



MDPH Immunization Program Newsletter

Spring-Summer 2016

LAIV not recommended for use in 2016-17 flu season

At the recent June 22nd meeting, the ACIP made an interim recommendation that

LAIV4 should NOT be used for the 2016-2017 flu season.

This recommendation is based on the available data about poor LAIV vaccine effectiveness from several studies over the past few seasons. The ACIP continues to recommend annual flu vaccination, with either the inactivated influenza vaccine (IIV) or recombinant influenza vaccine (RIV), for everyone 6 months and older. For additional information, please see CDC's press release <http://www.cdc.gov/media/releases/2016/s0622-laiv-flu.html>.

This change in the ACIP guidance for LAIV reflects use of the latest vaccine effectiveness data to update immunization recom-

mendations. CDC and the FDA will continue to review pertinent information as it becomes available.

AstraZeneca, the manufacturer of FluMist, is requesting providers who privately purchased LAIV4 reach out to their FluMist Quadrivalent distributor to make any order modifications they feel are necessary.

State-supplied flu vaccine:

For providers who receive state-supplied influenza vaccine, MDPH has been working with CDC as well as vaccine manufacturers and distributors to procure doses of other inactive influenza vaccines to replace the doses of FluMist that were originally planned to be purchased. Although we do not know the exact quantity and formulation of vaccine, all of the state-supplied FluMist doses will

be replaced with another influenza vaccine. More information will be forthcoming when get the formulations and quantities are confirmed.



Photo Credit: CDC, Public Health Library Douglas Jordan, M.A

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Pentacel® Shortage Continues

In December 2015, Sanofi Pasteur the manufacturer of Pentacel® (DTaP-IPV-Hib) vaccine indicated there would be a shortage of this product through the first six months of 2016. In an effort to manage the limited supply of this vaccine, CDC allocated doses of Pentacel®, and its individual components Daptacel®, IPOL®,

and ActHIB to all state health departments. As a result the MDPH first limited providers to three doses of Pentacel® in the series in December 2015, and then to two doses in the series in February 2016 (see [Pentacel Shortage Advisory](#), February 2016 at www.mass.gov/dph/imm under Advisories and Alerts). Sanofi Pasteur recently notified

CDC that the current Pentacel® shortage will continue into the second half of 2016. CDC will continue to manage the allocations of the vaccines listed above. There are no additional changes at this time. MDPH appreciates your understanding during this challenging time.

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2016,
over
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Use of State-Supplied Vaccine

MDPH Immunization Program is currently able to provide all childhood vaccines routinely recommended by the Advisory Committee on Immunization Practices (ACIP) to all children 18 years of age and younger seen at public and private provider sites regardless of insurance status. In addition, MDPH is able to make MenB vaccines available to VFC-eligible adolescents 16 through 18 years of age as part of a Category B recommendation (individual clinical decision making) by the ACIP.

MDPH has limited funding for select vaccines for adults (19 years of age and older). State-supplied adult vaccines (*except Td vaccine) are available only for uninsured adults in ACIP-recommended groups seen at public sites such as local health departments and federally qualified community health centers. *Td is available for all adults at both public and private sector sites.

For a detailed listing of all state-supplied vaccines, please refer to the [Childhood Vaccine](#)

[Availability Table](#) and the State-Supplied [Adult Vaccine Availability Table](#). These documents are on the Immunization Program website at www.mass.gov/dph/imm under Vaccine Management. The intentional misuse of state-supplied vaccines is considered fraud and could result in further investigation. If you have any questions, you should contact the Vaccine Management Unit at 617-983-6828.

New Vaccine Management Recall/Storage and Handling Functionality in the MIIS

On June 17, we released an upgraded version of the Massachusetts Immunization Information System (MIIS) with new features designed to streamline the reporting of lost and expired vaccines and introduce an additional feature for vaccine recalls.

Recall/Storage & Handling Problems is a new page for the reporting of storage and handling problems or lost and expired vaccines. Vaccine returns have been integrated into this added feature, allowing providers an easier way to initiate vaccine returns, including pre-filling the return forms. In the case of a vaccine recall, the MIIS will notify you of any vaccines in your MIIS inventory that are recalled and allow you to view a list of patients who were reported to the MIIS as having received that vaccine lot. If you are interested in learning more about this new functionality, please visit the MIIS Vaccine Management Home screen and click on the link under MIIS Pre-record Webinar: Address-

ing Storage and Handling Problems through the MIIS. Additional vaccine management enhancements were made for New Orders, Flu Orders and Temperature Log Upload.

In addition to the changes in the vaccine management module, a new feature was added to the immunization registry module. The System Usage Dashboard allows a provider site to view aggregate data reported to the system, the users from their site that have access to the MIIS, as well as better understand what functions users at their site are performing. Several other enhancements were made to patient search, patient demographics, immunizations, roster entry and patients vaccinated report.

For a more comprehensive description of the recent changes to the MIIS, please visit the ContactMIIS Resource Center at www.contactmiis.info, select

the Training tab, go to Guides and Resources and click on the 'view' link next to: [MIIS Release Notes v3.6](#).

