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Immunization Newsletter

Summer 2019

June ACIP Meeting Update

The Advisory Committee on Immunization Practices (ACIP) met June 26 and 27. The agenda is available on the ACIP website. It was an extremely busy meeting with multiple votes. Below are some highlights from the meeting. Significant votes are in bold. Official recommendations will be published in *Morbidity and Mortality Weekly Report* (MMWR) in the future.

Human papillomavirus (HPV) vaccine

- **At the June 2019 ACIP meeting, the upper age limit for routine vaccination against HPV was harmonized for women and men to age 26 for both.**
  - **"ACIP also recommends catch-up vaccination for persons through age 26 years who are not adequately vaccinated."**
- **Also at the June 2019 ACIP meeting, ACIP recommended "HPV vaccination based on shared clinical decision making for individuals ages 27 through 45 years who are not adequately vaccinated."**
  - What this means is that HPV vaccine is not routinely recommended for everyone ages 27 – 45, but if a provider feels that a patient is at risk and should have it or if a patient requests the vaccine, then the provider can administer it.
  - This type of recommendation also ensures insurance coverage for HPV vaccine for people ages 27 – 45. Insurance companies generally have one year from when an ACIP recommendation is published to provide coverage.

- For the recommendations that have "shared clinical decision making," the published recommendations will outline who is at highest risk to help inform the decision on whether to vaccinate.

- The age at which HPV vaccination confers the greatest benefits to the patient continues to be 11 to 12 years.

Pneumococcal conjugate vaccine (PCV13)

- Prior to the June ACIP meeting, a single dose of PCV13 vaccine was routinely recommended for all adults ages 65 and older who were not previously vaccinated.
- When PCV13 was originally recommended routinely for adults ages 65 and older in 2014, the ACIP directed themselves to review data to determine if the recommendation should continue because of the impact the vaccine was having in children.
    - Older adults were benefiting from the use of the PCV13 vaccine in small children. With fewer kids sick with pneumococcus, fewer cases in older adults were being seen as well.
- **At the June ACIP meeting, ACIP voted to discontinue the routine recommendation for PCV13 for all adults 65 and older and replace it with "ACIP recommends PCV13 based on shared clinical decision making for adults 65 and older who do not have an immunocompromising condition and who have not previously received PCV13. All adults 65 years and older should receive a dose of PPSV23."**
    - PPSV23: pneumococcal polysaccharide vaccine or Pneumovax®
    - For the recommendations that have "shared clinical decision making," the published recommendations will outline who is at highest risk to help inform the decision on whether to vaccinate.

DTaP-IPV-Hib-HepB vaccine

- In December 2018, the Food and Drug Administration (FDA) approved Vaxelis® for use in children ages 6 weeks through 4 years of ages.
    - Vaxelis® is a hexavalent vaccine that protects against diphtheria, tetanus, pertussis, polio, *Haemophilus influenzae* type B, and hepatitis B.
    - It is approved as a three-dose series.
- At the June ACIP meeting, ACIP voted to add this vaccine to the Vaccines for Children (VFC) Program formulary.
- Unfortunately, Vaxelis® won't be available until 2021.

Influenza vaccine

- The ACIP was provided with preliminary 2018-2019 influenza vaccine effectiveness (VE) data. Overall VE was 29% for medically attended influenza for the 2018-2019 season.
    - For data collected through early May 2019, the Centers for Disease Control and Prevention (CDC) estimates that flu vaccine reduced the risk of having to go to the doctor or being hospitalized for any flu by about 30% overall during 2018-2019.
    - The flu vaccine likely prevented between ~40,000 to ~90,000 hospitalizations.
    - The influenza H3N2 subtype drifted and brought the overall VE down.
- Influenza vaccine recommendations were approved for the 2019-2020 flu season. There were no significant changes in influenza vaccine recommendations.
- The ACIP also received information about influenza vaccine safety and upcoming supply.

