



# Vaccinate Vermont

December 2018

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Although the dosing schedule for administration of hepatitis B vaccine has not changed, it continues to be the vaccine most likely to have been administered too early, thereby invalid, requiring an additional dose. \_\_\_\_\_pg. 9

## PROGRAM UPDATES

### ADULT FLU VACCINE SURVEY

A huge thank you to the 69 practices that completed our recent survey on adult flu vaccination!

*Based on your responses and input from the Immunization Funding Advisory Committee, the Immunization Program will make adult flu vaccine available to VFA enrolled practices for the 2019-2020 flu season. See the [article](#) below for more information.*

Findings: 80% of respondents said that their practice would order flu vaccine for adults 19-64 years through the VFA program, if offered next year. Survey responses are providing valuable information to our program as we begin planning for the 2019-20 season. We received many **ENTHUSIASTIC** comments and also heard a few concerns which we will work to fully address.

### VFC/VFA RE-ENROLLMENT BEGINS JANUARY 2ND

State-supplied vaccine is purchased through the Health Department Immunization Program with federal and health insurer funding. In order to receive federal funding through the CDC, every Vaccine for Children (VFC) practice must re-enroll by February 1, 2019. The state-run Vaccine for Adult (VFA) Program follows the CDC requirements.

On January 2nd, your practice will receive an email, from the Vermont Immunization Program through Survey Gizmo ([invite@mail.surveygizmo.com](mailto:invite@mail.surveygizmo.com)). This e-mail will contain a personalized link to the 2019-2021- VFC/VFA enrollment form. The primary vaccine contact at each practice is the only person who will receive the re-enrollment email with the personalized link. The vaccine contact will need to gather additional information (population served, insurance status, etc.) before completing the enrollment in Survey Gizmo.

Concurrent with Re-Enrollment this year, practices enrolled in VFA will be asked if they would like to order adult influenza vaccine through the program during the 2019-20 season and to estimate how many doses they will need. For more information, [see below](#).

Contact the Immunization Program by email or phone if you do not receive the link January 2<sup>nd</sup>.

### REGISTRY UPDATE: NEW QUARTERLY REPORTS

Since 2015, the Immunization Registry has been mailing Quarterly Reports to all Vermont primary practices serving persons under age 18. The reports provide confidential practice specific aggregate data with a comparison to statewide rates. The first report provided detail about HPV vaccine rates. In 2012 an additional report providing rates for the 7-vaccine series (4314314) for children ages 19-35 months was added. Practices have used these reports for quality improvement projects and to increase their immunization coverage rates.

Beginning in 2019, the child coverage assessment will be expanded to include Hepatitis A rates. Also new, a “Big Three” teen report comparing HPV, Meningococcal, and Tdap coverage in patients aged 13, 14 and 15. You can expect to see the first of these in early February.

These reports are sent to the person at your practice who is designated as the quality improvement person. Please let us know at (888) 688-4667 if someone at your practice needs this report and is not receiving it.

## PROGRAM UPDATES CONTINUED

### NOMINATE A CHAMPION

Young children rely on the champions in their lives to keep them safe and healthy.

The CDC Childhood Immunization Champion Award is an annual award given jointly by the CDC Foundation and CDC to recognize individuals who make a significant contribution toward improving public health through their work in childhood immunization. Those champions may be parents who keep a record of their child's vaccinations and ask at each doctor appointment whether their child is up-to-date on immunizations. And, those champions may also be doctors, nurses, physician assistants, and other healthcare professionals who ensure that the children in their care receive all the recommended vaccines.

Each year, an CDC Immunization Champion from each of the 50 states, 8 U.S. Territories and Freely Associated States, and the District of Columbia is honored. See the 2018 CDC Immunization Champions. 2019 Nominations will be sought in early 2019. Be thinking about who you'd like to nominate!

## VACCINE SUPPLY UPDATES

### SHINGRIX

While GSK has said that consumers should start seeing an increased supply of Shingrix in 2019, there is no indication of just how long Vermont's monthly allocations of the vaccine will continue to fall short of customer demand. Until the supply is significantly increased, the Immunization Program will continue to distribute doses to practices ordering within their assigned schedule and with fewer than 10 doses remaining in their inventories.

The Washington Post recently published a [synopsis](#) of the shortage from a national perspective that contains some excellent talking points.

The Advisory Committee on Immunization Practices has issued the following clinical guidance:

If more than 6 months have elapsed since the first dose, administer the second dose when possible. Do not restart the vaccine series. The Immunization Action Coalition provides answers to this and many other administration related questions in their [Ask the Experts forum](#).

