Immunization Update: Massachusetts

MIAP
October 13, 2011
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Division of Epidemiology and Immunization
MDPH
Disclosures

- The speaker has no financial interest or conflict with the manufacturer of any product named in this presentation.
- The speaker may discuss the use of vaccines in a manner not approved by the U.S. Food and Drug Administration.
  - But in accordance with ACIP recommendations.
- The speaker may discuss vaccines not currently licensed by the FDA.
MA Immunization Update

Outline

• New Immunization Requirements for School and College, Effective Fall 2011
• Vaccine Availability
• VPD Update
• Immunization Levels
• Influenza Vaccine Update
• MIIS
• Legislative Update
Massachusetts Immunization Program Activities

- Disease Surveillance & Control
- Vaccine Distribution
- Partnerships & Coalitions
- Childhood, Adolescent and Adult Immunization
- Hepatitis B Prevention
- Assessment Activities
  - Provider assessments
  - School and child care surveys
  - BRFSS
  - National surveys
- Information, Education, Community Outreach
  - Vaccine Safety
  - Special Initiatives
    - Pandemic & Bioterrorism Preparedness
    - Registry Development*
      - Find unimmunized kids
      - Integrate with EHRs
      - Provide infrastructure for infectious disease emergencies
- New

* Stimulus and ACA funds used to bring MIIS back on-line
New Immunization Requirements
Massachusetts
Effective Fall 2011
<table>
<thead>
<tr>
<th></th>
<th>Child Care/Preschool</th>
<th>Kindergarten</th>
<th>Grades 7-12</th>
<th>College</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hepatitis B</strong></td>
<td>3 doses</td>
<td>3 doses</td>
<td>3 doses</td>
<td>3 doses (health science students and all full-time undergraduates and graduates)</td>
</tr>
<tr>
<td><strong>DTaP/DTP</strong></td>
<td>≥ 4 doses</td>
<td>5 doses</td>
<td>1 dose Tdap(^1)</td>
<td>1 dose Tdap(^1)</td>
</tr>
<tr>
<td><strong>DT/Td</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Polio</strong></td>
<td>≥ 3 doses</td>
<td>4 doses</td>
<td>≥ 3 doses</td>
<td>---</td>
</tr>
<tr>
<td><strong>Hib</strong></td>
<td>≥ 3 doses</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>MMR</strong></td>
<td>1 dose</td>
<td>2 doses(^1)</td>
<td>2 doses(^1)</td>
<td>2 doses(^1)</td>
</tr>
<tr>
<td><strong>Varicella</strong></td>
<td>1 dose</td>
<td>2 doses(^1)</td>
<td>2 doses(^1)</td>
<td>2 doses(^1)</td>
</tr>
<tr>
<td><strong>Meningococcal</strong></td>
<td>---</td>
<td>---</td>
<td>1 dose for all new full-time <strong>residential</strong> students (applies to boarding schools only)(^2)</td>
<td>1 dose for all new full-time <strong>residential</strong> students(^2)</td>
</tr>
</tbody>
</table>

\(^1\)Please see phase-in schedule.

\(^2\)Applies to all **residential** students at affected institutions, regardless of grade.
### MA Immunization Requirements (105 CMR 220.000)

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>New Requirements Effective <strong>Fall 2011</strong></th>
<th>Some Additional Proofs of Immunity for College Students, Effective <strong>Fall 2011</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR Vaccine</td>
<td>2 doses MMR for entry to kindergarten, 7th grade, full-time college freshmen and health science students</td>
<td>Students may be considered immune to measles, mumps, and rubella if:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Laboratory evidence of immunity, OR</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Born in US before 1957</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>exception</strong>: full- and part-time students in a health science program who may be in contacts with patients</td>
</tr>
<tr>
<td>Varicella Vaccine</td>
<td>2 doses varicella for entry to kindergarten, 7th grade, full-time college freshmen and health science students</td>
<td>Students may be considered immune to varicella if:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Laboratory evidence of immunity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Certified reliable history of chickenpox (MD, NP, PA or designee)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Self reported Hx of disease</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Born in US before 1980</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>exception</strong>: all health science students, as described above</td>
</tr>
<tr>
<td>Tdap Vaccine</td>
<td>1 dose Tdap for entry to 7th grade, full-time college freshmen and health science students</td>
<td>NA</td>
</tr>
</tbody>
</table>
## Massachusetts Department of Public Health Immunization Phase-In Schedule for MMR, Tdap, and Varicella Vaccines 2011-2017

