



The Vaccinator

A NEWSLETTER OF THE VACCINE PREVENTABLE DISEASE PROGRAM
AT COLUMBUS PUBLIC HEALTH -- FIRST QUARTER, 2016

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According to a Press Release by the CDC on February 24, 2016, the preliminary overall influenza vaccine effectiveness is 59% this season.

While flu vaccine effectiveness can vary, CDC recommends an annual flu vaccine as the best way to prevent seasonal flu. CDC also recommends rapid treatment of seriously ill and high risk suspect flu patients with influenza antiviral drugs.

Prevention of influenza among infants and young children is a public health priority because of their high risk for influenza-related complications.

2016 Recommended Immunization Schedule

Key Highlights

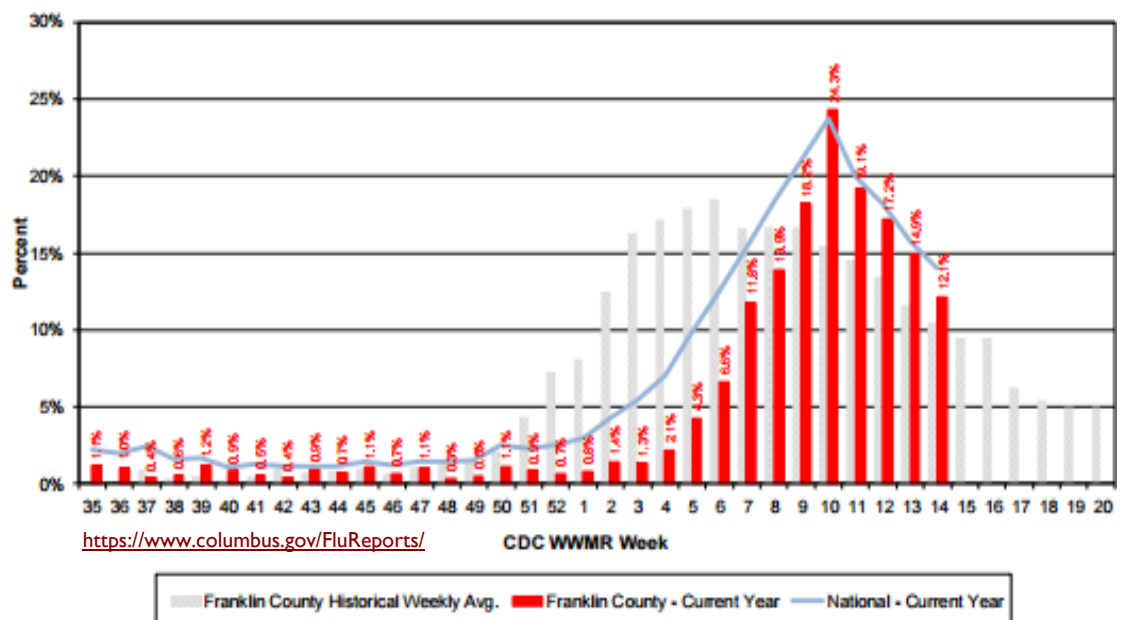
- Certain unimmunized children 5-18 years and at high-risk for anatomic or functional asplenia (including sickle cell disease), or human immunodeficiency virus (HIV) infection should now receive the Haemophilus influenzae type b (Hib) vaccine.
- High-risk children aged 9 –10 years such as children with a history of sexual abuse should receive the papillomavirus (HPV) vaccine.
- Certain high-risk persons 10 years and older such as diagnosis of persistent complement component deficiency, anatomic or functional asplenia, potential exposure due to an outbreak, or microbiologists routinely exposed to isolates of Neisseria meningitidis should get the Meningococcal B vaccine. The recommendation also allows for administration to non-high-risk groups subject to individual clinical decision making, for persons aged 16 through 23 years (the preferred age range is 16–18 years).
- Corresponding changes were also made to footnotes clarifying recommendations for these and other vaccine schedules.

