



# VERMONT IMMUNIZATION BULLETIN

July 2020

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## PROGRAM UPDATES

**This is the year to promote/offer flu vaccine in your community**

During this Covid-19 pandemic, flu vaccination is more important than ever before. Information was provided to practices last week to support efforts to increase flu immunization rates in Vermont.

**Consider offering an off-site flu vaccine clinic for all ages** – the Immunization Program has modified guidance to minimize restriction on off-site clinics

- [Guidance for Off-site Influenza and COVID19 Vaccine Clinics for 2020-21](#) provides a brief overview of Program requirements.
  - The [2020/2021 Vermont Vaccine Program \(VVP\) Off-Site & School Located Clinic Addendum Provider Agreement](#) needs to be completed when you begin planning for off-site clinics. This is very short, but provides information to the Program, so we can better assess access to flu vaccine for the pediatric and adult population and ensure your practice has an adequate vaccine supply for any scheduled off-site clinics. This does not commit your practice to offering a clinic.
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- A [Vaccine Management Checklist for Off-Site Clinics](#) is provided to support the use of best practices in all clinics. This step by step guide will ensure staff feel confident in planning for and conducting flu vaccine clinics.

**State-supplied adult flu vaccine may be administered to all adults 19 years and older**

For 2020-21, CDC will provide all states a limited supply of adult flu vaccine at no cost. The CDC supply will not include either of the two vaccines specifically formulated (high dose and adjuvant) for those 65 years and older. Please, do NOT cancel any private purchase adult flu vaccine orders. The supplemental adult vaccine supplied by CDC may not be available until after Nov. 1.

**Flu vaccine ordering**

Flu vaccine will be ordered on behalf of all Vermont Child Vaccine Program (VCVP) practices the first week of September. Additionally, flu vaccine will be ordered at the same time for Vermont Adult Vaccine Program (VAVP) practices who participated last year. Please email the Immunization Program if you want to change your participation status this year. We've worked to address your [frequently asked questions](#).

**Summary of the 2019-20 Flu Season**

It's hard to compare the 2019-20 flu season to any earlier seasons, given the emergence of Covid19. A few points to consider:

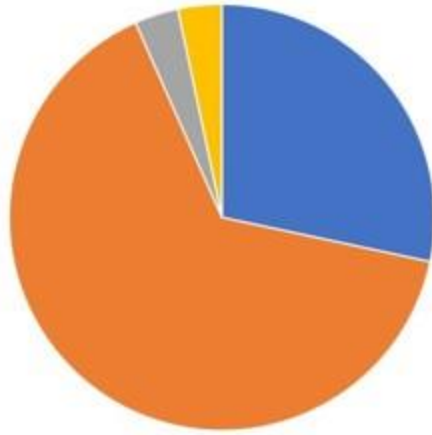
- Influenza A and B were both circulating early in the season, with differences among various regions of the country.
- Nationwide, there were 185 pediatric deaths attributed to flu. The flu vaccination rate among pediatric deaths was reported to be 20%.
- In Vermont, there were 60 flu outbreaks, with 65% in school and university settings.
- Flu vaccination rates in Vermont varied widely among age groups and areas. Less than 25% of those 18-49 years in 5 Vermont counties, received a flu vaccine last year.