### HEPLISAV-B

The CDC notified state health departments that this new Hepatitis B vaccine for adults will be available for practices to order beginning in January 2019. Vermont practices who chose to carry this vaccine in July's Annual Vaccine Brand Choice survey should see this product in their VIMS catalogs by January 3rd.

## PRACTICE SPOTLIGHT: ESSEX PEDIATRICS' FLU CLINICS



A patient receives his flu shot in the Essex Pediatrics vaccine room. Murals painted by local artist, Kara Janaro.

*How does one of Vermont's largest pediatric practices make sure its patients are vaccinated every year? Essex Pediatrics staff share some wisdom below.*

### PHILOSOPHY

- Make vaccines cool, not scary.
- Empower kids and parents with best practice age appropriate tools to reduce vaccine anxiety and pain.
- Tools include calming environment, breastfeeding, pacifier, swaddling, comfort holds, distraction techniques (interactive toys, singing, pinwheels, bubbles) deep breathing, search games, and non-procedural conversation.

### SCHEDULING LOGISTICS

- Flu clinics are pre-scheduled November through March.
- One nurse is dedicated to each clinic.
- There are approximately 15-20 clinics per month with varying times to accommodate mornings, afternoons, and evenings.
- Each clinic lasts from 3-8 hours.
- High risk patients are contacted first via telephone message to schedule before general patient population.
- Patients are scheduled every 5 minutes.

*Thank you to Jodie Kelley and Jill Kenneson for putting this together between all of those shots!*

## FLU VACCINE COVERAGE DROPS NATIONWIDE AND IN VERMONT

Based on data reported by CDC, the percent of Vermonters six months and older that received a flu shot last season dropped almost 4 percentage points from the previous year, falling to 44%. A similar drop was seen for New England overall and for the United States. Coverage in Vermont remains about 4 percentage points below overall New England coverage. Below, we describe these findings in more detail. Coverage estimates are based on data collected through the NIS-Flu survey (children and teens) and the Behavioral Risk Factor Surveillance System (adults).

### COVERAGE ESTIMATES FOR CHILDREN AND TEENS

#### National Findings

Coverage for children 6 months-17 years was 58%, a drop of about one percentage point from the previous year. Among the youngest children (6 months-4 years), there was a 2-percentage point decrease in coverage, to 68%.

#### Key Points for Vermont

For Vermont's children and teens, flu coverage remains well below coverage for New England. Among those 6 months to 17 years, coverage in Vermont remained stable at about 60%. However, among young children (6 months to 4 years), there was a drop of over 6 percentage points in coverage, to 69%. Though this was not a statistically significant change, it was concerning because point estimates over recent years had increased or remained stable. A drop in coverage for this age group would also be consistent with the drop observed in the US overall.

To improve our understanding of these findings, the Immunization Program is reviewing Immunization Registry data and ordering data. To address the persistent low flu coverage among Vermont children and teens, we are evaluating potential initiatives to improve access and convenience of flu vaccination for this age group.

### COVERAGE ESTIMATES FOR ADULTS

#### National Findings

In the 2017-2018 season, estimated coverage among adults 18 and older fell 6 percentage points relative to the previous season, dropping to 37%. This was a statistically significant decrease and a major shift from the stability in coverage observed over recent years. The drop was observed across all adult age groups. Coverage was 31% for those 18-64 and 60% for those 65+.

