

MAINE IMMUNIZATION PROGRAM UPDATE JANUARY 2017



Maine Center for Disease
Control and Prevention
An Office of the
Department of Health and Human Services

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Happy 2017!

From all of us at the Maine Immunization Program, we would like to extend warm wishes for a happy and vaccine-preventable disease free year!



As you prepare for 2017, we remind you to:

- Review, update and sign your Provider Agreement,
- Download and begin using the new refrigerator temperature logs, (**page 1** <http://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/providers/documents/refrigerator-temp-log-page-1.pdf>, **page 2** <http://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/providers/documents/refrigerator-temp-log-page-2.pdf>),
- Complete and submit a Varicella /MMR-V Eligibility Form if you are looking to receive frozen vaccine for the first time <http://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/providers/forms-updates.shtml>,
- Calibrate any outdated data loggers,
- Complete any necessary required training after February 1st to ensure that you are completing the ones that are the most up-to-date.

ACIP Votes to Update Recommendations for HPV, Tdap, MenB, and HepB Vaccines

On October 19–20, CDC’s Advisory Committee on Immunization Practices (ACIP) met in Atlanta and voted to update several of its existing vaccine recommendations. Some of the changes are described below.

Human Papillomavirus (HPV) Vaccine

ACIP voted to change the HPV vaccination schedule from a 3-dose to a 2-dose series for adolescents who begin the HPV series at 9 through 14 years of age, regardless of age at series completion. Those who start the series later, at 15 through 26 years of age, or who are immunocompromised, will continue to need 3 doses. The 9vHPV vaccine (HPV9, Gardasil 9, Merck) will soon be the only HPV vaccine available in the U.S. As of October 2016, Merck is distributing only HPV9, and supplies of 2vHPV (Cervarix, GSK) in the U.S. are now depleted. HPV9 may be used to complete a series begun with 4vHPV (HPV4, Gardasil, Merck) or 2vHPV.

Meningococcal Serogroup B Vaccine

Bexsero (MenB-4C, GSK) has previously been recommended by ACIP for use as a 2-dose series for high-risk individuals and in outbreak settings, and may also be administered to healthy individuals age 16 through 23 years. In April, FDA approved a label change giving MenB-FHbp (Trumenba, Pfizer) as either a 2-dose (0, 6 months) or 3-dose (0, 1–2, 6 months) series. ACIP voted to recommend that healthcare providers who use Trumenba continue to use the 3-dose series when vaccinating people at increased risk of meningococcal serogroup B disease (e.g., people with persistent complement component deficiencies or anatomical or functional asplenia) or during serogroup B outbreaks. The 2-dose series of Trumenba can be used for routine vaccination for healthy people age 16 through 23 years.

Tdap Vaccine

Previous ACIP recommendations called for prenatal care providers to vaccinate all pregnant women with Tdap vaccine during each pregnancy with optimal timing for this dose designated between 27 and 36 weeks gestation. In October, ACIP voted to recommend administering Tdap vaccination early in the 27- through 36-week “window” to maximize passive antibody transfer to the infant.

The new recommendations also clarify that children age 7 through 10 years who receive Tdap as part of a catch-up series may be given an additional Tdap for the routinely recommended adolescent dose at 11–12 years of age.

Hepatitis B Vaccine

ACIP voted to approve a new guidance document that consolidates all previously published recommendations into a comprehensive statement. The committee reemphasized the importance of the HepB birth dose as a safety net against chronic HBV infection, now recommending that all newborns of HBsAg-negative (hepatitis B surface antigen-negative) mothers should be vaccinated with HepB vaccine within 24 hours of birth.

Titers — To draw or not to draw?

Vaccination providers frequently encounter persons who do not have adequate documentation of vaccinations. Providers should only accept written, dated records as evidence of vaccination; self-reported doses are not acceptable. Although vaccinations should not be postponed if records cannot be found, an attempt to locate missing records should be made by contacting previous health-care providers, reviewing state or local Immunization Information Services, and searching for a personally held record. If records cannot be located within a reasonable time, these persons should be considered susceptible and started on the age-appropriate vaccination schedule. Serologic testing for immunity is an alternative to vaccination for certain antigens (e.g., measles, rubella, hepatitis A, and tetanus). However, commercial serologic testing is not always sufficiently sensitive or standardized for detection of vaccine-induced immunity (with the exception of hepatitis B vaccination at 1-2 months after final dose), and research laboratory testing might not be readily available. As a general rule, in the absence of documentation that proves adequate vaccination history, we highly recommend vaccination over serologic testing.