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2 MMR and 2 Varicella</strong></td>
<td>K and Grade 7 College: full-time freshmen; all health science</td>
<td>K-1 and 7-8 College: full-time freshmen-sophomores; all health science</td>
<td>K-2 and 7-9 College: full-time freshmen-juniors; all health science</td>
<td>K-3 and 7-10 College: full-time freshmen-seniors; all health science</td>
<td>K-4 and 7-11 College: full-time freshman-graduates; all health science</td>
<td>K-5 and 7-12 College: full-time freshman-graduates; all health science</td>
<td>K-12 College: full-time freshman-graduates; all health science</td>
</tr>
<tr>
<td><strong>Tdap</strong></td>
<td>Grade 7 College: full-time freshmen; all health science</td>
<td>Grades 7-8 College: full-time freshmen-sophomores; all health science</td>
<td>Grades 7-9 College: full-time freshmen-juniors; all health science</td>
<td>Grades 7-10 College: full-time freshmen-seniors; all health science</td>
<td>Grades 7-11 College: full-time freshman-graduates; all health science</td>
<td>Grades 7-12 College: full-time freshman-graduates; all health science</td>
<td>Grades 7-12 College: full-time freshman-graduates; all health science</td>
</tr>
</tbody>
</table>
Vaccine Availability

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Eligibility</th>
<th>DPH-Supplied Vaccine Available For</th>
</tr>
</thead>
<tbody>
<tr>
<td>DT</td>
<td>All</td>
<td>Children aged 2 months–6 years for whom pertussis vaccine is contraindicated</td>
</tr>
<tr>
<td>DTaP</td>
<td>All</td>
<td>All children aged 2 months–6 years</td>
</tr>
<tr>
<td>DTaP-HepB-IPV (Pediarix®)</td>
<td>All</td>
<td>All children aged 6 weeks–6 years for the primary series of DTaP, Hep B, IPV. Not approved as 4th or 5th dose of the DTaP series or 4th dose of the IPV series</td>
</tr>
<tr>
<td>DTaP-IPV-Hib (Pentacel®)</td>
<td>All</td>
<td>All children aged 6 weeks–4 years for routine immunization with the first 4 doses of DTaP, IPV and Hib at 2, 4, 6 and 15–18 months of age</td>
</tr>
<tr>
<td>Hep A</td>
<td>All NEW</td>
<td>Children aged 12-23 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Very limited catch-up vaccination of 2-18 year olds who are high risk* and underinsured (insurance does not cover this vaccine)</td>
</tr>
<tr>
<td>Hep A</td>
<td>VFC Only NEW</td>
<td>Catch-up vaccination of 2-18 year olds</td>
</tr>
<tr>
<td>Hep B</td>
<td>All</td>
<td>All children through 18 years of age</td>
</tr>
<tr>
<td>Hib</td>
<td>All</td>
<td>All children aged 2–59 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Children aged ~ 5 years in an ACIP recommended group*</td>
</tr>
<tr>
<td>HPV</td>
<td>VFC Only</td>
<td>Routine vaccination of VFC-eligible girls at 11–12 years of age</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Catch-up vaccination of VFC-eligible girls 13–18 years of age</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pneumococcal vaccine in VFC-eligible boys 11–18 years of age</td>
</tr>
<tr>
<td>Influenza</td>
<td>All</td>
<td>Children 6 months through 18 years of age (as state funding allows)</td>
</tr>
<tr>
<td>MCV4 (Meningococcal Conjugate)</td>
<td>All</td>
<td>Adolescents at 7th grade entry (11–12 years of age) for routine first dose</td>
</tr>
<tr>
<td></td>
<td>NEW</td>
<td>Second dose and booster doses only for children and adolescents 2 through 18 years of age who are at high risk for meningococcal disease due to medical conditions, travel or occupational risk*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Very limited first dose catch-up of 13–18 year olds who are high risk* or for school-entry and who are underinsured (insurance does not cover this vaccine)</td>
</tr>
<tr>
<td></td>
<td>VFC Only NEW</td>
<td>Booster dose for healthy adolescents 16-18 years of age</td>
</tr>
<tr>
<td></td>
<td></td>
<td>First dose catch-up of all 13–18 year olds</td>
</tr>
</tbody>
</table>

