and after pregnancy. PRAMS data are used to identify groups of women and infants at high risk for health problems, to monitor changes in health status, and to measure progress toward goals to improve the health of mothers and infants.

According to the 2013 PRAMS data, overall, 52.2% of newly delivered women in Iowa reported they received a flu shot in the 12 months before delivery. Those with a college education or higher and making 375% of the Federal Poverty Level (FPL) were the most likely to receive a flu shot during pregnancy.

Health care provider recommendation has an influence whether or not pregnant women receive a flu shot. In 2013, 88.8% of women reported their health care worker either offered or recommended a flu vaccine in the 12 months before delivery. Of these women, 70.3% received a flu vaccine. Additionally, of the 11.2% who were not offered flu vaccine, the vast majority did not receive the vaccine (86.2%).

Please visit http://www.idph.iowa.gov/prams for more information on Iowa PRAMS. Detailed information on the study methodology, participating states, and data to action success stories is available at www.cdc.gov/prams/**.**

FDA approval of 9-valent HPV vaccine for males 16-26 years

On December 14, 2015, the FDA approved use of 9vHPV vaccine for males aged 16-26 years, to extend the indication by including boys and men 16 through 26 years of age for the prevention of the following:

- Anal cancer caused by HPV types 16, 18, 31, 33, 45, 52, and 58.
- Genital warts (condyloma acuminata) caused by HPV types 6 and 11.
- Precancerous or dysplastic lesions caused by HPV types 6, 11, 16, 18, 31, 33, 45, 52, and 58:
- Anal intraepithelial neoplasia (AIN) grades 1, 2, and 3.

This approval extends the previous indication for females aged 9-26 years and males aged 9-15 years. The current ACIP 9vHPV vaccination recommendation includes males through age 21 and through age 26 years for (MSM) and for those immunocompromised (including HIV infection). With this FDA approval, the ACIP recommendation for males aged 16-26 years of age to receive 9vHPV vaccine is no longer “off label”.

Birth Dose Honor Roll

We would like to congratulate and acknowledge the following Iowa hospitals for their inclusion into the Immunization Action Coalition's (IAC's) Hepatitis B Birth Dose Honor Roll:

- Fort Madison Community Hospital, Fort Madison, who reported a birth dose coverage rate of 96% from 1/1/2014 to 1/1/2015, and
- Cass County Memorial Hospital, Atlantic, who reported a birth dose coverage rate of 96% from 7/1/2014 to 6/30/2015.

Greene County Medical Center-Jefferson, joins Myrtue Medical Center-Harlan and Mary Greely Medical Center-Ames as the third Iowa hospital to be included on IAC's Hepatitis B Birth Dose Honor Roll two years in a row with 100% birth dose coverage reported since 1/1/2014.

The Hepatitis B Birth Dose Honor Roll was created in July of 2013 to recognize hospitals and birth centers who achieved 90% or greater coverage rate of administering hepatitis B vaccine prior to discharge. To protect newborns from hepatitis B viral infection, birthing institutions who qualify must also implement written policies, procedures, and protocols including the following:

- A standing order to administer the hepatitis B vaccine to all infants is included as a part of routine newborn admission orders
- All newborns routinely receive hepatitis B vaccine after birth, prior to discharge
- Mother's HBsAg screening test result is reviewed, and original result is included in her chart as well as in infant's chart
- If incorrect test was ordered or is missing, an HBsAg blood test is ordered as soon as possible for the mother
- Infants born to HBsAg-positive mothers receive hepatitis B immune globulin (HBIG) and hepatitis B vaccine within 12 hours of birth
- Notification occurs to the state or county health department's perinatal hepatitis B prevention program prior to discharge for all mothers whose HBsAg test result is positive
- Infants born to mothers whose HBsAg status is unknown receive hepatitis B vaccine within 12 hours of birth
- Infants who weigh less than 2,000 grams who are born to mothers whose HBsAg status is unknown receive HBIG within 12 hours of birth

More information about the Hepatitis B birth Dose Honor Roll is available at http://www.immunize.org/honor-roll/birthdose/. For questions regarding the Perinatal Hepatitis B Program or the Hepatitis B birth Dose Honor Roll, call Kelli Smith at 1-800-831-6293 ext. 2.

IRIS Update

IRIS - Protecting Patient Health Information

Protecting patient health information is vital to maintain the integrity of high quality data found within IRIS. IRIS includes more than 3 million patient records and more than 32 million vaccines. Access to patient records must be limited to patients seeking care at the enrolled user's organization. The IRIS database maintains an audit trail for all user information, including which patient records were accessed and updated.