New Vaccine Replacement Procedure

Beginning on January 1, 2017, the Maine Immunization Program (MIP) will be implementing a program to make providers accountable for vaccine loss that could have been prevented and to ensure responsible stewardship of vaccines purchased through public funding. MIP intends to work with providers to ensure success by hosting webinars, providing the vaccine replacement toolkit, and being available to answer your questions. MIP hosted a webinar in December and will be hosting an additional one in mid to late January. We also have a Replacement Vaccine Toolkit that will soon be available on our website. It will include tips to help reduce wastage and best practices from provider offices, along with other important information.

For questions regarding the Vaccine Replacement Procedure, please contact:

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Helpful Tips from MIP Providers:

“I would suggest looking thoroughly at how your process works. “Is it efficient?” “How many hands handle the vaccine on a regular basis?”, “How many workers are documenting vaccine given?”, and “How often are they documented, counted, and reconciled?” Make the process as easy and efficient as possible.” *Brewer Medical Center*

“Use your staff as a "team". Educate them on how to use ImmPact to identify patients that are in need of vaccines and get patients up-to-date, and use up vaccines that otherwise may not be used. Communicate with other offices and the immunization program. Talk to school nurses to see if they have children in need of vaccines - have them send a note home to parents letting parents know vaccines are available.” *Milo Family Practice*

CONGRATULATIONS!

Forty (40) practices have achieved an up-to-date (UTD) rate of **at least 90%** for the 2016 fourth quarter assessment of children 24-35 months of age in their practice following the 4DTaP, 3Polio, 1MMR, 3 HIB, 3 HepB, 1 Var, 4PCV immunization series. That speaks highly of how well office staff have worked together to reach this goal. Congratulations on your continued efforts to increase immunization coverage in the State of Maine!

Provider Name	UTD Rate	Provider Name	UTD Rate
ARNOLD MEMORIAL MEDICAL CTR PA	100%	SCOTT M. CHASE DO	100%
BETHEL FAMILY HEALTH CENTER	100%	SEBASTICOOK FAMILY DOCTORS – PITTSFIELD	100%
COLD STREAM HEALTH CARE	100%	SMHC FAMILY MEDICINE – WATERBORO	100%
D.F.D. RUSSELL MEDICAL CENTER-MONMOUTH	100%	WATERVILLE FAMILY PRACTICE	100%
D.F.D. RUSSELL MEDICAL CENTER-LEEDS	100%	WINTERPORT COMMUNITY HEALTH CENTER	100%
D.F.D. RUSSELL MEDICAL CENTER-TURNER	100%	DOWNEAST COMMUNITY HOSPITAL – PEDS	96%
DEXTER FAMILY PRACTICE	100%	FISH RIVER RURAL HEALTH – FORT KENT	94%
EASTPORT HEALTH CARE	100%	ELEANOR WIDENER DIXON	93%
FAMILY MEDICINE – MEDICAL PARTNERS	100%	MMP SACO PEDIATRICS	93%
FISH RIVER RURAL HEALTH – EAGLE LAKE	100%	EMMC PEDIATRIC MEDICINE	92%
HALLOWELL FAMILY PRACTICE	100%	HAN-LINCOLN (URGENT CARE POD)	92%
HAMLIN PRIMARY CARE/BEN FISKE HLTH	100%	MMP FAMILY MEDICINE FALMOUTH	92%
HARRINGTON FAMILY HEALTH CENTER	100%	PASSAMAQUODDY HEALTH CENTER	92%
JAMES M. KIRSH DO	100%	WESTBROOK PEDIATRICS	92%
JUDY L. WELCH MD	100%	KENNEBEC PEDIATRICS	91%
LMP FAMILY CARE CENTER	100%	BRIDGTON PEDIATRICS	90%
MECHANIC FALLS FAMILY PRACTICE CTR	100%	MAINE DARTMOUTH FAMILY PRACTICE	90%
MILBRIDGE MEDICAL	100%	MEDICAL PARTNERS – FAMILY MEDICINE	90%
MILES FAMILY MEDICINE	100%	MMP PORTLAND PEDIATRICS	90%
PINES HEALTH SERVICES – CARIBOU	100%	NORRIDGEWOCK HEALTH CENTER	90%
REDINGTON FAMILY PRACTICE	100%	SMHC SANFORD PEDIATRICS	90%

Successful immunization of clients involves the participation of everyone in the provider office. Quarterly, MIP will continue to acknowledge practices identified with **90% or greater** UTD rates. Congratulations again for all your hard work!

**If you have any questions,
please contact the Maine Immunization Program at:
(207) 287-3746 or (800) 867-4775
www.ImmunizeME.org**