**In Vermont, most flu outbreaks occurred in school and university settings in 2019-20.**

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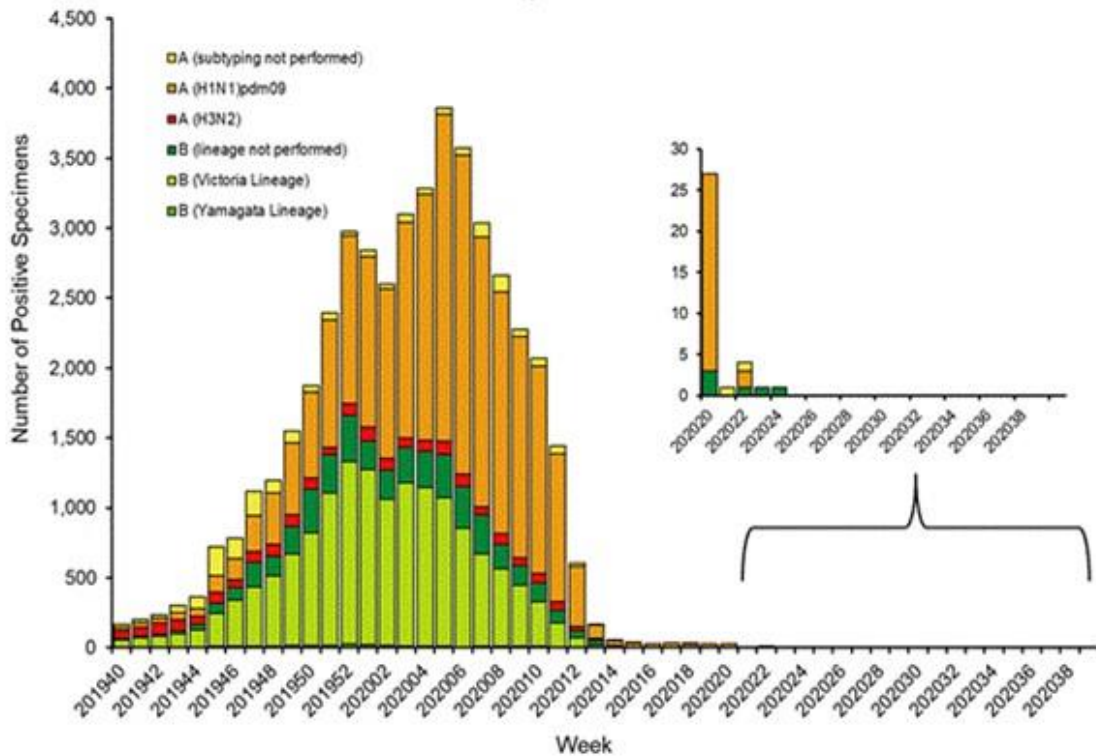
Laboratory Confirmed Influenza Outbreaks



■ LTCF ■ School/University ■ Child Care Center ■ Other

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Influenza Positive Tests Reported to CDC by U.S. Public Health Laboratories,  
National Summary, 2019-2020 Season



### Vaccine Choice

Each July the Immunization Program updates the list of [State-supplied vaccines](#) available to practices and offers the opportunity to change vaccine brands if desired. Your practice's current selections can be viewed in the Vaccine Inventory Management System (VIMS), Practice Catalog Report (see page 22 of the [VIMS user guide](#)). Historically a survey was completed by your vaccine coordinator, with changes effective October 1<sup>st</sup>, and maintained for at least one year. This year the survey has been eliminated, requests for changes should instead be emailed to [AHS.VDHImmunizationProgram@vermont.gov](mailto:AHS.VDHImmunizationProgram@vermont.gov) by July 31<sup>st</sup>. Please include your practice PIN and Vaccine Choice in the subject line.

Note that brand choice is not available for seasonal influenza vaccines.

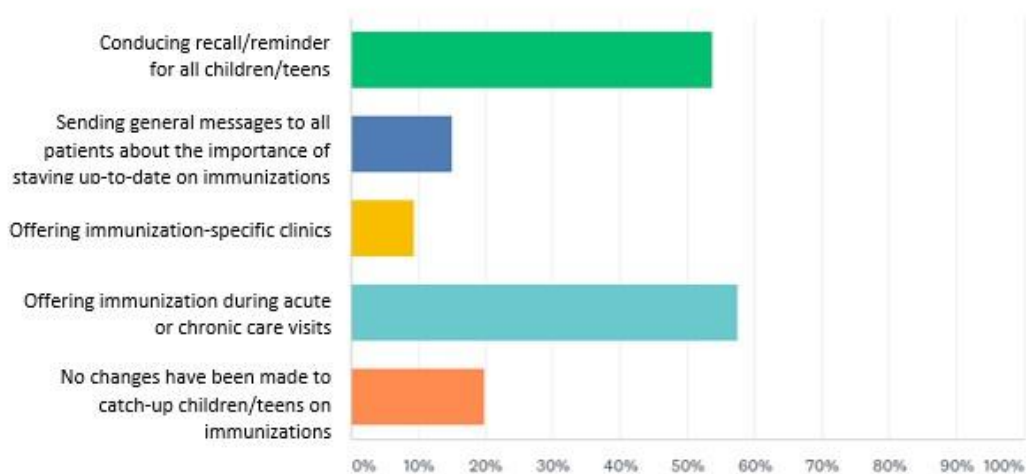
For questions about vaccine recommendations, available brands, or formulations please contact [AHS.VDHImmunizationProgram@vermont.gov](mailto:AHS.VDHImmunizationProgram@vermont.gov)