NOTE: MDPH can NOT supply booster doses of MCV4 for healthy adolescents who are not eligible for the VFC program.
MDPH Vaccine Availability (n=23)

- DT
- DTaP
- DTaP, IPV, Hep B
- DTaP, IPV, Hib
- Hepatitis A adult
- Hepatitis A pediatric¹
- Hepatitis B adult
- Hepatitis B pediatric
- Hib
- HPV²
- IPV
- Influenza, MDV
- Influenza p-free adult
- Influenza p-free pediatric
- Influenza nasal spray
- MCV4³
- MMR
- PCV13
- PPV23
- Rotavirus
- Td
- Tdap¹
- Varicella¹

¹VFC-only for catch-up doses of Hep A pediatric, Tdap and varicella
²VFC-only for all doses of HPV
³VFC-only for booster and catch-up doses of MCV4
Reminder: VFC Eligibility

- Birth through 18 years of age:
  - Enrolled in Medicaid
  - Without health insurance
  - Under-insured and seen at federally qualified community health center
  - American Indian (Native American) or Alaska Native
Reduced Availability of MDPH-Supplied Hepatitis A Vaccine for Catch-up

- Doses for routine vaccination are available for only one cohort of children (e.g., 12 through 23 months of age)

- Doses for catch-up vaccination are available only for VFC-eligible 2-18 year olds

Very limited amount of vaccine available for catch-up of non-VFC eligible 2-18 year olds who are high risk and underinsured (insurance does not cover this vaccine)
Reduced Availability of MDPH-Supplied MCV4 Vaccine for Catch-up

- Doses for routine 1\textsuperscript{st} dose vaccination are available for one cohort of adolescents at 7\textsuperscript{th} grade entry (11-12 years of age)

- Doses for the routine booster dose and catch-up for other age cohorts are available only for VFC-eligible children 9 months to 18 years of age

- 2nd doses and booster doses are available for those children and adolescents 9 months-18 years of age who are at high risk for meningococcal disease due to medical conditions, travel or occupational risk

Very limited first dose catch-up of non-VFC-eligible 13-18 year olds who are high risk or for school-entry and who are underinsured (insurance does not cover this vaccine)
Reduced Availability of MDPH-Supplied Tdap Vaccine for Catch-up

- Doses for routine vaccination are available for one cohort of adolescents at 7\textsuperscript{th} grade entry (11-12 years of age)

- Doses for catch-up vaccination are available for only VFC-eligible children 7-18 years of age

Very limited first dose catch-up of 13-18 year olds who are high risk or for school-entry and who are underinsured (insurance does not cover this vaccine)
Reduced Availability of MDPH-Supplied Varicella Vaccine for Catch-up

- Routine doses are available only for children in the **three** cohorts listed below:
  - 1\textsuperscript{st} dose at age 12-15 months
  - 2\textsuperscript{nd} dose for:
    - Kindergarten entry: one cohort (4-6 years of age)
    - 7\textsuperscript{th} grade entry: one cohort (11-12 years of age), if not yet received 2\textsuperscript{nd} dose

- Doses for catch-up are available for only for **VFC-eligible** children 1-18 years of age and their immunocompromised household contacts

*Very limited* catch-up vaccination of 1-18 year olds who are high risk or for school-entry and who are underinsured (insurance does not cover this vaccine)
Meningococcal Conjugate Vaccine (MCV4) Provider Choice Pilot

Menveo® (Novartis)
- Ages: 2 yrs thru 55 yrs
- Requires reconstitution
- No latex

Menactra® (Sanofi)
- Ages: 9 mos thru 55 yrs
- No reconstitution
- Contains latex

