

Alaska Statewide Maternal Child Health & Immunization Conference

Doreen Stangel
Lorraine Alfsen
September 23, 2008



Agenda for today

- **ACIP adolescent vaccination platform**
- **Recommendations**
- **Adolescent Immunization Schedule**
- **Catch-up immunization**
- **Challenges**
- **Strategies**
- **Resources**
- **School & Childcare requirement changes effective July 1, 2009**

Teens, Tweens, & Vaccines

Doreen Stangel

Alaska Immunization Program

Education & Training Manager

Department of Health & Social Services

Immunization Program

269-8013

doreen.stangel@alaska.gov

Who (what) is an Adolescent?

- Definition of an Adolescent

The day a child realizes that all adults are imperfect, adolescence begins.

The day a child forgives them, adulthood begins.

--Alden Nowlan

Society of Adolescent Medicine

- Age 10 through 19

Advisory Committee on Immunization Practice (ACIP) and CDC Immunization Schedule

- Age 7 through 18

Adolescent Big 4

Disease

- Pertussis
 - Meningococcal Disease
 - Cervical Cancer
- Influenza

Vaccine

Tdap

MCV4

HPV

LAIV nasal mist

or TIV injection

Adolescent Preventive Care Visit

- Age 11-12
- Always screen for vaccination
- Recommended age for
 - Tdap
 - MCV4
 - HPV vaccine – girls only at present
 - Influenza
 - Catch-up vaccination

Pertussis

- Vaccines normally given to protect the recipient
- Adults & adolescents “fuel” pertussis outbreaks
- Adults & adolescents usually mild disease
- Infants at greatest risk for severe disease
- Waning immunity
- Primary reason to vaccinate adolescents & adults

Pertussis

Preventing Pertussis Infection of Infants

- Health care worker receive a dose of Tdap (Adacel® brand only for > age 18)

“Cocoon” the infant - vaccinate all contacts

MMWR 2006; 55(RR-3):1-43. MMWR 2006;55(RR-17):1-36

Pertussis

Tdap spacing

- Generally - 10 years since last tetanus / diphtheria-containing vaccine
- 5 years if wound exposure
- 2 years if pertussis risk / outbreak
- No absolute minimum – depends on risk

Pertussis

- In Alaska, state-supplied Tdap vaccine is Adacel®
- General Indication
 - 11 years through 64 years
- Alaska availability
 - 11 years through 64 years

Pertussis

- **Tdap Recommendation**

- One Tdap vaccination to boost completed primary childhood DTaP series.
- 1st dose in catch-up series age > 10 years, dose 2 & 3 are Td
- All adults through age 64 years (Adacel® only) especially in contact with infants < 12 mo

Human Papillomavirus HPV

Extremely effective vaccine

- 100% effective among females without evidence of infection with vaccine HPV types
- Not therapeutic
- Prior infection with one HPV type does not diminish efficacy of the vaccine against other vaccine HPV types

Human Papillomavirus HPV

The National Cancer Institute estimates that in 2008

- ~11,070 new cervical cancer cases
- ~3,870 cervical cancer deaths

Almost 100% of these cervical cancer cases will be caused by one of the 40 HPV types that infect the mucosa

www.cancer.gov/cancertopics/types/cervical/

HPV Vaccination Recommendations

- ACIP recommends routine vaccination of females 11-12 years of age with three doses of HPV vaccine

MMWR 2006;56(No. RR-2):1-23. March 23, 2007

HPV Vaccination Schedule

- Routine schedule is 0, 2, 6 months
- Intramuscular injection in the deltoid
- Minimum intervals
 - 4 weeks between doses 1 and 2
 - 12 weeks between doses 2 and 3
 - 24 weeks between doses 1 and 3
- Minimum age is 9 years
- Maximum age is 26 years (may complete series after age 26 if begun before age 27)

HPV Vaccination NOT “HOME FREE”

- Cervical cancer screening – NO CHANGE
- 30% of cervical cancers caused by HPV types not prevented by the HPV vaccine
- Vaccinated females could subsequently be infected with non-vaccine HPV types
- Infection could have occurred prior to vaccination

Providers should educate women about the importance of cervical cancer screening

HPV Vaccine Duration of Immunity

- **The duration of immunity after a complete 3-dose schedule is not known.**
- **Available evidence indicates protection for at least 5 years.**
- **Multiple cohort studies are in progress to monitor the duration of immunity.**

Meningococcal

Revised recommendation in 2006

- **Vaccinate all unvaccinated persons 11 through 18 years of age**
- **Routine vaccination of all 11– 12 year old pre-teens**

Influenza

Evolution of annual childhood influenza recommendation

- **2006-7:** all children 6 mo through 24 months
- **2007-8:** all children 6 mo through 59 months
- **2008-9:** all children 6 mo through 18 years

In 2 - 3 years annual influenza vaccination will likely be recommended for the entire U.S. population

Where is flu?