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**Key Findings from the Vermont Department of Health Immunization Provider Survey conducted June 9-17, 2020:**

- Most providers support enhanced public education and promotion on social media (77%), school-located vaccine clinics (61%) and community clinics for all ages (69%).
- 35% of respondents were interested in partnering with local schools to offer a school-based vaccine clinic and 48% were unsure.
- Over 35% of all respondents noted they review practice specific data provided by the Immunization Registry and/or utilize the practice's EHR to assess the impact of COVID-19 containment efforts on immunization coverage.
- To catch-up children and teens, 58% of practices offer immunization clinics during acute or chronic care visits and 54% conduct recall/reminder for children and teens, while only 9% offer immunization specific clinics.
- Over 70% responded that they would like to see the centralized recall/reminder expanded to include ages 5-6 years and 12-13 years, in addition to the reminder/recall sent at 8 and 20 months.
- Only 3.5% of respondents described their practices as "temporarily closed"

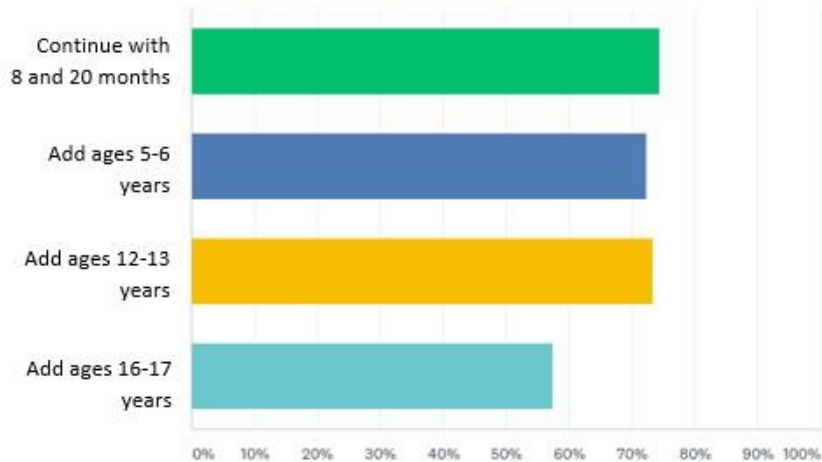
Which of the following strategies is your office employing to catch-up children/teens on immunizations?  
Please select all that apply.



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The Health Department's Immunization Program sends recall/reminder letters to parents of children at 8 and 20 months of age if children are not up-to-date on immunization. This was suspended in March due to the pandemic but will resume in July.

If you would like to see an expansion of this centralized recall/reminder, at which ages would you support recall/reminder letters being sent to parents?  
Please select all that apply.



Thank-you to all who took time to complete the Provider Survey. We had a 63% response rate!

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### **Congratulations to the Vermont primary care practices with high immunization coverage in 2019!**

**The Vermont Immunization Program** recognizes primary care practices achieving high immunization coverage rates as defined by the Healthy People 2020 goals and evaluated using the Vermont Immunization Registry data. Practices are recognized at a Gold or Silver level based on their coverage.

- **Child awards:**
  - **Gold:** at least 90% were up to date for DTaP, Polio, MMR, Hib, HepB, VAR, PCV **and** the combined series.
  - **Silver:** at least 90% were up to date for DTaP, Polio, MMR, Hib, HepB, VAR, and PCV.
- **Teen awards:**
  - **Gold:** at least 80% were up to date for Tdap, MCV and HPV.



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- **Silver:** at least 80% were up to date for Tdap, and MCV. At least 70% were up to date for HPV.

[Click Here](#) to view full list of program awardees.

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## **STATE ACTIVITIES**

### **“Masks on Vermont” Campaign**

We know that face masks are one of the most effective ways to prevent the spread of COVID-19. Help us promote mask use with the “Masks on Vermont” campaign. [Click here](#) for a toolkit with everything you need to spread the word about wearing masks, like communications templates, social media posts, images, and posters.

