



MDPH Immunization Program Newsletter

Volume II, 2018

Massachusetts Adolescent Vaccination Coverage 2017

CDC released the 2017 National Immunization Survey-Teen (NIS-Teen) report in August 2017 (<https://www.cdc.gov/mmwr/volumes/67/wr/mm6733a1.htm>) which provides the latest estimates of adolescent vaccination rates in the United States.

Massachusetts continues to have some of the highest teen vaccination rates in the country. Thank you for all of your work to ensure adolescents are protected against vaccine-preventable diseases!

The table below shows the Massachusetts NIS-Teen rates for 2017 and the change in rate from 2016. There were statistically significant increases in ≥ 1 HPV (males and females), up-to-date (UTD)* HPV (males and females), ≥ 1 HPV (males), and UTD HPV (males).

These increases demonstrate the continued focus to vaccinate both boys and girls with HPV vaccine and efforts to reduce missed opportunities to vaccinate. In December 2016, a 2-dose HPV vaccine schedule was recommended for boys and girls starting the series before 15 years of age. This schedule could encourage starting and completing the series, though it is too early to assess its impact on vac-

cination coverage. There are continued efforts to promote on-time vaccination, including the new combined HEDIS measure (<https://www.ncqa.org/hedis/measures/immunizations-for-adolescents/>) for adolescent vaccines that assesses receipt of all three routinely recommended adolescent vaccines, including HPV vaccine series completion by 13 years of age. In addition, the Massachusetts Department of Public Health, with faculty from the Massachusetts Chapter of the American Academy of Pediatrics Immunization Initiative, have participated in a 2 year enhanced HPV AFIX project, (<https://www.cdc.gov/vaccines/programs/afix/index.html>) which identifies quality improvement strategies to increase HPV vaccination rates at the practice level.

HPV vaccination provides safe, effective, and long-lasting protection against cancers caused by HPV. New estimates from a recently released CDC report (https://www.cdc.gov/mmwr/volumes/67/wr/mm6733a2.htm?s_cid=mm6733a2_w) show HPV vaccination could prevent 31,000 cancers every year.

2017 Adolescent Vaccination Coverage with Tdap, MenACWY, and HPV, Massachusetts, NIS

Vaccine	2017 vaccination coverage	Change from 2016
Tdap	96.2(± 2.1)	-0.5%
MenACWY	94.0(± 2.7)	+3.6%
≥ 1 HPV (males and females)	81.9(± 4.5)	+10.5%**
UTD HPV (males and females)	65.5(± 5.6)	+8.9%**
≥ 1 HPV (females)	85.4(± 5.9)	+7.8%
UTD HPV (females)	67.4(± 8.3)	+5.4%
≥ 1 HPV (males)	78.5(± 6.7)	+13.0%**
UTD HPV (males)	63.7(± 7.5)	+12.3%**

*HPV Up to date (UTD): 2 doses if the first dose given before the 15th birthday and doses were separated by at least 5 months, otherwise, 3 doses

**statistically significant increase

Inside this issue:

What's New with the Flu 2

Vaccine Supply Update 2

MIIS Release & Training Options 3

Outbreak of Hepatitis A Among People Experiencing Homelessness and Substance Use Disorder in Massachusetts 3

Educational Activities 4

What's New with Flu

Last flu season was very severe with record number of hospitalizations and deaths. There were 180 pediatric deaths, which is the highest number since the 2009 pandemic. Approximately 80% of the children who died did not receive a flu vaccine last year. This serves as a reminder that the best way to prevent seasonal flu and flu-related complications is to get vaccinated every year.

Please visit our Flu Website for Healthcare Professionals (<https://www.mass.gov/service-details/flu-information-for-healthcare-and-public-health-professionals>) for what's new during the 2018-2019 flu season and additional MDPH

resources, such as Sample Standing Orders for IIV and LAIV vaccines and screening/consent forms. These resources are based on the recommendations of the Advisory Committee on Immunization Practices (ACIP).