#### Key Points for Vermont

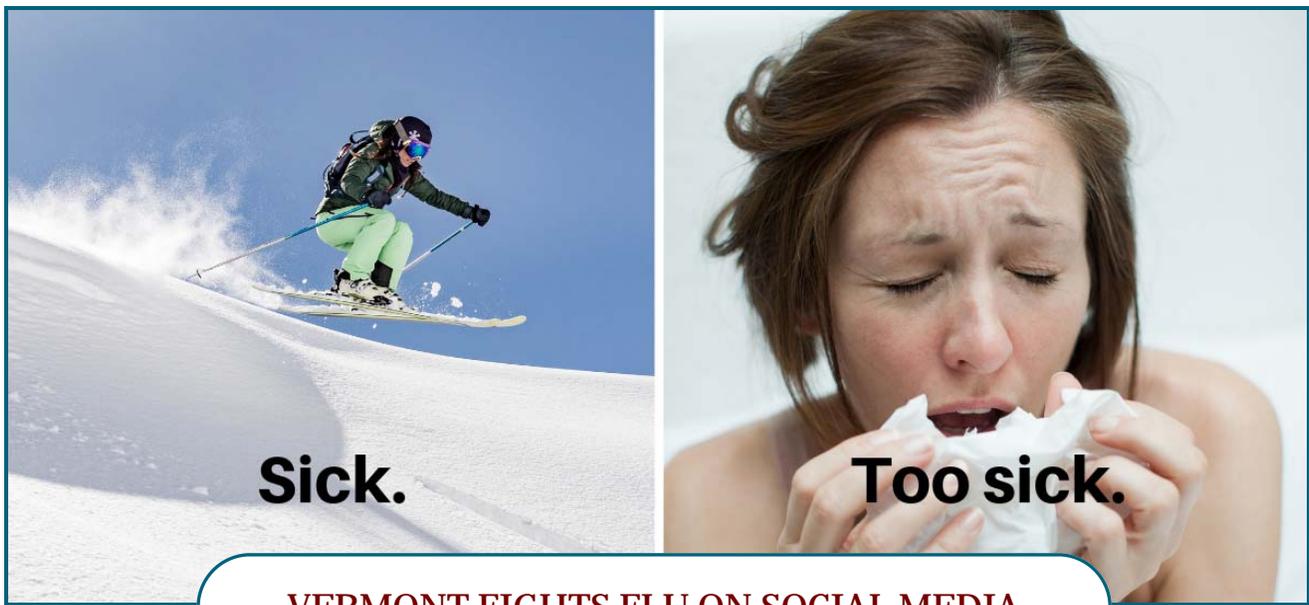
For Vermont adults 18-64, coverage dropped 5 percentage points relative to last season and has fallen nearly 10 percentage points over the past 5 years (Figure 1). Coverage for this age group was estimated at 33%, about 3 percentage points below the point estimate for New England overall. For younger adults, 18-49, coverage was only 27%, 10 percentage points below coverage from just 2 years ago. Among adults 65+, coverage was 61%, which was similar to the previous year and to overall New England coverage.

The Immunization Program is working to help address low flu coverage for adults. You can read about our plans to expand the VFA program to include flu vaccine for adults 19-64 on page 7.

## FOUR GOOD REASONS TO GET A FLU SHOT

1. **Reduced risk of getting the flu.** The flu vaccine was 40% effective overall last year, with variation among age groups. For those 6 months to 8 years it was 53% effective, while for those 65 years and older it was only 20% effective. Two flu vaccines are available only to those 65 years and older, designed to address the limited effectiveness of vaccines in older adults due to weaker immune systems.
2. **Decreased severity/symptoms for those who do get sick with the flu.** Studies show that receiving the flu shot reduces the risk of being admitted to the hospital by over 30%. A recent CDC study found that patients hospitalized with the flu who had not received the flu vaccine that year, were 2 to 5 times more likely to die than someone who had been vaccinated.
3. **Limits transmission to others.** You can transmit the virus up to a day before symptoms begin and 3-4 days after they start. Vaccinated individuals therefore protect vulnerable people such as those with immune conditions and severe allergies who cannot get vaccinated as well as babies and older individuals where the vaccine may not be as effective.
4. **Minimizes the impact of inflammation.** The flu can make chronic health conditions such as heart disease, COPD and diabetes worse. An often under recognized danger of influenza is the resulting inflammatory reaction that may last several weeks after an acute case of the flu, which may trigger a heart attack or stroke. A recent study noted that acute myocardial infarction (heart attack) is 6x's more likely within 7 days of laboratory confirmed flu.

<http://www.nfid.org/idinfo/influenza/cta-dangers-of-influenza-in-adults-with-chronic-health-c.pdf>



From October 23 through December 3, The Health Department ran social media ads to encourage people all over Vermont to get a flu shot. This type of outreach is supplemental to the strong impact of the relationships between providers and patients. The conversations about the importance of flu vaccination is essential in supporting Vermonters to make evidence-based decisions to protect their health and the health of everyone around them.

## FLU VACCINE WILL BE ADDED TO THE VFA PROGRAM IN 2019-20!

Beginning in Fall 2019, adult flu vaccine will be available to all VFA enrolled providers for use in adults 19-64 years of age. This change has been made in response to falling flu vaccination rates, requests from adult medical practices and in keeping with the Vermont statutory requirement to provide vaccines at the lowest possible cost.