How can you use the toolkit? Do you have newsletters to patients where you could include information? Could you share content on your social media pages? There are all kinds of assets available from the links in the toolkit. If we all work together, we can begin to make wearing a mask a normalized and welcome practice in Vermont. Mask reminders will help the state continue to get back on its feet. We want to know how the campaign is going! Send examples of your “Masks on Vermont” campaign to Julie Corwin ([Julie.Corwin@vermont.gov](mailto:Julie.Corwin@vermont.gov)).

### **Vermont Immunization Rates Show Uptick in June**

After several months of alarmingly low rates of immunization, the June numbers show evidence of recovery. The chart below shows vaccine administered volume for June 2020 compared with June 2019 in four different age groups: infants/toddlers, young children, pre-teens, and teens.

<b>Age Range</b>	<b>Percent Difference in # immunizations administered in June 2020 vs June 2019</b>
0-36 months	1% <b>increase</b> statewide
4 through 6 years	7% <b>increase</b> statewide
11 through 12 years	6% <b>decrease</b> statewide
13 through 17 years	29% <b>decrease</b> statewide



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## ACIP/CDC

The CDC has released [Prevention of Hepatitis A Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices, 2020](#)

Hepatitis A information:

- The hepatitis A virus (HAV) is transmitted via the fecal-oral route, usually through direct person-to-person contact or consumption of contaminated food or water.
- Illness is usually mild and self-limited when healthy persons are infected, however disease severity increases in persons who are older or immunocompromised, have chronic liver disease, or have other underlying health conditions.
- After the introduction of hepatitis A vaccination in 1996, reported hepatitis A cases fell over 95% between 1996 and 2011.
- Since then small increases in cases occurred in 2013 and 2016 attributed to foodborne outbreaks associated with contaminated food; then, beginning in 2016, greater increases in the number of reported cases occurred across the United States, primarily from widespread outbreaks of hepatitis A from person-to-person transmission resulting in a sharp increase in cases from 2,007 in 2016 to 12,474 in 2018. Low adult HepA vaccination coverage and high population susceptibility to HAV infection allow outbreaks to continue to occur.

The new and updated ACIP recommendations include, but are not limited to:

- Vaccination of all children and adolescents aged 2–18 years who have not previously received HepA vaccine (catch-up vaccination)
- Vaccination of all persons aged  $\geq 1$  year infected with human immunodeficiency virus (HIV)
- Vaccination of pregnant women who are identified to be at risk for HAV infection during pregnancy or for having a severe outcome from HAV infection
- Vaccination during hepatitis A outbreaks of persons aged  $\geq 1$  year who are at risk for HAV infection or who are at risk for severe disease from HAV
- Vaccination in settings providing services to adults in which a high proportion of persons have risk factors for HAV infection (e.g., health care settings with a focus on those who use injection or non-injection drugs, group homes, and nonresidential day care facilities for developmentally disabled persons)

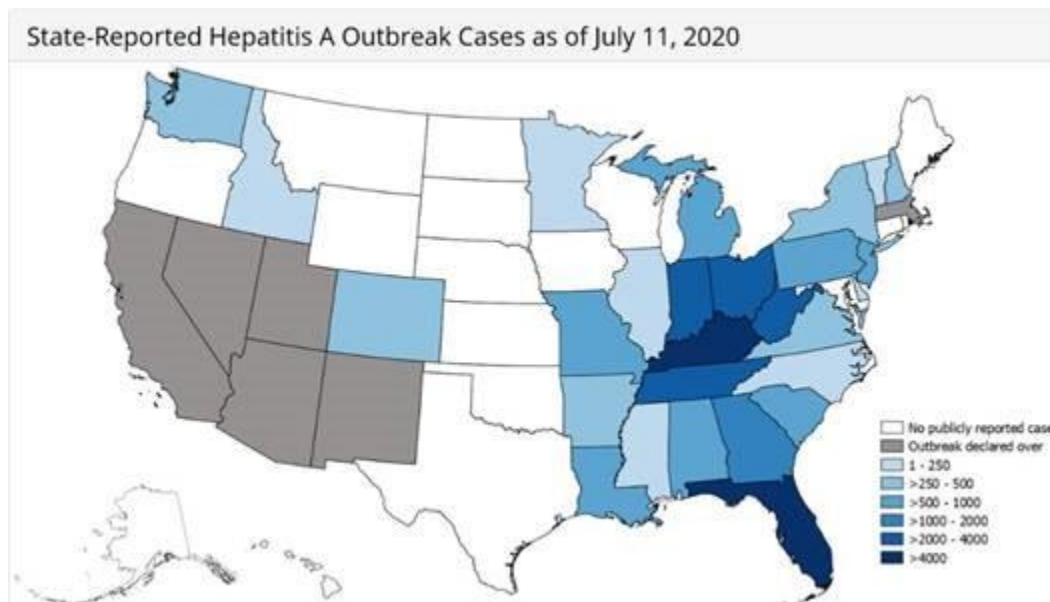
Note: The risk for person-to-person transmission of hepatitis A (HAV) continues during the

