

**Staff Information**

- Lisa Underwood - 444-0065
- Katie Grady -444-5580
- Lori Hutchinson - 444-0277
- Susan Reeser - 444-1805
- Tim Horan - 444-1613
- Laura Baus - 444-6978
- Lori Rowe - 444-2969
- Bekki Wehner - 444-9539
- Jennifer Hepner - 444-4560
- Marcie Reddinger - 444-5952
- Carolyn Parry - 444-2675
- IZ Fax 406-444-2920

[www.immunization.mt.gov](http://www.immunization.mt.gov)

**INSIDE THIS ISSUE:**

- NIS Teen Rates for MT** 2
- Autism 101** 2
- Timing Schedule for 2011-2012 Influenza** 3
- Pandemic Influenza A (H1N1)** 3
- Zostavax** 4
- Yellow Fever Vaccine Update** 4
- Hepatitis Web Study** 5

**UP-COMING EVENTS:**

**\*\*Monthly IAP Call  
Thursday Oct. 27, 2011**



# Montana

# Immunization Program

## SEPTEMBER 2011

### Save the Date

World Pneumonia Day is November 12, 2011. The day will mobilize efforts to fight a neglected disease that kills more than two million children younger than five years of age worldwide each year. More than 120 organizations came together to commemorate the second annual World Pneumonia Day in 2010.

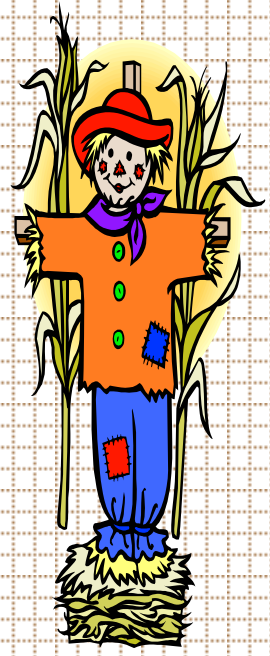


### Attention Public Health IAP Contractors

The year is almost over and this means the IAP contracts will soon be completed! Please keep in mind that a minimum of 80% of licensed day care centers, and 100% of “STARS Best Beginnings” enrolled facilities need to be assessed. If a jurisdiction has 10 or fewer licensed day care centers, then a minimum of 80% of registered family and/or group facilities must also be assessed. Don’t forget to upload all documents to the TCC.

### imMTrax Update

Time is winding down in the transition from WIZRD to *imMTrax*, Montana’s new Immunization Information System (IIS). In early November, *imMTrax* is set to go-live and be available for all current authorized users. All data being converted into *imMTrax* will be verified for accuracy and data “clean up” will be performed. Additionally, the IIS team has been on the road training “Data Entry” users. On October 24<sup>th</sup> - 25<sup>th</sup>, current WIZRD “Read Only” users will be trained on the *imMTrax* system via webinar. There are five live webinar sessions scheduled. However, if users cannot make one of the times, they are encouraged to watch the video independently. If you have any questions about the *imMTrax* project or want more information on trainings, please feel free to contact the Immunization Program at 406-444-5580 or follow us on the web at [www.immtrax.gov](http://www.immtrax.gov).



## National survey shows Montana's vaccine rates for teens have increased from 2009-2010

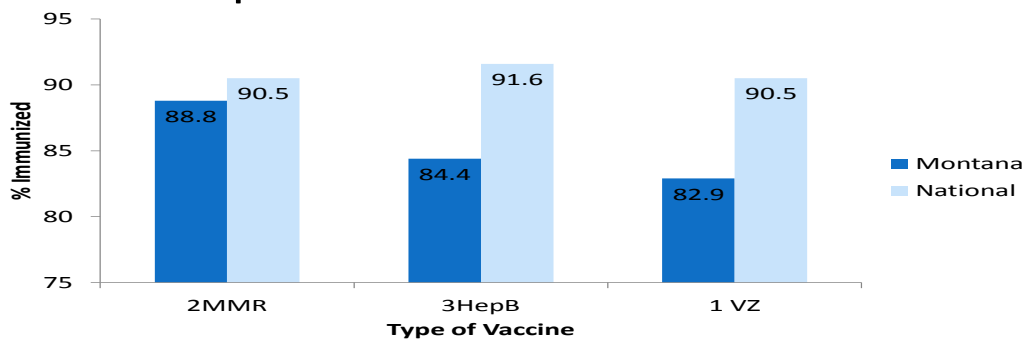
The CDC has conducted the National Immunization Survey-Teen since 2006. This survey of more than 19,000 teens aged 13-17, is similar to the standard NIS which began collecting immunization information in 1994 among children 19 through 35 months of age. The NIS-Teen is a random telephone survey of parents or caregivers, followed by verification of records with health care providers. The survey estimates the proportion of teens aged 13 through 17 years who have received the three recommended adolescent vaccines, as well as three of the recommended childhood vaccines, by the time they are surveyed.