Highest incidence of disease is in school age children, 5 yrs – 18 yrs

Previous recommendations targeted those at highest risk for death or complication

Similar to pertussis – target the reservoir of disease

Catch-up Vaccination

Varicella – 2 doses recommended

- Routine 2nd dose at age 4 – 6 yrs
- “Catch-up” vaccination of all persons (any age) who have received only one dose
- Recommended interval between doses is 3 months for children 12 months through 12 years; 4 weeks for persons 13 years and older

Other Vaccines for Adolescents

- **MMR**
 - If not previously vaccinated, 2 doses separated by ≥ 4 weeks
- **Hepatitis A**
 - 2 doses at least 6 months apart, If not previously vaccinated
 - Hep A recommended for all children in Alaska
- **Hepatitis B**
 - All adolescents through 18 years of age if not previously vaccinated
- **Polio**
 - All adolescents through 17 years of age if not previously vaccinated

Strategies

- **Make EVERY visit an immunization visit**
- **Screen at every visit for needed immunizations**
- **A deferred immunization is a missed opportunity**
- **Utilize standing orders**

Provider Recommendation

- **Powerful motivator**
- **Likely to follow recommendation of the provider**

Reminder / Recall – important message from HCP

Reinforce the need to return to complete the vaccine series

- **Verbal and written directions at time of vaccination**
- **Make the appointment prior to leaving if possible**

Adolescent Immunization Resources

- Immunization Action Coalition: www.immunize.org
- CDC: www.cdc.gov/vaccines
- National Foundation for Infectious Diseases: www.nfid.org
- American Academy of Peds: www.aap.org
- Society for Adolescent Medicine: www.adolescenthealth.org
- State of Alaska Immunization Program: www.epi.alaska.gov/immunize
- Alaska Immunization Helpline: 888-430-4321

School & Child Care Immunization Requirements

**Lorraine Alfsen
School & Child Care Manager
Department of Health & Social Services
Immunization Program
269-8066**

New Immunization Requirements Effective July 1, 2009

- Pertussis & Varicella**
- Medical documentation**
 - Varicella**
 - Disease history/immunity**
 - Form for exemptions & disease history/immunity**

School/Child Care Immunization Requirements

- why do they change?

- **Availability of vaccines (i.e., Tdap)**
- **Advisory Committee on Immunization Practices (ACIP) recommendations (i.e., 2 doses varicella)**
- **Pertussis: Waning immunity from childhood immunizations**
- **Special circumstances in Alaska**
- **Medical recommendations are supported through regulations**

Required Immunizations

Category: Regulations

Sub-Category: Filed by the Lieutenant Governor

Publish Date: 02/21/2008

Department: Office of the Governor

Location: Statewide

Coastal District: N/A

Body of Notice:

On 2/21/2008, Lieutenant Governor Sean Parnell filed regulations (993-08-0056) from the State Board of Education and Early Development re: Required **Immunizations** (4 AAC 06.055). The regulations will be effective on 3/22/2008, and will be published in Register 185, April 2008.

Revision History:

02/21/2008 01:37:21 PM by jmhooley/01/State/Alaska/US

\$\$WebClient [Anon]

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School Pertussis Requirement

Beginning July 1, 2009

- **Tdap will replace Td as the ten year tetanus/diphtheria booster**
- **In rare instances children may be compliant even if they haven't received Tdap**

Varicella Requirement

Pre-kindergarten

1 dose only

(no change)

<p>Minimum Spacing</p> <p>Not valid if given before first birthday</p>	<p>Maximum Spacing</p> <p>By 19 mos of age</p>
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School/Child Care Varicella Requirement Beginning July 1, 2009