As of July 2016, over 1,700 sites are reporting vaccine administration data to the MIIS and we reached a milestone of 5 million patient records housed in the system, and 35 million shots populating the MIIS. As a reminder, in January 2015, MDPH promulgated regulations that established a compliance schedule for all healthcare professionals who administer immunizations to be on the MIIS. The MIIS Roll out team continues to on-board provider sites to assist them with compliance with these state regulations. You can find the [regulations](#) and corresponding [compliance schedule](#) on our website at www.mass.gov/dph/imm under Advisories and Alerts. Please contact the MIIS Team at miishelpdesk@state.ma.us or 617-983-4335 with any questions.

Vaccine Preventable Disease Outbreaks 2016

Vaccine-preventable diseases have been in the Massachusetts media in 2016:

- A mumps outbreak at Boston-area universities and surrounding area totaled over 100 confirmed cases of mumps, between mid-February and the end of May. Most of the cases were college age and had evidence of two doses of MMR vaccine.
- An adult visitor from Europe with an unclear vaccination history developed confirmed measles while

visiting Massachusetts, resulting in hundreds of potential exposures in many public settings.

- An outbreak of invasive meningococcal disease (IMD) among Boston-area homeless people resulted in five hospitalizations and two deaths.

These local outbreaks provide opportunities to reinforce vaccine confidence with your patients:

Two doses of MMR vaccine provide 88% protection against mumps. The recent outbreak

was relatively limited, and could have been much larger.

Although there were hundreds of exposures to the confirmed measles case, resulting in a large-scale public-health follow-up, there was not a single secondary case detected. Two doses of MMR vaccine are extremely effective in prevention of measles.

The outbreak of IMD among homeless people was unprecedented. The possible links among the cases are still being studied. The good news is that Boston Health Care for the

Homeless and other community partners vaccinated over 4,000 individuals following the outbreak, greatly reducing the chances of additional cases.

Vaccines are the most effective tool to prevent infectious disease. High immunization rates protects individuals against serious vaccine-preventable diseases and creates herd immunity, which is an important public health safety net.

Find Out Your School's Immunization Rates

MDPH posts immunization rates for grade 7, kindergarten and childcare by school/center and by county. Rates for the 2015-16 school year have now been posted to our website and include, for the first time, the percentage of children reporting an exemption who are completely unimmunized. Please remember, schools with fewer than 30 students in the reported grade are not included. While immunization rates in Massachu-

setts are generally high, there are parts of the state with exemption rates substantially higher than the state average. Areas with high exemption rates may be susceptible to vaccine-preventable disease outbreaks. View the rates in your area by visiting the [School Immunizations](#) section of our website www.mass.gov/dph/imm.

Interesting Fact:
The statewide exemption rate for Kindergarten students is 1.3%, but different counties range from .5% to 8.2%!

Find out your area's rate today!

Benefits of using Standing Orders in your practice

MDPH Immunization Program promotes the use of standing orders as an evidence-based strategy that may increase immunization rates up to 25 percentage points.

What are the benefits of standing orders?

- Empowers nurses and other professionals to give immunizations, rather than relying on an individual clinician's order
- Integrates immunization assessment and administration into your practice flow
- Reduces missed opportunities
- Helps meet or exceed your goals for vaccination rates

On June 6, 2016 the Immunization Action Coalition hosted a workshop entitled Take A Stand: Using Standing Orders to Vaccinate Adults at the Westin Copley, Boston. You can find helpful resources such as an implementation guide, educational handouts, and relevant journal articles about standing orders at

www.standingorders.org.

MDPH creates tailored standing orders for certain vaccines, such as seasonal influenza, as well as promotes the Immunization Action Coalition's model standing orders. You can find more information by visiting the [Model Standing Orders](#) section of our website at www.mass.gov/dph/imm.



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Do you know someone
interested in receiving this
newsletter?
Please email
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be added to this distribution list.

www.mass.gov/dph/imm

Make every visit count...Immunize!

HPV Vaccine and Cancer Prevention

MDPH Immunization Program recently created an HPV Information Sheet focused on raising HPV immunization rates to decrease HPV-related cancers. This resource highlights the importance of recommending the HPV vaccine the

same way
and on the
same day

as other adolescent vaccines. You can find the provider focused [HPV information sheet](#) by visiting the Vaccine-Preventable Diseases section of our website www.mass.gov/dph/imm.

Cancer prevention is important to parents so remind them that certain HPV types can cause not only cervical cancer, but also anal, penile, vaginal, vulvar, and oropharyngeal cancers. Both boys and

“Oropharyngeal cancers... are expected to surpass the number of cervical cancers by 2020.”

girls should receive three doses of HPV vaccine at 11-12 years old for optimal protection.

A recent Policy Brief from the Children’s Hospital of Philadelphia found that “in addition to causing all forms of cervical cancer, HPV is associated with 90% of anal cancers; 71% of vaginal, vulvar and penile cancers; and all genital warts. HPV

also has been recently identified as a major cause of oropharyngeal cancers, responsible for 72% of new cases. Oropharyngeal cancers, which affect the throat, base of the tongue, and tonsils, are increasing in prevalence and are expected to surpass the number of cervical cancers by 2020.” (Children’s Hospital of Philadelphia (CHOP) Policy Lab, “Increasing HPV Vaccination Rates Among Adolescents: Challenges and Opportunities,” Winter 2016, page 3)

Would you like to receive recent educational materials and resources related to the HPV vaccine? If so, please email Immunization Outreach Coordinator, Rebecca Vanucci, at rebecca.vanucci@state.ma.us to get on the HPV vaccine listserv.



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.