

# Vermont Immunization Bulletin

May 2019

## Program Updates

### **New Data Logger Installation is Under Way!**

The new cloud-based Wi-Fi data loggers are being installed at all VFC and VFA-enrolled practices by professional SensoScientific installers, Salvador Ramirez (below right) and Carlos Martinez (below left). In just one week, they've completed installations at 31 practices! If you haven't been scheduled for installation yet, they'll be reaching out to you directly. This data logger upgrade will provide better vaccine management and improved temperature excursion management throughout the state. If you have questions, please e-mail us at: [ahs.vdimmunizationprogram@vermont.gov](mailto:ahs.vdimmunizationprogram@vermont.gov).



### **Vaccine Brand Choice Survey in July**

*Survey opens July 8-31, 2019*

Annually during July, practices can complete a short survey if they want to change vaccine brands. All vaccine changes will take effect October 1, 2019 and be maintained for one year. A link to the Vaccine Brand Choice Survey will be emailed to the primary Vaccine Coordinator at each office on July 8th. Providers who want to change the brand of one or more vaccines must complete the survey by July 31st.



### **Good-bye Nazly!**

The Immunization Program recently bid a fond farewell to Public Health Specialist, Nazly Guzman. The providers in her territory and her colleagues will miss her patience, intelligence and generosity. A search is underway for a new Specialist. Watch this space for an announcement soon.

## State Activities

### Measles: Health Department Web Page for Providers

The Health Department website has a new Measles Information for Providers page, with resources including:

- Measles video from Dr. Rebecca Bell, pediatric critical care physician at the University of Vermont Medical Center
- MMR vaccine information
- Information on how measles typically presents
- Instructions for measles specimen collection and submission to the Health Department Laboratory for free testing
- Infection control recommendations for your practice
- Slides from the Health Department's May 10 provider webinar
- Printable "Ask for a Mask" poster for provider practices

## Schedules and Recommendations

### June ACIP Meeting Agenda

ACIP will meet on June 26-27. The committee will vote on:

- The use of 9vHPV vaccine among those 27-45 years old
- Modification to hepatitis A recommendations
- Pneumococcal conjugate vaccine in those 65 years and older
- Flu vaccine recommendations for 2019-2020

Important information from the meeting will be included in the July Bulletin. For more information, please visit the CDC's ACIP web page.

### 2019 Pink Book Webinar Series

*Wednesdays, June 5 through September 25*

CDC is offering a weekly series of 15 one-hour webinars that provide an overview of vaccination principles, general recommendations, immunization strategies and specific information about vaccine-preventable diseases and the vaccines that prevent them.

The webinars start on June 5, 2019 and will air live most Wednesdays from 12–1 p.m. EDT through September 25, 2019.

See the [schedule and additional information](#). Continuing Education (CE) is available for each event.

## Off to College Immunized

Students attending colleges and universities in Vermont are required to provide documentation of the following vaccinations upon matriculation:

- 1 dose of Tdap
- 2 doses of MMR
- 3 doses of hepatitis B
- 2 doses of chickenpox (varicella) or history of disease
- 1 or 2 doses of quadrivalent meningococcal conjugate vaccine (MenACWY)

These vaccines are recommended:

- Influenza vaccine, annually
- Pneumococcal vaccine(s), for people with certain health conditions
- HPV, for women and men not vaccinated in childhood
- Hepatitis A, for people not vaccinated in childhood

While not routinely recommended, [Meningococcal B vaccine merits special consideration](#). College students ages 18-24 are more than three times at risk for the potentially deadly meningitis B when compared with non-college students.

Vaccine requirements vary by state and there may be additional recommendations for study abroad programs.

For more information, see the CDC's [adult immunization schedule](#).

## Hepatitis A Outbreak Prevention

“Multiple states across the country have reported hepatitis A outbreaks, primarily among people who use drugs and people experiencing homelessness. Since the hepatitis A outbreaks were first identified in 2016, more than 15,000 cases, 8,500 (57%) hospitalizations and 140 deaths as a result of hepatitis A virus infection have been reported...The best way to prevent hepatitis A is through vaccination...One dose of hepatitis A vaccine has been shown to control outbreaks and provides up to 95% seroprotection in healthy individuals...”

- [Increase in Hepatitis A Virus Infections — United States, 2013–2018](#) MMWR Vol 68 No. 413-415 (May 10, 2019)

### Regional Activity

In New England, hepatitis A outbreaks are occurring in [Massachusetts](#) and [New Hampshire](#), increasing the risk that hepatitis A cases may rise in Vermont. Vermont recently met with other New England states to discuss outbreak response, including best practices for preventing cases in at risk-populations.

### **Vermont State Prevention Efforts**

To prevent the spread of hepatitis A among at risk adults, the [Local Health Offices](#) will be providing hepatitis A education and free vaccination to all adults at shelters, syringe service programs and other locations where those at high-risk may congregate. To date, hepatitis A clinics have been offered in White River Junction and Brattleboro. Data from the Immunization Registry indicate that as of June 11, 2019, only 14.5% of adults 19-64 have received 1 dose of hepatitis A vaccine.

### **How Your Practice Can Contribute**

Hepatitis A vaccine is available through the VFC and VFA programs for use in children, teens and adults. Registry data show that, as of April 26, 2019, about 14% of 2-year-old children have received no doses of Hepatitis A vaccine. Among older teens, the percent that are unvaccinated is much higher; about 45% of 16 year-olds have received no doses. Primary care providers are encouraged to follow the CDC recommendations that hepatitis A vaccine be administered to those 12-23 months of age and children and adolescents ages 2-18 years who have not been vaccinated previously.

For more information: [Hep A fact sheet](#) and [map of current U.S. outbreaks](#).