When Vermont adult flu vaccination rates were noted to be decreasing, the Immunization Program assessed statewide access to vaccine, identified needs and collaborated with a UVM master's student to conduct an economic assessment of the impact of adding flu vaccine to the VFA program. The results of this work were shared with the Immunization Funding Advisory Committee in June 2018. In the Fall 2018, the Immunization Program surveyed practices to identify interest and determine how many would order their vaccine through the VFA program – 80% of respondents noted that they would.

### IMPLEMENTATION- THE DEVIL IS IN THE DETAILS !

During the annual VFC/VFA reenrollment in January 2019, all VFA practices must identify if they will be ordering flu vaccine through the VFA program.

Each practice choosing to order adult flu vaccine through the VFA Program must identify the anticipated number of doses for patients age 19 – 64 they estimate will be needed for the 2019-20 flu season. This will be non-binding for the practice, however, it will assist the Immunization Program. This will also allow you the opportunity to consider how to adjust your own private purchase for patients 65 and older. In order to purchase flu vaccine at reduced prices from the CDC contract, the Immunization Program is required to pre-book all flu vaccine orders in February 2019 for the following flu season. Our pre-book order is a binding agreement.

One unique consideration – VFA practices will not be *required* to order flu vaccine through the VFA Program at this time. Flu vaccine is accessible through many avenues and the environment is changing. The addition of flu vaccine to the VFA Program will be monitored and evaluated by the Program and the Immunization Funding Advisory Committee.

The Immunization Program will work to make this change a success. Please provide us with feedback as we roll out these changes in 2019.

## 2018-19 FLU VACCINE BULLETIN

Looking for this?

The annual State Supplied Pediatric Flu Bulletin can be found on the Health Department website. It contains this season's Influenza vaccine composition, recommendations, products available to order through the Immunization Program, and administration information.

04/18/2018 (H)AHS SUPPLIED PEDIATRIC INFLUENZA VACCINE BULLETIN

Relative annual influenza circulation is recommended for all people aged 6 months and older who do not have a past vaccination. The Vermont Immunization Program will provide influenza vaccines for patients age 6 months through 18 years. All vaccines supplied will be live-attenuated quadrivalent preservative-free formulations in prefilled syringes.

The 2018-19 quadrivalent influenza vaccines used in the United States contain an A/Bangkok/02/2018 (H3N2) virus, an A/Sydney/05/2018 (H3N2) virus, B/Phuket/3093/2018 (H1N1), and B/Florida/02/2018 (H1N1) (tamiflu) viruses.

The Advisory Committee on Immunization Practices (ACIP) voted to recommend use of live-attenuated influenza virus (LAV) during the 2018-19 season, after not recommending its use the previous two seasons due to concerns about effectiveness against the typical virus during the 2015-16 and 2016-17 seasons. Providers should be aware that the effectiveness of live-attenuated 2017-18 LAVs that was not recommended for use in the United States (containing an even-numbered year) against currently circulating influenza A virus (genetic drift) is not yet known. Efficacy data for next season is expected this fall. For details see the June 8, 2018 MMWR <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6006a1.htm>.

For the second year, state-supplied vaccines for pediatric use will include FLUCELVAX, manufactured by ID Biomedical, distributed by BioCryst/Johnson and Johnson for use in individuals 6 months and older. Unlike Sanofi Pasteur's Fluaron, children age 6 through 35 months require the same 0.5 mL dose as is used in older children and adults. The dose of FLUCELVAX administered to all ages is 0.5mL.

**INFLUENZA VACCINES FOR PEDIATRIC USE SUPPLIED BY THE VT DEPARTMENT OF HEALTH 2018-19**

Vaccine Manufacturer	Package Size	Age	Type
FLUCELVAX BioCryst/Johnson and Johnson	Single dose 0.5mL syringe	6 - 18 years	Preservative free 0.5mL
FLUCELVAX BioCryst/Johnson and Johnson	Single dose 0.5mL syringe	6 - 35 months	Preservative free 0.5mL
FLUCELVAX BioCryst/Johnson and Johnson	Single dose 0.5mL syringe	6 months - 18 years	Preservative free 0.5mL

**PEDIATRIC PROGRAMS**  
Pediatric providers will primarily administer the Sanofi Pasteur vaccines, 0.25mL presentation for patients 6 - 35 months, and 0.5mL presentation for 3 - 18 months old.

**FAMILY PRACTICES**  
FLUCELVAX 0.25mL presentation will primarily be available to family practices for patients 6 months through 18 years old.