Montana teen immunizations rates have been increasing. However, Montana is trailing the national rates in MCV4 and the first dose of Human Papillomavirus (HPV), according to data from the Centers for Disease Control and Prevention (CDC). For Tdap Montana's rate is 76.1% (a 12.3% increase from 2009-2010) while the national survey average is 68.7%.

The largest increase in immunization rates from 2009-2010 was for MCV4 which increased 13.3% in 2010 to 40.2%. Despite the increase, Montana trails the national average which is 62.7%. Girls receiving their first dose of HPV increased from 35% to 45.5%, while the national average was 48.7%. Montana's increase in three doses of HPV from 21.9% to 33.7% is above the national average of 32%.

For the three catch-up immunizations of hepatitis B, 2 doses Measles Mumps & Rubella (MMR) and 1 dose of Varicella, Montana lags behind the national average. The national rates for 2MMR, 3HepB and Varicella are 90.5%, 91.6% and 90.5% respectively. Montana's rates are 2MMR 88.8%, 3Hepatitis B 84.4% and Varicella is 82.9%. Please see the bar graph below.

Montana's 2010 Catch-Up Immunization Rates for Teens 13-17 years of age Compared to the National Rates



### Autism 101

A webinar hosted by Every Child By Two, titled "Autism 101 for Immunization Advocates" will take place on October 14 at 2:00 PM Eastern Time. For comprehensive information and to register, go to: <https://cc.readytalk.com/r/grnrshog3158>



## 2011-2012 Timing Schedule for Influenza

3

- Everyone 6 months of age and older should receive influenza vaccine. The annual "universal" influenza vaccination recommendation was first established in 2010 to expand protection against influenza to more people.
- You may receive questions from patients who were vaccinated last season about whether they still need an annual Influenza vaccination because the influenza vaccine virus strains included in the 2011-2012 influenza vaccines are the same as those in last year's vaccines. Immunity acquired from vaccine administered last season will have declined and may not be enough to prevent infection this season. So, annual influenza vaccination is recommended for *optimal* protection.
- For more information visit [www.cdc.gov/flu](http://www.cdc.gov/flu).



### **CDC publishes report on Maternal and Infant Outcomes Among Severely Ill Pregnant and Postpartum Women with 2009 Pandemic Influenza A (H1N1)**

CDC published "Maternal and Infant Outcomes Among Severely Ill Pregnant and Postpartum Women with 2009 Pandemic Influenza A (H1N1)--United States, April 2009-August 2010" in the September 9 issue of MMWR.

The first paragraph and part of the editorial note are reprinted below.

Pregnant women with influenza are at increased risk for hospitalization and death. Since 2004, the Advisory Committee on Immunization Practices (ACIP) has recommended inactivated influenza vaccine for all women who are pregnant during influenza season, regardless of trimester. Nonetheless, after the 2004 recommendation, estimated annual influenza vaccination coverage among pregnant women was approximately 15%, before increasing to nearly 50% during the 2009 influenza A (H1N1) pandemic. Since April 2009, CDC has collaborated with state and local health departments to conduct enhanced surveillance for severe influenza among pregnant and postpartum women. To assess maternal and infant outcomes among severely ill pregnant and postpartum women with 2009 H1N1 during the 2009 H1N1 pandemic, CDC analyzed data for the period April 15, 2009, to August 10, 2010. This report summarizes the results of that analysis, which found that, among 347 severely ill pregnant women, 75 died from 2009 H1N1, and 272 were admitted to an intensive-care unit (ICU) and survived. Women who survived received antiviral treatment sooner after symptom onset than women who died. Pregnant women with severe influenza who delivered during their influenza hospitalization were more likely to deliver preterm and low birth weight infants than those in the general U.S. population; infants born after their mother's influenza hospitalization discharge were more likely to be small for gestational age. These data document the severe effects of 2009 H1N1 on pregnant women and their infants, emphasize the importance of vaccinating pregnant women against influenza, and demonstrate the value of prompt administration of antiviral to pregnant women with suspected or confirmed influenza.