For more information, call the MDPH Vaccine Unit at 617-983-6828

Vaccine Preventable Disease Morbidity

Photograph of measles virus courtesy of CDC
### VACCINE-PREVENTABLE DISEASES IN MASSACHUSETTS REPORTED, CONFIRMED CASES, 2002-2011

<table>
<thead>
<tr>
<th>Disease</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>19</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>23</td>
</tr>
<tr>
<td>Mumps</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>8</td>
<td>7</td>
<td>5</td>
<td>7</td>
<td>14</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Rubella</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CRS</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Pertussis</td>
<td>602</td>
<td>1668</td>
<td>1713</td>
<td>1180</td>
<td>1199</td>
<td>1198</td>
<td>768</td>
<td>379</td>
<td>296</td>
<td>123</td>
</tr>
<tr>
<td>Hib &lt; 5</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Tetanus</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Polio</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>75</td>
<td>67</td>
<td>69</td>
<td>57</td>
<td>85</td>
<td>90</td>
<td>82</td>
<td>81</td>
<td>69</td>
<td>22</td>
</tr>
<tr>
<td>Disease² &lt; 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella³</td>
<td>2290</td>
<td>2011</td>
<td>2648</td>
<td>2248</td>
<td>1998</td>
<td>2256</td>
<td>1759</td>
<td>1783</td>
<td>1751</td>
<td>308</td>
</tr>
</tbody>
</table>

1. 2011 data are as of August 20, 2011
2. Became a vaccine preventable disease in June 2000
3. New statewide surveillance program instituted in 2001
Measles 2011

• Despite global vaccination efforts, measles continues to cause significant morbidity and mortality worldwide

• In the past year, several European nations have faced their worst measles outbreaks in more than 10 years¹
  • More than 28,000 estimated cases across the region, due to increase in unvaccinated or not vaccinated on schedule

• Hundreds of cases in Canada, including over 700 in Quebec as of Sept 2011

• In the US, 200 cases to date, compared to only 63 in 2010

• In MA, 23 cases with onsets 1/21/11 to 7/17/2011
  • age range: 9 mos to 84 yrs
  • Importation: 12 import related
    – 6 cases imported
    – 1 import spread and
    – 5 with evidence of import by viral typing
  • Vaccination status: 75% not vaccinated (6) or with unk status (11)

² CTV News, Sept 22, 2011
# Measles 2011 - Massachusetts

<table>
<thead>
<tr>
<th>Age</th>
<th>Cases</th>
<th>Not Vax</th>
<th>1 MMR</th>
<th>2 MMR</th>
<th>Unknown Vax.</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;12 Mos</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>9 mos int’l travel</td>
</tr>
<tr>
<td>1-5 Yrs</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1 missed appt &amp; int’l travel, 1 parental refusal</td>
</tr>
<tr>
<td>6-18 Yrs</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2 parental refusal (siblings)</td>
</tr>
<tr>
<td>19-39 Yrs</td>
<td>6</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>2 international travel</td>
</tr>
<tr>
<td>40-64 Yrs</td>
<td>6</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>5</td>
<td>1 international travel</td>
</tr>
<tr>
<td>65+ Yrs</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>oldest 84 yrs</td>
</tr>
</tbody>
</table>
Immunization Levels
Massachusetts
## Estimated Vaccination Coverage Among Adolescents 13-17 Years of Age, Massachusetts and U.S., NIS 2010

### Single Antigen Series

<table>
<thead>
<tr>
<th>Series</th>
<th>MA</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2+ MMR</td>
<td>94%</td>
<td>91%</td>
</tr>
<tr>
<td>3+ Hep B</td>
<td>96%</td>
<td>92%</td>
</tr>
<tr>
<td>1+ Var</td>
<td>99%</td>
<td>91%</td>
</tr>
<tr>
<td>2+ Var</td>
<td>75%</td>
<td>58%</td>
</tr>
<tr>
<td>Hx. Var Dis. or 2+ Var</td>
<td>84%</td>
<td>77%</td>
</tr>
<tr>
<td>Td or Tdap*</td>
<td>96%</td>
<td>81%</td>
</tr>
<tr>
<td>Tdap*</td>
<td>82%</td>
<td>69%</td>
</tr>
<tr>
<td>MCV4¶</td>
<td>83%</td>
<td>63%</td>
</tr>
<tr>
<td>1+ HPV</td>
<td>66%</td>
<td>49%</td>
</tr>
<tr>
<td>3+ HPV</td>
<td>46%</td>
<td>32%</td>
</tr>
</tbody>
</table>