MDPH also created a new website, Flu Highlights for 2018-2019 (<https://www.mass.gov/info-details/highlights-for-the-2018-2019-flu-season>) which is geared towards a general public audience that you can use in discussions with your patients

We also updated the resource 'Control of Influenza and Pneumococcal Disease in Long-Term Care Facilities', which is on the Flu Website for Healthcare Professionals website. This resource discusses specific recommendations for long-term care

residents and staff as well as other vaccines applicable to this population.

Visit www.mass.gov/flu for more information.

REMINDER!

The flu VIS is no longer updated each year! The current flu VIS posted on the CDC website can be used.

Vaccine Supply Update

Hepatitis B Vaccine Shortage

There is an ongoing national shortage of pediatric single-component hepatitis B (HepB) vaccine. Effective October 1, 2018, the MDPH Immunization Program is reducing all orders (except those from birth facilities) of single-component hepatitis B vaccine by 25%.

Key Points During the Hepatitis B Vaccine Shortage:

- Prioritize the birth dose of hepatitis B (HepB) vaccine.
- Prioritize vaccination of infants born to hepatitis B surface antigen (HBsAg)-positive mothers, or whose status is unknown. These recommendations are unchanged.
- For providers using Pentacel (DTaP-IPV/Hib) and/or single-component vaccines, there are several options for your practice. You will need to choose the one that works best in your setting:
 - ◊ Defer administration of the 3rd dose of single-component HepB vaccine until later within the recommended range of 6-18 months of age for healthy

infants born to HBsAg-negative mothers.*

- ◊ Transition to an all Pediarix (DTaP-IPV-HepB) schedule for all 3 doses in the DTaP primary series at 2, 4, and 6 months.

- ◊ Substitute 1 or 2 doses of Pediarix for Pentacel in the DTaP primary series, as a temporary measure during the shortage.

- Providers using Pediarix (DTaP-IPV-HepB) can continue the infant schedule with no change.
- Regardless of vaccine formulation (s) used, all providers should prioritize the birth dose and completion of the infant series over catch-up vaccination of older children and adolescents.

* In populations with high rates of childhood HBV infection (e.g., Alaska Natives, Pacific Islanders, and immigrant families from Asia, Africa, and countries with intermediate or high endemic rates of infection), the first dose of vaccine should be administered at birth and the final dose at age 6–12 months.

Please visit <https://www.mass.gov/clinical-advisory/pediatric-hepatitis-b-vaccine-shortage-advisory-october-1-2018> to access the Hepatitis B Advisory.

HPV

HPV (Gardasil 9) vaccine packaging has changed; single dose vials are no longer available and have been replaced with pre-filled syringes.

Meningitis B

As outlined in the MDPH Childhood Vaccine Availability Table on the Vaccine Management page, (<https://www.mass.gov/service-details/vaccine-management>) MDPH supplies meningitis B vaccine to high risk children 10-18 years of age regardless of insurance status and healthy children 16-18 years of age who are VFC-eligible. High risk children currently includes full-time and part-time students 18 and under that attend one of the schools in the Five College Consortium: Amherst college, Hampshire College, Mount Holyoke College, Smith College, and UMass Amherst due to the serogroup B meningococcal disease outbreak.

If you have any questions about vaccine supply, please contact the Vaccine Unit at 617-983-6828.

REMINDER!

MDPH will be replacing all state-supplied data loggers by early 2019.

MIIS Release

The MIIS released its latest version in September. The release includes many enhancements including new processes for ordering and reporting storage and handling problems. A new Vaccine Management Dashboard provides the most critically important information to your vaccine manager. The MIIS overall navigation, look and feel have been updated for a better user experience. Font size has been increased for easier visibility. A new link, *My Site*, contains information that is most relevant to your site such as VFC enrollment, HL7 messaging, Data Quality Dashboard and System Usage Dashboard. We have also refreshed the *Help* section to be more user-friendly and provide direct links

to training materials and other valuable immunization resources. Some other changes include: a Logo Home icon, customized footers and Pro-tips. You can get more information in the Release Notes. (<https://www.contactmiis.info/FileSystem/Draft/MIIS%20v18.1%20Release%20Notes.pdf>)

MIIS has a new logo!