- 2019-2020 influenza vaccine distribution:

Manufacturer	Distribution Estimated to Begin
AstraZeneca	Early September
GSK	Mid-August
Sanofi Pasteur	Late August/Early September
Seqirus	Mid-August

Hepatitis A vaccine

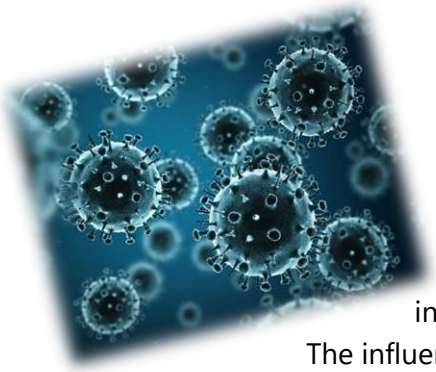
- Since 2006, ACIP has recommended routine vaccination of children ages 12 – 23 months for hepatitis A vaccine.
- **At the June ACIP meeting, ACIP voted to recommend "that all children and adolescents aged 2 through 18 years who have not previously received hepatitis A vaccine be vaccinated at any age (i.e., children and adolescents are recommended for catch-up vaccination)."**
- **ACIP also recommended that "all persons with HIV aged ≥1 year be vaccinated with hepatitis A vaccine."**

Meningococcal B vaccine

- At the June ACIP meeting, the committee voted in favor of the following meningococcal B vaccine booster recommendations:
    - "**For persons aged ≥10 years with complement component deficiency, compliment inhibitor use, asplenia, or who are microbiologists:**
        - **ACIP recommends a MenB booster dose 1 year following completion of a MenB primary series followed by a MenB booster dose every 2-3 years thereafter, for as long as increased risk remains."**
    - **"For persons aged ≥10 years determined by public health officials to be at increased risk during an outbreak:**
        - **ACIP recommends a one-time booster dose if it has been ≥1 year since completion of a MenB primary series.**
        - **A booster dose interval of ≥6 months may be considered by public health officials depending on the specific outbreak, vaccination strategy, and projected duration of elevated risk."**

Dengue vaccine

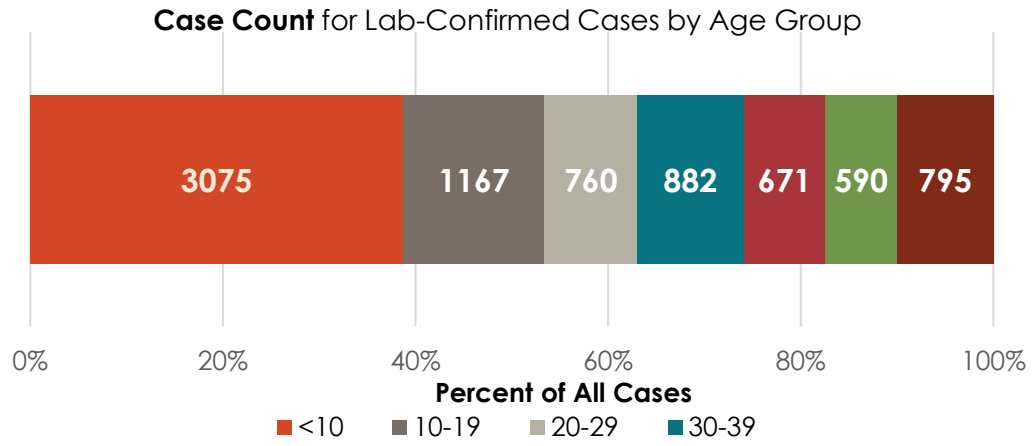
- The ACIP was presented information about Dengue epidemiology in the United States and Dengvaxia® clinical trials.
- ACIP is anticipated to vote on recommendations for dengue vaccine at the February 2020 meeting.