* After 10 years of age
¶ Received MCV4 or an unspecified type of meningococcal vaccine

MA HPV3 rates highest in Country!!!

NIS Data, CDC

MDPH Immunization Program – September 2011
HPV Vaccination Efforts in MA Collaborations and Partnership

- State-supplied HPV vaccine for VFC-eligible children only
- Adolescent platform embraced and promoted by providers and other organizations
- Efforts to ensure reimbursement
  - MDPH memos to health plans about availability of state-supplied vaccines and urges them to reimburse for HPV vaccine
  - MCAAP’s Pediatric Council meets quarterly with plans and Immunization Initiative surveys them
    - Results posted on website www.mcaap.org
- Healthcare reform

MA providers purchase and administer HPV vaccine!!!!
Estimated Vaccination Coverage with Individual Vaccines Among Children 19-35 Months of Age – Massachusetts, NIS 2010

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>2010 Coverage</th>
<th>2009 Coverage</th>
<th>Percent difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>4+ DTP</td>
<td>91%</td>
<td>89%</td>
<td>+2.1</td>
</tr>
<tr>
<td>3+ Polio</td>
<td>96%</td>
<td>96%</td>
<td>-0.2</td>
</tr>
<tr>
<td>1+ MMR</td>
<td>92%</td>
<td>94%</td>
<td>-1.4</td>
</tr>
<tr>
<td>3+ Hib</td>
<td>96%</td>
<td>95%</td>
<td>+1.0</td>
</tr>
<tr>
<td>Hib-FS*</td>
<td>74%</td>
<td>42%</td>
<td>+31.8</td>
</tr>
<tr>
<td>3+ Hep B</td>
<td>96%</td>
<td>95%</td>
<td>+0.8</td>
</tr>
<tr>
<td>HepB birth dose</td>
<td>67%</td>
<td>63%</td>
<td>+4.8</td>
</tr>
<tr>
<td>1+ Var</td>
<td>92%</td>
<td>90%</td>
<td>+1.3</td>
</tr>
<tr>
<td>3+ PCV</td>
<td>96%</td>
<td>95%</td>
<td>+1.1</td>
</tr>
<tr>
<td>4+ PCV</td>
<td>90%</td>
<td>86%</td>
<td>+4.4</td>
</tr>
<tr>
<td>2+ HepA</td>
<td>51%</td>
<td>47%</td>
<td>+4.0</td>
</tr>
<tr>
<td>2+ Rotavirus</td>
<td>71%</td>
<td>45%</td>
<td>+25.7</td>
</tr>
</tbody>
</table>

*Hib-FS: 3+ or 4+ doses of Hib vaccine depending on product type received (includes primary series plus booster dose)
Estimated vaccination coverage with MMR* for child care and kindergarten surveys, 1995 - 2010

% Vaccination Coverage

- MA-Child Care Survey (1 MMR)
- MA-Kindergarten Survey (2 MMR)
Infants receiving first Hep B dose* in the hospital

<table>
<thead>
<tr>
<th>Survey year</th>
<th>% received 1\textsuperscript{st} dose of Hep B Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995\textsuperscript{1}</td>
<td>89%</td>
</tr>
<tr>
<td>1999\textsuperscript{2}</td>
<td>91%</td>
</tr>
<tr>
<td>2001\textsuperscript{3}</td>
<td>92%</td>
</tr>
<tr>
<td>2008\textsuperscript{4}</td>
<td>83%</td>
</tr>
</tbody>
</table>

\textsuperscript{1} Children born between January 1 and June 30, 1995
\textsuperscript{2} Children born between January 1 and June 30, 1999
\textsuperscript{3} Children born between July 1 and December 31, 2001
\textsuperscript{4} Children born between July 1 and December 31, 2008