MIIS Training Options

During the spring of 2018 the MIIS program launched a new training pilot. The pilot began with the monthly email, *Tips, Tricks & Shortcuts*, which showcases new or upcoming features in the MIIS, as well as educational tips to assist users with the MIIS. Another component of the pilot is a structured curriculum using training tracks to provide quick and streamlined learning. Some of the tracks available are Immunization Registry, Vaccine Management, School and Data Quality. The tracks offer a variety of learning options to accommodate different learning styles in-

cluding: written materials such as Mini Guides and Quick Start Guides; visual aids such as videos and webinar trainings; and finally for users who prefer a classroom setting, the MIIS offers in-person trainings and self-hosted trainings. The mission of this training pilot is to offer useful and requested tools to assist our users to better utilize the MIIS. We hope you will take advantage of these new training opportunities! You can find training materials at the Contact MIIS Resource Center at <https://www.contactmiis.info/impactVT.asp?TT=1>

Outbreak of Hepatitis A Among People Experiencing Homelessness and Substance Use Disorder in Massachusetts

MDPH issued clinical advisories concerning hepatitis A among people experiencing homelessness and substance abuse disorder at the beginning and end of August, 2018, followed by another update in September. (<https://www.mass.gov/lists/massachusetts-department-of-public-health-immunization-program-advisories-and-alerts>)

Highlights of the updated advisory:

- There have been 65 cases of Hepatitis A virus infection in persons experiencing homelessness and/or substance use disorder in Massachusetts (since April 2018). These cases are occurring in the context of several large hepatitis A outbreaks in other areas of the US. (<https://emergency.cdc.gov/han/han00412.asp>)
- Of the 65 HAV cases that have been reported to date, 45% have been located in the City of Boston. An increasing number of cases are being reported as residents of other cities and towns in other regions of the Commonwealth, including the Southeast and metro-Boston areas. Many of the cases have complex medical issues, including co-infection with confirmed hepatitis C virus (68%) and HIV (8%).
- There has been high morbidity reported with 93% of cases requiring hospitalization. There has been one death due to HAV infection during this time.
- Pre-existing liver damage, such as occurs with chronic Hepatitis B and C infection or chronic alcohol use, contributes to more severe disease and even death in persons with Hepatitis A infection.
- Vaccination of high-risk groups should be prioritized even in facilities and areas that have not had a case of Hepatitis A. Vaccine options include single antigen hepatitis A vaccine (HAVRIX® or VAQTA®) and the combination hepatitis A and B vaccine (Twinrix®).
- Early recognition of Hepatitis A infection is critical to successful prevention efforts.

Hepatitis A vaccine is routinely recommended for children and adolescents as a two dose series separated by 6-18 months, between the first and 2nd birthdays. Catch-up vaccination: Anyone previously unvaccinated age 2 years and older may receive HepA vaccine if desired. The minimum interval between two doses is six months.



Massachusetts Department of
Public Health
Immunization Program
305 South Street
Jamaica Plain, MA 02130

Phone: 617-983-6800
Fax: 617-983-6840
Vaccine Unit: 617-983-6828
MHS Help Desk: 617-983-4335

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be added to this distribution list.

www.mass.gov/dph/imm

Save the Date!

Massachusetts Immunization Action Partnership's 23rd Annual Pediatric Immunization Skills Building Conference:

October 18, 2018 at the Sheraton Framingham

Register here: <https://mcaap.org/immunization-cme/>



HPV Coalition Meeting: October 18th at 4:15pm at the Sheraton Framingham following the MIAP Pediatric Immunization Conference. RSVP to Cynthia McReynolds (cmcreynolds@mms.org) if you would like to participate.

MCAAP Immunization Initiative Webinars: Register today for the Massachusetts Chapter of the American Academy of Pediatrics Fall 2018 Webinars <https://mcaap.org/immunization-cme/>

The 6th HPV-related Cancer Summit: November 30, 2018 at the Courtyard Marriott in Marlboro. This full day event is hosted by Team Maureen and the MA Coalition for HPV-Related Cancer Awareness, with support from American Cancer Society. Visit <https://teammaureen.org> for more information.

Massachusetts Adult Immunization Conference: April 2, 2019 at the Sheraton Framingham. Visit <https://maic.jsi.com/> for more information.



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.