2019 – 2020 Influenza Wrap-Up

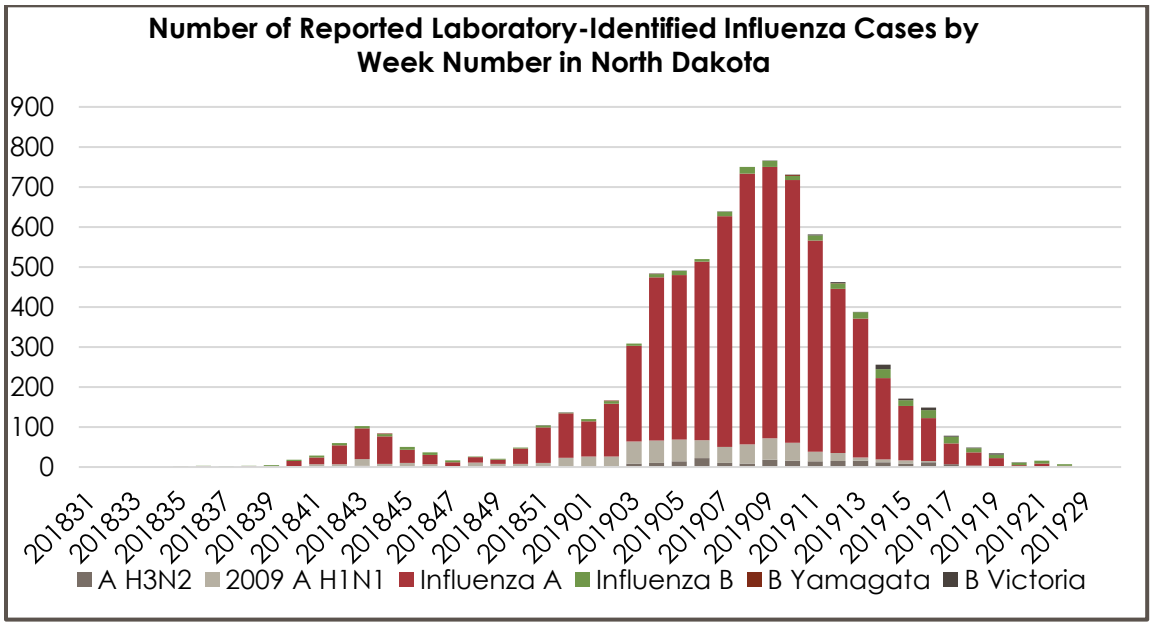
The North Dakota Department of Health (NDDoH) received reports of 7,940 cases of laboratory-identified influenza, the second-largest seasonal case count on record. This statistic captures cases that are identified with a laboratory test. The predominant strain this season was the 2009 influenza A H1N1 strain, which differed from the previous season of AH3N2. The influenza A H3N2 strain did circulate, as did both influenza B lineages, with B

Victoria making up a large majority of the influenza B cases. Once again, children accounted for the majority of influenza cases reported to the NDDoH.



For the 2018-19 influenza season, 21 deaths were reported in North Dakota. This data is gathered using the NDDoH Division of Vital Records' data, as well as physician reports. The number of deaths is most likely low due to influenza deaths not being reportable and many people not being tested for influenza. In addition, 444 pneumonia deaths were identified in the death record. The NDDoH tracks pneumonia deaths, because influenza respiratory disease generally contributes significantly to the number of deaths due to pneumonia during the influenza season. Because influenza is not always diagnosed with a laboratory test, tracking pneumonia deaths is another way to illustrate the magnitude of the influenza season. Although a record number of cases were reported this season, 2014-15 had more deaths than this season. This is not a trend that was repeated nationally; there were more national deaths in 2017-18 than in 2018-19, using national vital records data.

The 2018-19 influenza season peaked the week ending March 2nd, 2019 (week 9). The peak was much later than the previous season, which had peaked in January. Overall this timing was average, as influenza season in North Dakota typically peaks between January and March.



Influenza-like illness (ILI) is defined as having a fever accompanied by a cough and/or sore throat. The percent of provider visits due to ILI also peaked the 9th week of 2019, with 4.93 percent of visits due to ILI. The seasonal threshold for ILI in North Dakota is 1.3 percent. For the 2018-19 season, this threshold was exceeded for 16 straight weeks, starting with week 52 (the week ending December 29th, 2018).