* Infants born to HBsAg pos. women and women of unknown status = Receipt of Hep B dose within 12 hours of birth
Infants born to HBsAg neg. women = Receipt of Hep B dose prior to mother’s discharge from hospital
Other Special MDPH Immunization Recommendations

- **Hepatitis B Vaccine**: Give the 1st dose at birth to all infants

- **MMR Vaccine**: Make sure all children without receive age-appropriate immunization (1 or 2 doses)
  - If travelling, make sure those ≥ 12 mos have 2 doses and those 6 to 11 months of age receive 1 dose of MMR.

- **Rotavirus Vaccine**: Give to all children up to age 8 months 0 days

- **Hepatitis A vaccine**: Give to all children in the 12-23 months of age

- **Adolescent platform and flu Vaccine**: Keep up the good work
Resources for Talking to Parents About Vaccines

- CDC resources for talking with parents
  www.cdc.gov/vaccines/conversations

- Clear Answers and Smart Advice About Your Baby’s Shots by Ari Brown, MD
  www.immunize.org/catg.d/p2068.pdf

- Children’s Hospital of Philadelphia
  www.chop.edu/service/vaccine-education-center/home.html

- Vaccine Safety Resource Pamphlet
  http://www.immunize.org/vaccine-safety-resources.pdf
Influenza Vaccine Update

Massachusetts
### 2010-2011 MA Flu Vaccination Rates

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Vaccination Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Everyone ≥ 6 mos</td>
<td>52%</td>
</tr>
<tr>
<td>Children 6 mos – 17 yrs</td>
<td>65%</td>
</tr>
<tr>
<td>Children 6 mos – 4 yrs</td>
<td>83%</td>
</tr>
<tr>
<td>Children 5 – 12 yrs</td>
<td>64%</td>
</tr>
<tr>
<td>Children 13 – 17 yrs</td>
<td>53%</td>
</tr>
<tr>
<td>Adults ≥ 18 yrs</td>
<td>49%</td>
</tr>
</tbody>
</table>

Seasonal Influenza (Flu). Influenza Vaccination Coverage. 2010-11 Influenza Season. [www.cdc.gov/flu/professionals/vaccination/vaccinecoverage.htm](http://www.cdc.gov/flu/professionals/vaccination/vaccinecoverage.htm)
MA Flu Vaccination Rates by Race/Ethnicity for Everyone ≥ 6 months of age, 2010-2011

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>52%</td>
</tr>
<tr>
<td>Black</td>
<td>42%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>57%</td>
</tr>
<tr>
<td>Other</td>
<td>58%</td>
</tr>
</tbody>
</table>

Seasonal Influenza (Flu). Influenza Vaccination Coverage. 2010-11 Influenza Season. [www.cdc.gov/flu/professionals/vaccination/vaccinecoverage.htm](http://www.cdc.gov/flu/professionals/vaccination/vaccinecoverage.htm)
2011-2012 Influenza Vaccine Supply

> 165 M doses anticipated this season, nationally

**MDPH**

- *Has additional doses of flu vaccine available for all children ≤18 years, and*
- *Anticipates additional flu doses for adults seen at public sites may become available soon.*

Call our Vaccine Unit at 617-983-6828.
72% of MA HCWs received seasonal flu vaccine in previous 12 mos

Get flu vaccine every year!

It's an occupational health and patient safety issue!

2010 MA BRFSS
New MA Flu Initiatives

- Work with MDPH Office for Health Equity, CBOs, LHDs to reach minority communities
  - Flu Vaccine for Everyone, A Guide for Reaching and Engaging Diverse Communities
    - For local health depts and community based organizations
- Targeting HR adults
  - With MA Adult Immunization Coalition partners
  - Outreach to specialists (OBs, cardiologists, diabetes specialists, etc.)
- Reimbursement project for LHDs and schools
  - Breakouts in AM and PM about this
Please note: Materials on this page are currently being revised for the upcoming flu season. Please check back soon for updates.