A complete list of all the changes including high risk criteria can be found on the CDC website at: <http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html#chgs>

2015-2016 Influenza Season

According to the CDC, influenza activity is decreasing in the United States but remains slightly elevated. While flu activity has peaked nationally for this season, some parts of the country are still experiencing widespread flu. <http://www.cdc.gov/flu/>. As of Week 14, ODH reports minimal intensity for influenza-like illness in outpatient settings through the State of Ohio <http://goo.gl/mXUIS0>. Local influenza surveillance data trends captured by the Columbus Public Health Epidemiology is depicted in the chart below as of Week 15, April 10th, 2016 to April 16th 2016.

Columbus & Franklin County Percentage of Local Reporting and National Laboratory Positive Influenza Tests by Week, 2015-16 (As of April 16, 2016)



2016-2017 Influenza Vaccine Strains Chosen

The Food and Drug Administration (FDA) recently adopted the World Health Organization's (WHO) 2016-17 recommendations for the Northern Hemisphere. Two of the strains will however be new to trivalent vaccines used in the U.S. during the current influenza season.

- A/California/7/2009 (H1N1)pdm09-like virus
- A/Hong Kong/4801/2014 (H3N2)-like virus - **new**
- B/Brisbane/60/2008-like virus (B/Victoria lineage), - **previously only in quadrivalent version**
- Quadrivalent versions will include B/Phuket/3073/2013-like virus (B/Yamagata lineage)

Error Alert! Let's Review!

Improper Administration of Meningococcal Conjugate Vaccine (Menveo) Vaccine: The CDC has uncovered many errors by providers administering only the liquid component and/or reconstituting the freeze-dried component with sterile water, saline, another liquid vaccine, or an unspecified diluent. The recommendation is for all vaccination providers to follow proper administration instructions included with Menveo. Failure to properly reconstitute this vaccine can lead to lack of protection against the intended pathogens. Vaccines should only be reconstituted with the specific diluent supplied by the manufacturer. Patients that receive an incorrectly prepared dose of Menveo should receive a repeat dose of properly prepared meningococcal conjugate vaccine, which can be administered at any time. Details can be found on the CDC website at <http://www.cdc.gov/mmwr/volumes/65/wr/mm6506a4.htm>

Spacing of Pneumococcal Vaccines: Healthy patients age 65 and older need two pneumococcal vaccines spaced one year apart. Administer the Prevnar 13 first, then one year later administer the Pneumovax (PPSV23). For more information see "Needle Tips", Volume 26, Number at <http://www.immunize.org/nsit.d/n66/n66.pdf>

MOBI, TIES and AFIX

MOBI (Maximizing Office Based Immunizations) and **TIES (Teenage Immunization Education Session)** are 60 minute educational presentations on immunizations. Topics covered include the latest CDC schedule, vaccine hesitancy issues, and the guidelines on administering vaccines. Participants receive 1 CE and a packet of information.

AFIX (Assessment, Feedback, Incentive, and eXchange) is a quality assurance program that can help your practice fine tune your immunization procedures by showing practices where they succeed and where issues may lie. Both programs are provided free from Columbus Public Health. Contact Amy Melsoner BSN at (614) 645-1479 with questions.

Educational Opportunity

Nurses who work with individuals infected with hepatitis B or their babies can now take an **online, self-study course** on perinatal hepatitis B prevention for 1.26 nursing Continuing Education (CE) contact hours. Interested learners can access the course at Columbus Public Health's CE website: <http://cphsystems.org/ce/>. Nursing contact hours can be obtained from this course through September 30, 2017. For questions, contact Virginia Brendemuehl, BSN at (614) 645-7597

Columbus Public Health (OH -075, 6/1/2018) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Mom to Baby: Preventing Hepatitis B

Perinatal Hepatitis B Prevention Program
Columbus Public Health



Vaccine Information Statement (VIS)

Federal law requires that the most current VIS be handed out for each vaccine that is given.

VIS's may be obtained from Immunize.org (<http://www.immunize.org/vis/>) in English and several other languages. For providers located in areas of high vaccine coverage disparities and maintaining a high percentage of non-English speaking clients, CPH may be able to provide you with some VIS's in other languages. For help, call us at (614) 645-6463.