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COVID-19 pandemic. The hepatitis A vaccine is the best way to prevent HAV infection. People at risk for acquiring HAV infection or developing serious complications from HAV infection during the current hepatitis A outbreaks should be prioritized to receive the hepatitis A vaccine as soon as it is possible to do so safely.



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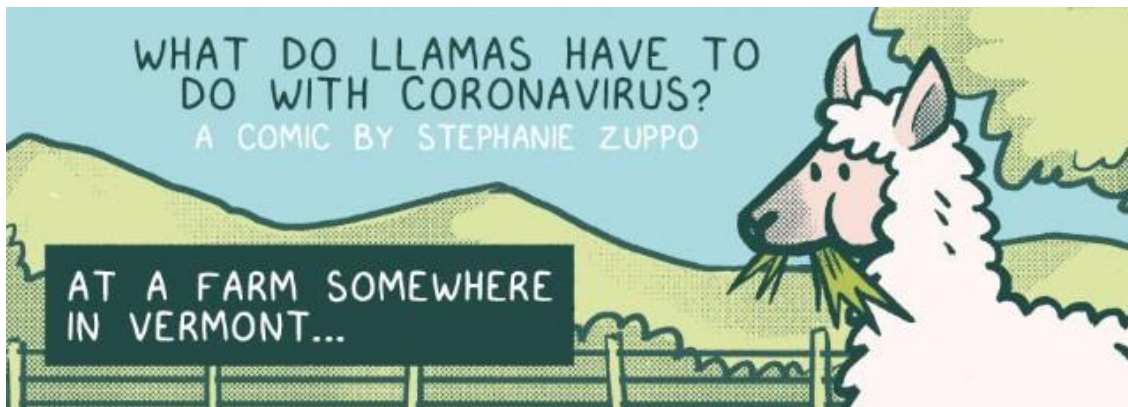
## RESEARCH AND RESOURCES

Got questions about serology? Antibodies? What llamas have to do with it?

Let Vermont cartoonist [Stephanie Zuppo](#) guide you through some answers.

[Click Here](#) for the full comic.

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**“One in four parents hesitant about flu vaccine, survey finds” *United Press International* (June 15, 2020)**

“One in four parents describe themselves as ‘hesitant’ about having their children vaccinated against the flu -- and nearly three in four question it's efficacy -- according to the findings of a survey published Monday by the journal *Pediatrics*.”

[Click Here for survey results.](#)

### **The Road to Immunity During COVID-19 — Developing and Distributing a Vaccine**

The ninth COVID-19 Conversations webinar will cover the basics of vaccine development, how developing a vaccine for COVID-19 differs from "traditional" vaccine development, and what actions can be taken now and in the coming months to ensure our supply chain is ready to manufacture millions of doses of a vaccine.

[Click Here](#) to watch the series.

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### **Vaccine Development Tracker**

Researchers around the world are developing more than 155 vaccines against the coronavirus, and 23 vaccines are in human trials. Vaccines typically require years of

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research and testing before reaching the clinic, but scientists are racing to produce a safe and effective vaccine by next year.

[Click Here](#) for Virus Vaccine Tracker.

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We want to make the Vermont Immunization Bulletin as informative and engaging as possible. We'd love your input on how we can improve.

[\*\*Share Feedback and Suggestions\*\*](#)

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