Flumist® Update

AstraZeneca had notified the CDC earlier this year that their supply of Flumist® will be reduced for the 2019-2020 influenza season. The VFC Program is offering Flumist® for the 2019-2020 influenza season for administration to anyone two through 18 years of age who is VFC eligible (Medicaid, American Indian/Alaskan Native, Uninsured or Underinsured). This vaccine was included in the spring VFC influenza vaccine prebook, which was due in January 2019. Due to the reduction in Flumist® availability, the NDDoH had to adjust our prebook with CDC to replace some Flumist® doses with injectable influenza vaccine. About two-thirds of the Flumist® doses prebooked by the NDDoH had to be replaced with injectable influenza vaccine. Once the influenza vaccine allocation process begins in the fall, providers who prebooked Flumist® will automatically receive a portion of their prebooked Flumist® doses as injectable doses.

Influenza Vaccine Allocations

Influenza vaccine for the upcoming 2019-2020 influenza season is anticipated to start shipping late August to early September. More information will be sent out later this summer on the upcoming influenza vaccine season. A reminder to providers that the NDDoH sends out the influenza vaccine when doses are allocated from CDC. As per every year, once vaccine is shipped, the primary provider in NDIIS will receive an email notification from NDIIS that a vaccine order has been placed on your behalf, this is so providers can expect the vaccine. Once influenza vaccine starts to ship and providers notice they may not need more vaccine or want to stop their shipments until their supply has decreased, please contact the NDDoH immunization program to let us know not to ship more vaccine to provider offices.

Save the Date – 2020 North Dakota Immunization Conference

We are excited to announce the dates of the 2020 North Dakota Immunization Conference! It will be held on July 14th and 15th 2020 at the Bismarck Event Center. We are working on securing keynote speakers so stay tuned for more info! If there is a topic or speaker you'd like to see at the conference email Abbi at alberg@nd.gov.

Hope to see everyone there!

Hepatitis A in the United States

Outbreaks of hepatitis A are occurring in several states across the U.S. including Indiana, Ohio, and Kentucky. As of June 10, 2019, Ohio alone reported 3,039 cases associated with their outbreak. The outbreaks have occurred primarily among the homeless population and injection and non-injection drug users. Many factors have made these outbreaks difficult to control including: transience, economic instability, limited access to health care, distrust of public and state officials, and difficulty obtaining follow-up contact information.

Hepatitis A is a liver infection caused by the hepatitis A virus. Symptoms of hepatitis A may include fever, fatigue, loss of appetite, nausea, abdominal discomfort, dark urine, pale stools, and jaundice. It could take up to seven weeks after an individual is exposed to the virus for symptoms to begin. Hepatitis A is highly transmissible, primarily person-to-person, through the fecal-oral route. Someone sick with hepatitis A is most likely to spread the virus during the two weeks before feeling sick and for eight days after jaundice onset, or if no jaundice, two weeks after disease onset.

So far in 2019, North Dakota has had two cases of Hepatitis A. Neither case is associated with international travel. One case had recently moved from an area of the United States currently experiencing a hepatitis A outbreak occurring among homeless individuals and people using injection and non–injection drugs. The other case is still under investigation. The NDDoH is reminding providers to consider hepatitis A as a diagnosis in anyone with jaundice and clinically compatible symptoms. Providers should not wait for laboratory results to report suspected hepatitis A cases to the NDDoH, and a phone call should be made to 701.328.2378.

Hepatitis A vaccine is routinely recommended for all children starting at 12 months of age. It is also recommended for all individuals considered to be at high risk. The NDDoH supplies hepatitis A vaccines for all children eligible through the VFC program (i.e. 18 and younger and either Medicaid eligible, American Indian, uninsured or underinsured). Hepatitis A vaccine was recently also made available from the NDDoH for uninsured and underinsured adults in North Dakota. Please refer to the Immunization Program website for additional information regarding hepatitis A.