**Protecting, Preparing, and Caring - for Yourself and Others**

Basic flu educational materials free for download and ordering, as well as tips on how to protect yourself and loved ones from catching the flu virus and information on how to care for people who are sick with flu.

**Information for Specific Groups**

Healthcare and Public Health Professionals, School and Childcare Professionals, Pregnant Women, Parents, and Employers will find more detailed information and guidance about flu here.

**Audio & Video Resources**

Listen to our podcasts on a variety of flu topics and read our blog for up to date flu information.

**CDC Flu Page**

Read the latest information from the CDC regarding flu.

**Surveillance Data**

**Vaccine Guidelines and Tools**
DPH Flu Guidance

- Updated flu recommendations
- Guidance for control of flu
- Standing orders
- Surveillance and reporting
- *Flu Care at Home Booklets* and other educational tools
- *Flu Vaccine for Everyone Guide*

Massachusetts Immunization Information System

Welcome To Massachusetts Immunization Information System

Thank you for participating in the pilot of the Massachusetts Immunization Information System. We look forward to receiving your feedback.

Immunization registries are part of a national and statewide effort to increase childhood immunization rates. Immunization registries, which collect and consolidate records of vaccinations from multiple health care providers, are required by the Centers for Disease Control and Prevention (CDC) to:

- assist providers with ensuring that patients are up-to-date with their immunizations;
- identify unimmunized and under-immunized children; and
- provide the infrastructure needed for tracking essential information during natural disasters, influenza pandemics, bioterrorism events, and other infectious disease emergencies.

Alerts

Active Results (past 8 weeks) as of 09/04/2011 06:28 PM

No active results.

Active Alerts as of 09/04/2011 06:38 PM

- Measles Clinical Advisory: [Link]
- Please note: currently, vaccine forecasting is not working correctly for influenza or hepatitis B vaccines. Please do not rely on the MIIS to correctly forecast whether influenza or hepatitis B vaccines may be due or overdue for your patients.

Support

Massachusetts Immunization Information System Help Desk: Massachusetts Department of Public Health Immunization Program
Phones: (617) 583-4358 or 617-583-5800 or Toll Free at 1-888-658-2850
Fax: (617) 583-4301
Email: iid@health.state.ma.us
Monday through Friday, 5 am to 5 pm.
http://www.mass.gov/dfieh/imm

Resources

- Immunization Schedules and Recommendations
  - Childhood and adolescent immunization schedule
  - Adult immunization schedule
  - Advisory Committee on Immunization Practices (ACIP) Recommendations
- Vaccine Information Statements (VIS)
  - Vaccine Information Statements in English

Vaccinations Across the Lifespan
Vaccine registry finds backing
Bay State lags most of US in tracking of shots

By Kay Lazar

Massachusetts, one of the states with a vaccine registry, is one of the last states without a vaccine registry, but with the resurgence of measles and whooping cough, as well as changes in the political climate, public health officials may soon have a way to track immunizations statewide.

State lawmakers, facing opposition from insurers, failed for the past two years to act on the proposal, which would assess a fee on health insurance plans to raise the estimated $1 million to $2 million a year needed to run a registry.

But now insurers have dropped their opposition, and supporters, worried that federal funding for the project will dry up, have ratcheted up their lobbying for the state's financial support, suggesting that, for the first time, Massachusetts will join the rest of the country with a registry that physicians say is essential.

Massachusetts and New Hampshire are the only states without statewide registries to track who gets vaccinated, according to the US Centers for Disease Control and Prevention.

Physicians have long praised for a centralized registry, saying it will make it possible for busy parents to be notified when their children are due — or overdue — for vaccines.

