

Vaccinate Vermont

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Vermont Department
of Health

Inside this issue:

2016-17 Flu Highlights 1

Flu Administration 2

Entering Flu Shots in
the IMR 3

IMR Updates 4

NIS— Teen Survey
Results 4

2016-17 Pediatric Influenza Bulletin

- Routine annual influenza vaccination is recommended for all people aged 6 months and older who do not have a contraindication.
- The 2016-17 quadrivalent influenza vaccines used in the United States contain an A/California/7/2009 (H1N1) pdm09-like virus, an A/Hong Kong/4801/2014 (H3N2)-like virus, a B/Phuket/3073/2013-like (B/Yamagata lineage) virus, and a B/Brisbane/60/2008-like (B/Victoria lineage) virus. This represents a change in the influenza A (H3N2) component compared with the composition of the 2015–16 influenza vaccine.
- The Advisory Committee on Immunization Practices (ACIP) voted not to recommend use of live attenuated influenza vaccine (LAIV) during the 2016–17 season. Vaccine effectiveness studies showed a significant difference in efficacy between the flu shot and the nasal spray flu vaccine. During the 2015-16 flu season, the flu shot was 63 percent effective at preventing or reducing influenza-related illness in people ages 2 to 17, while the nasal spray was only 3 percent effective. Scientists are continuing to investigate the reasons for the low effectiveness of the nasal spray vaccine.
- The “2016-2017 Prevention and Control of Seasonal Influenza with Vaccines, Recommendations of the ACIP” was published in the [Morbidity and Mortality Weekly Report](#) (MMWR) on August 25, 2016.

Influenza vaccines for pediatric use supplied by the VT Department of Health 2016-17

Vaccine NDC Manufacturer	Package	Age	Preservative Free	Type	% of VDH supply
Fluzone® 49281-0625-15 Quadrivalent Sanofi	Multi-dose 5ml vial	6 months - 18 years	No	Inactive	39%
Fluzone® 49281-0416-10 Quadrivalent Sanofi	Single dose 0.5ml vial	3 - 18 years	Yes	Inactive	7%
Fluzone® 49281-0416-50 Quadrivalent Sanofi	Single dose 0.5ml syringe	3 - 18 years	Yes	Inactive	27%
Fluzone® 49281-0516-25 Quadrivalent Sanofi	Single dose 0.25ml syringe	6–35 months	Yes	Inactive	25%
Fluarix® 58160-0905-52 Quadrivalent GlaxoSmithKline	Single dose 0.5ml syringe	3 - 18 years	Yes	Inactive	2%

Flu Vaccine Administration Information

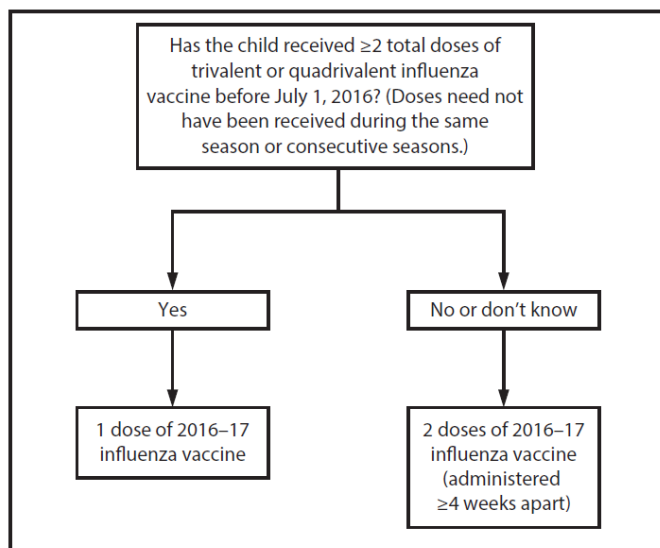
What is the appropriate dosing age for young children?