All IRIS users must abide by all IRIS security policies and procedures, including safeguarding user names and passwords against unauthorized use. All users must abide by the IRIS Confidentiality Policy. Admin users within an organization are responsible for maintaining their user list, including termination of IRIS access when a staff person leaves. Admin users are also responsible for ensuring all users within their organization have signed the IRIS Individual User Agreement and have read and abide by the IRIS Confidentiality Policy. For questions about IRIS, please call the IRIS Help Desk at 800-374-3958.

IRIS Webinars

Mark your calendars for upcoming 2016 IRIS Q&A webinars! The webinars will not include a formal presentation. Instead, attendees will have the opportunity to ask staff questions about all aspects of the IRIS application. Registration links can be found on the **IRIS website**.

Wednesday, January 20th, 2:00 PM – 3:00 PM	REGISTER
Thursday, February 18th 10:00 AM – 11:00 AM	**REGISTER**
Wednesday, March 16th 2:00 PM – 3:00 PM	**REGISTER**
Thursday, April 21st, 10:00 AM – 11:00 AM	**REGISTER**
Wednesday, May 18th, 2:00 PM – 3:00 PM	**REGISTER**
Thursday, June 16th, 10:00 AM – 11:00 AM	**REGISTER**
Wednesday, July 20th, 2:00 PM – 3:00 PM	**REGISTER**
Thursday, August 18th, 10:00 AM – 11:00 AM	REGISTER
Wednesday, September 21st, , 2:00 PM – 3:00 PM	**REGISTER**
Thursday, October 20th, 10:00 AM – 11:00 AM	**REGISTER**
Wednesday, November 16th 2:00 PM – 3:00 PM	REGISTER
Thursday, December 15th 10:00 AM – 11:00 AM	**REGISTER**

IRIS Data Exchange

IRIS is able to send and receive immunization information with electronic health record systems. Currently, more than 700 provider organizations throughout Iowa are sending immunizations electronically to IRIS. About half of all new immunizations in IRIS are sent electronically as opposed to entered directly in the application.

Information regarding data exchange requirements is available on the Forms tab of IRIS at **https://iris.iowa.gov**. Organizations interested in pursuing electronic data exchange with IRIS should complete the **IRIS Data Exchange Onboarding Form** and send it to the IRIS Coordinator at **Kimberly.tichy@idph.iowa.gov**. IRIS Program staff will contact organizations to schedule a kickoff call to discuss testing, connection, and answer any questions about the process.

VFC Highlights

VFC Vaccine Distribution

During the holiday season, McKesson will **NOT** ship vaccine from **December 21, 2015 – January 3, 2016**. If you have any questions regarding vaccine orders, please contact Janean Iddings or Tina Patterson at 1-800-831-6293 ext. 5 and ext. 4 respectively.

Pentacel (DTaP-IPV/ActHib) Supply Delay

The Iowa Immunization Program has been notified of a supply delay related to Sanofi Pasteur's Pentacel (DTaP-IPV/Hib) vaccine. This delay will cause the Iowa Vaccines for Children Program to receive Centers for Disease Control and Prevention (CDC)-determined monthly allocations of Pentacel. The Pentacel allocation is approximately 70% of what is normally distributed each month to satisfy Iowa VFC health care provider demand. The limited supply and vaccine allocations are anticipated to last throughout the first six months of 2016. In addition, CDC is monitoring single antigen vaccines contained in Pentacel and is providing monthly allocations slightly greater than normal distribution.

When placing vaccine orders for Pentacel, please order accordingly to accommodate the reduced allocation. Orders should be consistent with 70% of the recommend order quantity as indicated in IRIS. Orders for single antigen vaccines may be placed as alternatives to Pentacel. Vaccine orders for Pentacel may be reduced to allow all providers to receive a portion of the Program's vaccine allocation. As necessary, the VFC Program will contact providers regarding vaccine orders to discuss the availability of Pentacel and use of single antigen vaccines.

During this time, single antigen vaccines are available and must be used to avoid missed opportunities to vaccinate. Providers should not borrow vaccine from their private stock to vaccinate VFC-eligible children. The CDC has prepared 'Guidance for Vaccinating Children during the 2015-16 Pentacel Manufacturing Delay', which is available on the **Immunization Program webpage**.

The Immunization Program appreciates your understanding and assistance with this matter. If you have questions regarding vaccine orders, please contact the VFC Program at 1-800-831-6293 ext. 5.