Hepatitis A Vaccination Rates Amongst North Dakota's Incarcerated Population

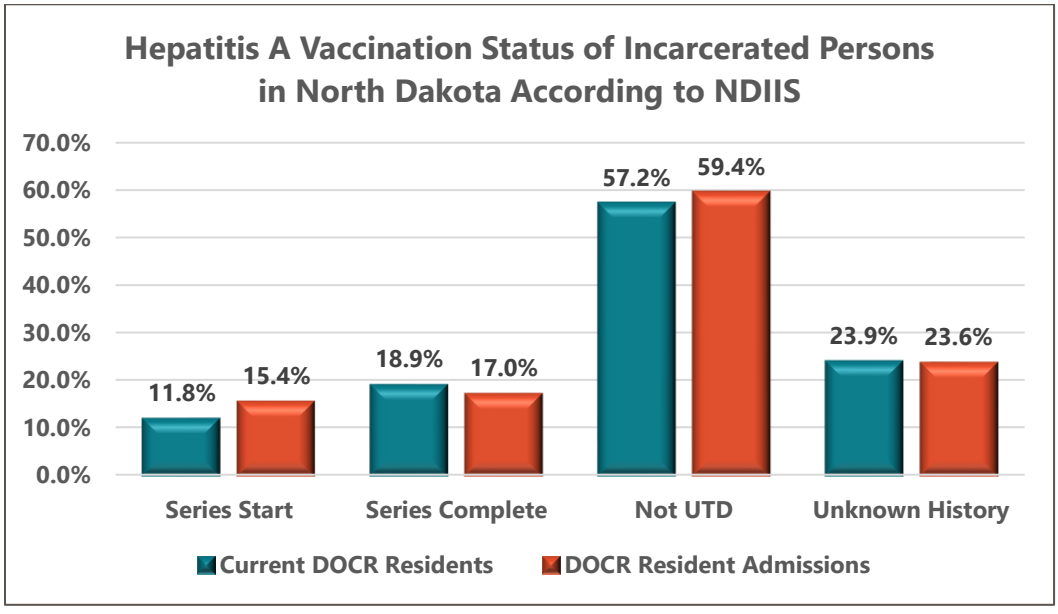
Hepatitis A is a highly contagious liver infection that spreads when someone unknowingly ingests the virus from objects, food or drinks contaminated by small, undetected amounts of stool from an infected person. Transmission is most common in places where there is the potential for poor sanitary conditions or poor personal hygiene. Additionally, men who have sexual contact with men, people who use injection and non-injection drugs and people with unstable housing are especially

vulnerable to contracting hepatitis A. Single antigen hepatitis A is a series of two doses separated by six months. The combination hepatitis A/hepatitis B (brand name Twinrix®) vaccine is a series of three doses given at 0, 1 and 6 months.

Incarcerated individuals are at increased risk of contracting hepatitis A due to the behavioral risk factors and being in a congregate population increases the opportunity for disease to spread rapidly. The immunization program has been working with the North Dakota Department of Corrections and Rehabilitation (DOCR) to assess the hepatitis A vaccination status amongst the state's incarcerated population. A list of individuals currently incarcerated as well as a list of individuals who have been admitted to a North Dakota correctional facility in the last six months were sent to the immunization program. The names and birthdates from the DOCR lists were matched to records in the North Dakota Immunization Information System (NDIIS). A total of 76.1% of current DOCR residents and 76.4% of individuals admitted to a correctional facility in the last six months had a record in the NDIIS.

	Total Matched	Total Residents	% Matched
Current DOCR Residents	1210	1591	**76.1%**
DOCR Resident Admissions	620	812	**76.4%**

Approximately 11.8% of current residents and 15.4% of resident admissions have started, but not completed the hepatitis A vaccine series. Only 18.9% of current residents and 17.0% of resident admissions have a complete hepatitis A vaccine series documented in the NDIIS. For current residents, 57.2% are have not completed the series and 23.9% have a no record in the NDIIS, leaving their vaccination status completely unknown. This leaves a total of 81.1% of the currently incarcerated population in North Dakota potentially vulnerable to contracting hepatitis A. For resident admissions, 59.4% have not completed the series and 23.6% have an unknown vaccination status for a total of 83.0% of the population vulnerable.



The NDDoH immunization program is continuing to work with the DOCR to increase the hepatitis A vaccination rates for their resident population.