Annual influenza vaccination is recommended for people 6 months of age and older. Some children will need 2 doses of influenza vaccine in the same season. The following children will require 2 doses of influenza vaccine, administered at least 4 weeks apart, for the 2016–17 season:

- Children aged 6 months through 8 years who have never been vaccinated against influenza or for whom vaccination history is unknown
- Children aged 6 months through 8 years who have not received at least 2 doses of seasonal influenza vaccine (trivalent or quadrivalent) before July 1, 2016

The following children will require only 1 dose of influenza vaccine for 2016–17:

- Children 6 months through 8 years who have received at least 2 doses of seasonal influenza vaccine (trivalent or quadrivalent) before July 1, 2016
- Children 9 years of age and older



Influenza vaccine dosing algorithm for children aged 6 months through 8 years — Advisory Committee on Immunization Practices, United States, 2016–17 influenza season

Injectable Influenza Vaccine Dosing

Age	Dose	Number of doses
6 - 35 months	0.25 mL	1 or 2
3 - 8 years	0.5 mL	1 or 2
9 years to adult	0.5 mL	1

Concurrent Administration of Influenza Vaccine with Other Vaccines

Inactivated vaccines do not interfere with the immune response to other inactivated vaccine or to live vaccines.

Vaccine Information Statement (VIS)

The Influenza VIS can be found on the [CDC website](#). The page includes links to VIS translations in many languages.

Please note: The Flu VIS is no longer updated every year. The edition dated 8/7/2015 should be used for the current flu season.

Entering Influenza Immunizations into the IMR – 2016-17

Flu shots – they are not all the same! The guidance below can help you record influenza immunizations accurately in your Electronic Health Record or in the Vermont Immunization Registry. It includes all influenza formulations available in the US during this influenza season.

Trade Name	MFR	Preservative Free?	Trivalent or Quadrivalent	Other	Best IMR Selection	State Supplied?*	CVX code**
Afluria®	Seqirus	yes	Tri (IIV3)		Influenza IIV3 preservative free		140
Afluria®	Seqirus	no	Tri (IIV3)		Influenza IIV3		141
Afluria®	Seqirus	yes	Quad (IIV4)		Influenza IIV4 preservative free		150
Afluria®	Seqirus	no	Quad (IIV4)		Influenza IIV4		158
Fluad®	Seqirus	yes	Tri (IIV3)	Adjuvanted	influenza, trivalent, adjuvanted		168
Fluarix®	Glaxo Smith Kline	yes	Tri (IIV3)		Influenza IIV3 preservative free		140
Fluarix®	Glaxo Smith Kline	yes	Quad (IIV4)		Influenza IIV4 preservative free	X	150
FluBlok®	Protein Science	yes	Tri (IIV3)	Cell culture derived	Influenza Recombinant preservative free		155
Flucelvax®	Seqirus	yes	Quad (IIV4)	Cell culture derived	Influenza, injectable, MDCK, preservative free, quadrivalent		171
Flulaval®	ID Biomedical	no	Quad (IIV4)		Influenza IIV4		158
Flulaval®	ID Biomedical	no	Tri (IIV3)		Influenza IIV3		141
Flulaval®	ID Biomedical	yes	Quad (IIV4)		Influenza IIV4 preservative free		150
Flumist®	MedImmune	yes	Quad (IIV4)	Nasal	Influenza LAIV4 Intranasal***		149
Fluvirin®	Seqirus	no	Tri (IIV3)		Influenza IIV3		141
Fluvirin®	Seqirus	yes	Tri (IIV3)		Influenza IIV3 preservative free		140
Fluzone®	Sanofi Pasteur	yes	Quad (IIV4)		Influenza IIV4 preservative free	X	150
Fluzone®	Sanofi Pasteur	no	Quad (IIV4)		Influenza IIV4	X	158
Fluzone®	Sanofi Pasteur	yes	Quad (IIV4)	Pediatric	Influenza IIV4 Pediatric preservative free	X	161
Fluzone®	Sanofi Pasteur	yes	Quad (IIV4)	intradermal	influenza, intradermal, quadrivalent, preservative free		166
Fluzone®	Sanofi Pasteur	yes	Tri (IIV3)	High Dose	Influenza High Dose IIV3		135
[historical]	n/a	n/a	n/a		Influenza, Unspecified		88
[historical]	n/a	n/a	n/a	Nasal	Influenza, Nasal		111
[historical]	n/a	n/a	n/a	Nasal	Influenza, Nasal Unspecified		151