Severe Winter Weather Events - Time to Review Your Vaccine Emergency Response Plan

A winter blizzard or ice storm can suddenly put your vaccine supply at risk when power and transportation resources are interrupted. Every Iowa VFC provider must have a written Vaccine Emergency Response Plan that identifies a refrigerator and freezer in another location (ideally, a storage unit with a back-up generator) to store vaccine in the event of a power outage or natural disaster. Consider arranging in advance for a local hospital or similar facility to be your back-up vaccine storage location. Be sure back-up location staff understand vaccine storage requirements and will allow you to supervise the management of vaccine and verify storage temperatures. A template to develop a Vaccine Storage and Handling Plan is available on the Immunization Program web page or by following the link here**.**

Question Corner

Q: The pneumococcal conjugate vaccine (PCV13) package insert says that in adults, antibody responses to Prevnar 13 (Pfizer) were diminished when given with inactivated influenza vaccine. Does this mean PCV13 and influenza vaccine should not be administered at the same visit?

A: No. The available data have been interpreted that any changes in antibody response to either vaccines' components were clinically insignificant. If PCV13 and influenza vaccine are both indicated and recommended, they should be administered at the same visit. For more information, see the PCV13 ACIP recommendations, www.cdc.gov/mmwr/pdf/wk/mm6337.pdf.

Q: Is there an increased risk of febrile seizures in children when flu vaccine is given with DTaP-containing, or Prevnar 13, vaccines? Should patients who are due for DTaP or Prevnar return on a different day to receive their flu vaccine?

A: A CDC study has shown a small increased risk for febrile seizures during the 24 hours after a child receives the inactivated influenza vaccine (IIV) at the same time as any DTaP-containing or Prevnar 13 vaccine. The risk of febrile seizure with any combination of these vaccines is small, and the Advisory Committee on Immunization Practices (ACIP) does not recommend getting any of these vaccines on separate days. The influenza Vaccine Information Statement (VIS) directs providers to be aware of the increased risk of febrile seizures, however. Even though the VIS is directed to the provider, there is language directed to the vaccinee, stating to have a discussion with the provider if there is a history of febrile seizures. This is so the provider can be aware and can prescribe antipyretics for fever prevention if indicated. The vaccines should still be given simultaneously when indicated.

Q: Who is recommended to be vaccinated against meningococcal B disease?

A: Meningococcal B vaccine is routinely recommended for these groups:

- People age 10 years and older who have functional or anatomic asplenia
- People age 10 years and older who have persistent complement component deficiency
- People age 10 years and older who are at risk during an outbreak caused by a vaccine serogroup, such as on college campuses
- Microbiologists who work with meningococcus bacteria in a laboratory

For adolescents and young adults, the ACIP recommends a Meningococcal B vaccine series may be administered to people 16 through 23 years of age with a preferred age of vaccination of 16 through 18 years. This Category B recommendation allows the clinician to recommended Meningococcal B vaccine based on the risk and benefit for the individual patient.

Q: The ACIP now designates a vaccine recommendation as either Category "A" or "B." My interpretation is that an A recommendation means the vaccine is routinely recommended for all people in an age or risk group, and a B recommendation is for use at the clinician's discretion. Does the Affordable Care Act (ACA) require health plans (non-grandfathered) to provide benefit coverage on Category B recommended vaccines?

A: Yes, the ACA requires coverage of vaccines with both A and B recommendations. The Vaccines for Children program also covers vaccines with a Category B recommendation.

Resources

#PRETEENVAXSCENE
Adolescent Immunization Webinar Series

In observance of Cervical Health Awareness Month in January, the Centers for Disease Control and Prevention (CDC) Adolescent Immunization Communications Team is proud to present the webinar series, "Taming Conversations Around HPV Vaccine and Other Immunizations in Social Media". This weekly presentation will address various aspects of engaging with negative comments or safety concerns on social media platforms. Discussion will focus on HPV vaccine, and the unique challenges that come with it; however many principles that will be addressed are relevant to immunization overall. Each webinar will offer perspectives from experts in immunization, vaccine safety, vaccine acceptance, and social media.

- **January 8th - 11:00AM ET**: *"Vaccine Hesitancy, Public Health, and Evidence Based Research."* Presented by Seth Mnookin.
  Register here - https://cc.readytalk.com/cc/s/registrations/new?cid=1sh1z2tt4ljl

- **January 14th - 4:00PM ET:** *"To Engage or Not to Engage: That is the question for social media comments."* Presented by Julie Leask, PhD, MPH.
  Register here - **https://cc.readytalk.com/cc/s/registrations/new?cid=tir2rilfl4o0**

- **January 22nd - 11:00AM ET:** *"But I saw it on the internet! Addressing safety concerns that have gone viral."* Presented by Cindy Weinbaum, MD, MPH and Melinda Wharton, MD, MPH.
  Register here - **https://cc.readytalk.com/cc/s/registrations/new?cid=1vp5nfdi8l3w**

- **January 29th - 11:00AM ET:** *"Harnessing Enthusiasm: Real world examples of engaging partners in social media discussions."* Presented by Karen Ernst and Christine Vara.
  Register here - **https://cc.readytalk.com/cc/s/registrations/new?cid=dczezim9v8bq**