#### Editorial Note

These data reaffirm recommendations that pregnant and postpartum women receive prompt, empiric treatment with antiviral medications for suspected or confirmed influenza. In addition, the severe impact of 2009 H1N1 influenza among pregnant women and their infants emphasizes the importance of prevention in this group. The cornerstone of influenza prevention among pregnant women remains promotion of influenza vaccination; ACIP recommends vaccination for women regardless of trimester. Despite this recommendation and the recent increase in influenza vaccination among pregnant women, coverage remains lower than optimal and increasing vaccination coverage in this group continues to be a key public health priority.

To access the article, go to: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6035a2.htm>

# ZOSTAVAX

4

The Advisory Committee on Immunization Practices (ACIP) of the CDC met June 22 and 23 to provide updates on vaccines including ZOSTAVAX. The FDA licensed ZOSTAVAX for ages 50-59 years in March 2011. ACIP decided at this time not to change its recommendation for ZOSTAVAX for several reasons:

- Supply is not assured for that younger age group. Use in younger population would divert supply from over age 60 population and would result in greater incidence of disease.
- Also, duration of protection is not known and is a key factor in consideration for expansion to ages younger than 60 years.
- It is clear that the vaccine protects for 3 to 4 years, and perhaps a few years longer.
- What is not known is if it will protect for 30 years, which is the life expectancy of a 50 year old and is the time when disease incidence is much higher.

**Yellow  
Fever**

## Yellow Fever Vaccine

Yellow fever is a viral hemorrhagic fever that is transmitted by mosquitoes and occurs in tropical regions of Africa and South America. Yellow fever is preventable by a relatively safe, effective vaccine, and vaccination is recommended for travelers visiting endemic regions. A single dose of the yellow fever vaccine confers immunity lasting 10 years. Proof of vaccination in the form of a Certificate of Vaccination (ICV) is required for entering some countries.

According to International Health Regulations, immunizations recorded on an ICV must be authenticated by a Uniform Stamp. In the United States, yellow fever vaccine can only be administered by certified yellow fever vaccination providers who have been issued a Uniform Stamp. The Montana Immunization Program certifies non-federal yellow fever vaccine providers in the state. Any healthcare professional in Montana with prescriptive authority for vaccinations can apply to become a certified yellow fever vaccine provider and be issued a Uniform Stamp. Pharmacists must have a collaborative practice agreement with a practitioner authorized to prescribe drugs in order to be certified as a yellow fever vaccine provider. Once certified, providers are issued a Uniform Stamp, and their contact information is given to the yellow fever vaccine manufacturer and listed in the Yellow Fever Certified Vaccine Provider Registry administered by the CDC.

If you have any questions about yellow fever vaccine or obtaining a Uniform Stamp, please contact the Montana Immunization Program at 444-5580 or [hhsiz@mt.gov](mailto:hhsiz@mt.gov).

### Yellow Fever Vaccine Resources

CDC Travelers' Health Website (<http://wwwnc.cdc.gov/travel/>)

CDC Health Information for International Travelers (Yellow Book)  
(<http://wwwnc.cdc.gov/travel/content/yellowbook/home-2010.aspx>)

CDC Registry of Yellow Fever Vaccination Clinics (<http://wwwnc.cdc.gov/travel/yellow-fever-vaccination-clinics-search.aspx>)

Yellow Fever Vaccine Information Statement (<http://www.cdc.gov/vaccines/pubs/vis/default.htm#yf>)

Ordering International Certificates of Vaccination (Yellow Card) (<http://bookstore.gpo.gov/collections/vaccination.jsp>)

Vaccine Adverse Event Reporting System (800-822-7967 <http://www.vaers.hhs.gov/>)

ACIP Recommendations for yellow fever vaccine: MMWR July 30, 2010 / 59(RR07);1-27 ([http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5907a1.htm?s\\_cid=rr5907a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5907a1.htm?s_cid=rr5907a1_e))