**NOTE:** Unlike Sanofi Pasteur's Fluaron, children age 6 through 35 months require the same 0.5 mL dose as is used in older children and adults. The dose of FLUCELVAX administered to all ages is 0.5mL.

Phone: 1-800-640-4374  
AHS.VDHimmunizationProgram@vermont.gov

## HPV VACCINE UPDATES

In the [August issue](#) of this newsletter, it was reported that Vermont has made major gains in teen HPV vaccination coverage. There are many people working together to ensure that we continue to build on this momentum.



### VERMONT HPV ROUNDTABLE

The American Cancer Society, Northeast Division has convened a group of stakeholders who are working to increase Vermont's HPV vaccination rates. The goal is to coordinate efforts and support collaboration to ensure effective strategies are implemented in all areas. If you are interested in participating in the HPV Roundtable, please contact Amy Deavitt ([amy.deavitt@cancer.org](mailto:amy.deavitt@cancer.org)).

### HPV CHAMPION

The CDC, Association of American Cancer Institutes and American Cancer Society, have partnered to establish the HPV Vaccine Is Cancer Prevention Champion Award. This award will recognize recognizes those who have demonstrated their commitment to preventing HPV cancers through timely vaccination of adolescents.

The first Vermont HPV Champion will be announced on December 17.

### FDA APPROVAL OF HPV VACCINE FOR USE IN ADULTS 27-45 YEARS

In October, the Federal Drug Administration (FDA) approved the use of 9vHPV vaccine for those 27-45 years of age. The FDA regulates vaccines to ensure the safety and effectiveness for the public, but does not make recommendations for use.

The CDC Advisory Committee on Immunization Practices (ACIP) is responsible for making recommendations on the use of FDA licensed vaccines and will consider whether the upper age for HPV catch-up vaccination should be expanded beyond current recommended age of 26 at the February 2019 meeting. HPV vaccine has been demonstrated to have the greatest impact when administered before onset of sexual activity and HPV exposure.

***At this time, state-supplied 9vHPV vaccine may only be used for those 9-26 years of age.***

## PEDIATRIC HEPATITIS B VACCINATION REFRESHER

*Although the dosing schedule for administration of hepatitis B vaccine has not changed, it continues to be the vaccine most likely to have been administered too early, thereby invalid, requiring an additional dose.*

### SCHEDULING HEP B DOSES

Immunization records of children enrolling or returning to child care and school are reviewed by nurses and administrators to assure compliance with Vermont's immunization regulation. Most child care programs and schools use some combination of electronic health record (school nurse software and/or the Vermont Immunization Registry) to assess adherence to the minimum age, and interval between vaccine doses. These EHRs allow for a 4-day grace period, therefore doses identified as invalid are 5 or more days outside of recommendations. Although the dosing schedule for administration of hepatitis B vaccine has not changed, it continues to be the vaccine most likely to have been administered too early, thereby invalid, requiring an additional dose.

Here are the detailed spacing requirements for Hepatitis B vaccine administration:

- minimum interval between dose 1 and 2 is 4 weeks
- minimum interval between dose 2 and 3 is 8 weeks
- minimum interval between dose 1 and 3 is 16 weeks
- minimum age for the final dose is 24 weeks

The two most common scenarios for an invalid dose are:

- A child comes in late for their four-month dose, and on time for their six-month dose, not adhering to the 8 week interval between dose 2 and 3.
- A child comes in early for their six-month dose, receiving their final dose when younger than 24 weeks of age.

### INVALID HEP B DOSE— CHILDCARE OR SCHOOL ADMITTANCE?

When invalid doses are identified, children are temporarily provisionally admitted in child care or school, and an appointment must be promptly made for another dose of vaccine.

The hepatitis B vaccine series never needs to be restarted after long gaps between doses, simply resume vaccination to complete the series.

Practices are encouraged to use the Invalid Dose Report in the Immunization Registry to proactively identify patients before enrollment in child care or school and recall them for additional doses.

The Registry Forecaster can provide guidance around timing of vaccine administration.

If you have vaccine schedule questions, email the Immunization Program at [AHS.VDHImmunizationProgram@vermont.gov](mailto:AHS.VDHImmunizationProgram@vermont.gov), or call (802) 863-7638. For more information about using the Invalid Doses Report, the Forecaster, or other Immunization Registry reports, contact the Immunization Registry at [IMR@vermont.gov](mailto:IMR@vermont.gov) or (888) 688-4667.