**Kindergarten through 6th grade
2 doses**

Minimum Spacing	Maximum Spacing
Dose 1 Not valid if given before first birthday	Dose 1 By 19 months of age
Dose 2 1 month after # 1	Dose 2 4 mos after # 1

Varicella Medical Documentation Beginning July 1, 2009

**Children in grades K through 6th will
need **MEDICALLY-VERIFIED** record of:**

- **2 valid doses *or***
- **History of disease**

Disease History/Immunity Documentation Beginning July 1, 2009

For ALL required vaccines:

- Disease history/immunity must be documented by an Alaska-licensed MD, DO, ANP, or PA**
- Titer lab results will no longer be required to be in school/child care records**

New Form

Beginning July 1, 2009

- **New medical exemptions and documentation of disease history/immunity must be recorded on a State form for school/child care attendance**
- **Previously written, medically valid documentation/forms will be grandfathered in.**

ALASKA IMMUNIZATION REQUIREMENTS
MEDICAL EXEMPTION & DISEASE HISTORY FORM

Alaska Immunization Regulations 7 AAC 57.590, 4 AAC 06.055, and 7 AAC 50.455 require that all children in Alaska public/private schools, certified preschools, and licensed child care facilities be immunized, unless he/she is exempt due to medical contraindications or disease history.

If a MEDICAL exemption/disease history is requested, complete the required information below and return this form to the school, preschool, or child care facility.

Name of Child _____

Birthdate _____

The following section must be completed by an Alaska-licensed Medical Doctor (MD), Doctor of Osteopathy (DO), Advanced Nurse Practitioner (ANP), or Physician Assistant (PA).

MEDICAL EXEMPTION

In my professional opinion, the following immunizations would be inutious to the health of the above named child or member of the child's family or household.

Check appropriate antigen(s)

All vaccines

Diphtheria

Tetanus

Pertussis

Polio

Measles

Mumps

Rubella

Hepatitis A

Hepatitis B

Varicella

Hib

DISEASE HISTORY

Check appropriate antigen(s)

Diphtheria / Tetanus / Pertussis - Immunity due to history of disease

Polio - Immunity due to history of disease

Measles - Immunity due to history of disease

Mumps - Immunity due to history of disease

Rubella - Immunity due to history of disease

Hepatitis A - Immunity due to history of disease

Hepatitis B - Immunity due to history of disease

Varicella - Immunity due to history of disease

Hib - Immunity due to history of disease

Check one: MD DO ANP PA

NAME [Please Print] of MD, DO, ANP or PA _____

SIGNATURE of MD, DO, ANP or PA _____

Date _____

Clinic Name _____

Phone Number _____

Some Good News

- **Several months before requirements go into effect**
- **Tdap and Varicella vaccines have already been available and administered for several years**
- **Medical recommendations to back up requirements**
- **July 1, 2009 school and child care varicella requirements will be the same**

More Good News

- **Since 2001, child care/preschool/Head Start requirement = 1 dose varicella**
- **IZ Program Staff are seeing 2 doses varicella on records**
- **Medical providers already contacting IZ program**
- **School/child staff have already begun notifying parents**

Immunization Program Future Plans

- **Epi Bulletins**
- **Info in vaccine shipments**
- **Statewide media campaign**
- **VacTrAK**
- **Conferences and training**
- **Postings on websites**
- **School/child care staff reminders**
- **Update Self ImmAGE**

State of Alaska Immunization Status



Shorts, Jim

DOB: 09/01/2002

Grade: 1

Unique Id:

Compliant

Religious Exemption: NO

Missing Immunization Record: NO

History of Chickenpox: NO

	DTP/DTaP	DT/Td	Polio	MMR	Hep A	Hep B	HIB	Varicella
Medically Exempt:	NO		NO	NO	NO	NO	NO	NO
	10/13/2002		10/13/2002	10/05/2003	10/15/2003	09/01/2002	10/13/2002	10/05/2003
	11/15/2002		11/15/2002	11/17/2003	06/25/2004	10/03/2002	11/15/2002	11/17/2003
	12/21/2002		12/21/2002			12/15/2003	10/05/2003	
	04/30/2003							
	10/11/2006							

Include notes

Parent Letter

Exclusion Letter

Close

Review
Date:
8/29/08

Print

Contact Us

Alaska Immunization Program

269-8000

Toll Free Helpline

1-888-430-4321

Website

www.epi.alaska.gov/immunize