*State supplied to participants in Vaccines for Children Program.

**Code needed for HL7 messaging. You may need to add this to your electronic health record.

*** Not recommended for use in 2016-17 season by Advisory Committee on Immunization Practices.

More from the Immunization Registry

Back to School

Practices seeing school-age kids can run a report from the Immunization Registry to identify all patients who are not up-to-date. A reminder-recall note to those students who are missing vaccines may go a long way in supporting school efforts to ensure all students are fully immunized.

HL7 User Group Meeting

Join us on **Friday October 14th** at noon for a one-hour webcast intended for medical practice and hospital users who send immunization data to the Vermont Immunization Registry (IMR) from their electronic health records using HL7 messaging. We'll cover topics ranging from deciphering an HL7 message to error correction, and will include an interview with an IMR user employing Registry data for quality assurance projects. Watch your email for an invitation, or contact us at imr@vermont.gov.

Coming Soon: Password Management Software for Immunization Registry Users

We know it's challenging to remember user names and passwords – but help is on the way. In September, all IMR users will receive an email directing them to our new password management website. Please be sure to follow the link to the password management website – this will allow you to change your password to something you can remember, and set up security questions so you can easily reset your password if you forget it.

What happens if you do not respond? Your password will eventually be inactivated and you will need to contact the IMR support line to re-establish your access. Don't lose your connection to the most up-to-date immunization information!

2015 NIS-Teen Survey

Thanks to the collaborative efforts of primary care providers and school nurses and administrators, Vermont exceeded national averages for coverage of all routinely recommended adolescent vaccinations, according to newly published results from the 2015 [National Immunization Survey for Teens](#) (NIS-Teen). However, there is more work to be done to ensure all Vermont teens are protected from human papillomavirus (HPV).

The annual telephone survey, conducted by the CDC, found that Vermonters age 13 to 17 had the highest rate of varicella immunization in the country, at 96.2% for two or more doses of vaccine. Vermont teens also had higher than average vaccination rates for Tdap, meningococcal disease and HPV.

The survey found many Vermont teens who start the HPV series do not get back to the doctor's office for the full CDC recommended course of three shots. Since it was first recommended for them in 2006, 54 percent of girls in Vermont had completed the full series. In just four years since being recommended for boys, their immunization rates for the series have risen to 40 percent. Closing the gap so that teens get the full series of shots is a priority for Vermont health officials and providers.

	All adolescents		Females			Males		
	≥1 Tdap % (95% CI)	≥1 Men- ACWY % (95% CI)	≥ 1 HPV% (95% CI)	≥2 HPV % (95% CI)	≥3 HPV % (95% CI)	≥1 HPV % (95% CI)	≥ 2 HPV% (95% CI)	≥3 HPV % (95% CI)
United States	86.4 (±1.0)	81.3 (±1.0)	62.8 (±1.8)	52.2 (±1.8)	41.9 (±1.8)	49.8 (±1.8)	39.0 (±1.7)	28.1 (±1.6)
Vermont	95.8 (±2.4)	84.4 (±4.3)	68.7 (±8.1)	59.1 (±8.3)	54.4 (±8.4)	66.1 (±7.6)	56.9 (±7.9)	41.1 (±7.8)

Estimated vaccination coverage with selected vaccines and doses among adolescents aged 13–17 years — National Immunization Survey-Teen (NIS-Teen), United States, 2015



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