The need, physicians say, is especially acute for lower-income families.
MIIS Functionality 2011

- Consolidates immunization information
- Provides clinical decision support at the point of care
  - Immunization Forecast Module (IFM)
- Reports
  - Reminder/recall
  - Immunization coverage
  - Vaccine usage
- Prints forms for school and camp
- Uni-directional data exchange
  - Data from EHR to MIIS
MIIS Status Update
Pilot of providers with paper-based records

• Providers manually enter immunization information into the MIIS web-based user interface

• Pilot with 7 providers went “live” in March 2011
  • Various locations around Massachusetts
  • Various provider types (i.e. community health centers, local boards of health, pediatricians, family practices)

• The pilot has been successful and immunization data is being entered into the MIIS
  • Total Number of Shots = 47,758
  • Total Number of Patients = 2,765
  • Total Number of Users (excluding MDPH) = 32
‘Meaningful Use’ and the MIIS

- Electronic data exchange with the MIIS meets the public health objective for ‘meaningful use’ of EHRs to be eligible for funding from the HITECH ACT
  - Medicaid: up to $63,750 total per clinician over 6 yrs
  - Medicare: up to $44,000 total per clinician over 6 yrs
  - Hospitals $2 million base, plus clinician funding
- Will help the MIIS roll out by populating the system with a lot of data quickly

(Source: Blumenthal D. The “Meaningful Use” Regulation for Electronic Health Records. NEJM 2010;363:501-504)
MIIS Functionality: Coming Soon!

- **Vaccine Ordering**
  - Will replace current CDC system, VACMAN
  - Will allow for online ordering and usage reporting my providers

- **Vaccine Inventory Management**
  - Automated inventory tracking and vaccine recall functionality
  - Online annual VFC provider enrollment

- **Roster Upload**
  - Many patients, same shot (i.e. flu clinics)

- **Wide array of reports**

- **Bi-directional data exchange**
  - Data from EHR to MIIS and data from MIIS to EHR
At this conference

- Visit our MIIS table for a demo and to talk with MIIS staff

- Breakout sessions in AM & PM: MIIS Coming Soon to an Office Near You
Next Steps at Your Facility to Get Ready for the MIIS

- Visit the ContactMIIS to learn more about the MIS and the first steps to join https://www.contactmiis.info
- Start to think about how you will integrate the MIIS into your clinical practice, because this is a multistep process
- Speak with your Medical Director / CEO to determine your site’s readiness for the MIIS
- Identify a champion
- If you have an EHR, contact your IT staff or vendor to determine the ability for your EHR to interface with the MIIS.
Resources

• MIIS
  • ContactMIIS
  • https://www.contactmiis.info
  • MDPH website
  • http://www.mass.gov/dph/miis

• Meaningful Use
  • Centers for Medicare and Medicaid Services
  • http://www.cms.gov/EHRIncentivePrograms/
  • MeHI, MA Regional Extension Center
  http://www.maehi.org/
MIIS Contacts

MIIS Help Desk
617-983-4335; miishelpdesk@state.ma.us

Liesl Bradford, User Support Associate
Carly Coppola, User Support Associate
Erin Wnorowski, User Support Associate

Beth English, Deputy Program Manager for Operations
Legislative Update

Massachusetts
An Act Establishing the MA Childhood Vaccine Program

- Establishes a Vaccine Purchase Trust Fund and ensures stable funding for all childhood vaccines
  - Novel public-private collaboration
  - Assesses health plans (surcharge payors)
  - Saves health plans money by purchasing vaccines at a 40% discount on the federal contract
- Includes assessment and funds for immunization registry, ensuring stable funding

*S.529 also includes language about ensuring adequate, first-dollar, and comprehensive coverage for vaccines, not provided by DPH and their administration.

H.348, Rep. Alice Wolf
S.529, Sen. Richard Moore
Both S.529 and H.348 are in the Joint Committee on Health Care Financing

Contact information for H.348
• Kathleen Hornby (617-722-2810) Katheen.hornby@mahouse.gov

Contact information for S.529
• Kimberly Haddad (617-722-1420) Kimberly.haddad@masenate.gov
• Joshua Harrell (617-722-2430) Joshua.harrell@masenate.gov
For More Information

- Massachusetts Immunization Program
  - 1-617-983-6800
  - 1-888-658-2850
  - Website [http://www.mass.gov/dph](http://www.mass.gov/dph)

- CDC/NIP
  - 1-800-232-4636 (1-800-CDC-INFO) for both English and Spanish
  - 1-888-232-6348 TTY (M-F 10 AM – 10 PM)
  - Website [http://www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)
THANKS FOR ALL YOU DO!!!