## Hepatitis Web Study-University of Washington

CNE Credit available from the University of Washington School of Nursing

<http://depts.washington.edu/hepstudy/index.html>

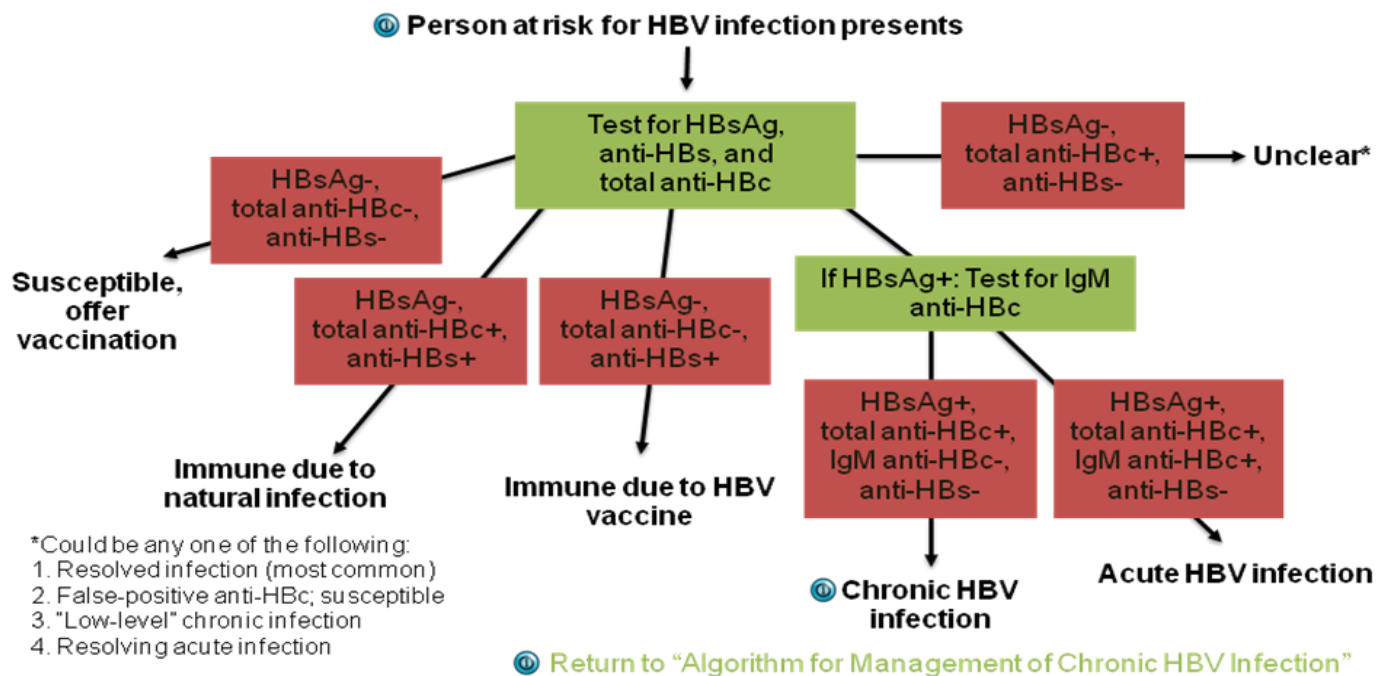
### Hepatitis B

Serologic testing for the diagnosis of hepatitis B virus (HBV) infection involves measurement of a panel of distinct HBV-specific antigens and host antibodies that react to these antigens. The interpretation of these tests can be complicated, and multiple possibilities exist based on the overall panel of responses.

In general, the panel of responses can determine whether a patient is susceptible to infection, immune as a result of resolved infection, immune as a result of vaccination, acutely infected, or chronically infected.

<http://depts.washington.edu/hepstudy/hepB/clindx/serology/discussion.html>

## Diagnosis of HBV Infection



Lok AS, et al. *Hepatology*. 2009;50:661-662.

- EASL. *J Hepatol*. 2009;50:227-242. 2. Liaw YF, et al. *Hepatol Int*. 2008;3:263-283. 3. Lok AS, et al. *Hepatology*. 2009;50:661-662. 4. Degerekın B, et al. *Hepatology*. 2009;49(5 suppl):S129-S137. 5. Keefe EB, et al. *Clin Gastroenterol Hepatol*. 2008;6:1315-1341.

<http://www.clinicaloptions.com/Hepatitis/Treatment%20Updates/HBV%20Tests.aspx#{87F29267-B894-4A2E-900C-6C2705B82368}>

<http://www.clinicaloptions.com>