Measles in the United States

According to the CDC, 372 cases of measles were reported across North America in 2018. As of July 25, 2019, 1,095164 cases of measles have been confirmed in 30 states this year. A majority of the infected individuals are unvaccinated. A large percent of the cases are related to outbreaks in New York City and New York state. Measles is a serious disease that can lead to hospitalization and even death. Symptoms include a high fever, cough, runny nose and watery eyes followed by a rash that typically spreads from the head to the rest of the body. The incubation period is generally eight to 12 days, but can be up to 21 days, with the first symptom generally being a fever. The measles rash usually appears two to three days after the fever begins and people are contagious from four days before, to four days after rash onset. Measles is highly contagious and spreads easily by coughing, sneezing or even being in the same room with someone who has measles.

All children are recommended to be vaccinated against measles when they are 12 to 15 months old and ages four to six. Measles is included in a combination vaccine with mumps and rubella (known as MMR vaccine). All adults born in 1957 or later should have at least one dose of MMR vaccine. All health care workers should have two doses of MMR vaccine. Data shows that North Dakota's rate for MMR vaccination for kindergarten entry for the 2018-2019 school year was 93.63, and the goal is at least 95%. For more information, please visit our website or contact the NDDoH at 701-328-2378.

North Dakota Receives an Immunization Champion Award

The NDDoH received the "Immunization Neighborhood" Adult Immunization Champion award during the 2019 National Adult and Influenza Immunization Summit for North Dakota's immunization/Ryan White collaboration.

This collaboration has led to increased immunization rates among persons living with HIV in North Dakota. From February 2017 - January 2019, immunization rates for this population have increased for all recommended vaccines. Increases in immunization rates are attributed to immunization screening, education, recall activities, IIS historical data entry and vaccine administration. Immunization rate increases can be seen in all ACIP recommended vaccine.

- Tdap – increase of 18 percentage points
- PCV13 – increase of 23 percentage points
- PPSV23 – increase of 18 percentage points
- MCV – increase of 46 percentage points
- Hepatitis A complete series – increase of 30 percentage points
- Hepatitis B complete series – increase of 18 percentage points
- HPV complete series – increase of 39 percentage points

Rabies Post Exposure Prophylaxis (PEP)

Rabies postexposure prophylaxis for non-immunized individuals consists of a dose of human rabies immune globulin (HRIG) and rabies vaccine given on the day of exposure. If possible, the full dose of HRIG should be infiltrated around any wound(s), and the remaining HRIG should be administered intramuscular at an anatomical site distant from the vaccine administration site. The rabies vaccine should be administered on days 0, 3, 7, and 14. A fifth dose may be recommended on day 28 for immunocompromised persons.

People who have not been vaccinated against rabies previously, should always receive both HRIG and rabies vaccine. The combination of HRIG and vaccine is recommended for both bite and non-bite exposures, regardless of the interval between exposure and initiation of treatment.

If previously vaccinated persons are exposed to rabies, they should receive two doses of vaccine (HDCV or PCECV) as an intramuscular injection in the deltoid on days 0 and 3.

Rabies vaccine recommendations can be found on the ACIP website.

Vaccine recommendations for people who have had a splenectomy/stem cell transplant

Vaccines are critical for people living with altered immunocompetence, such as asplenia or hematopoietic cell transplants (HCT). Individuals experiencing altered immunocompetence are at increased risk of both contracting a vaccine-preventable disease (VPD) and experiencing severe effects of a VPD. Patients who are asplenic, functional or anatomical, or have received an HCT are recommended to receive the vaccines in the tables below.

Household and other close contacts of persons with altered immunocompetence should receive all age - and exposure - appropriate vaccines, excluding smallpox vaccine, to prevent transmission from a close contact to the individual with altered immunocompetence.

Asplenia and Adult Vaccination	
***Haemophilus Influenzae* Type B (Hib)**	Unimmunized asplenic patients older than 59 months of age should receive one dose of Hib vaccine.
Human Papillomavirus (HPV)	Administer three dose vaccine series to patients up to 26 years of age. HPV vaccination based on shared clinical decision making for individuals ages 27 through 45 years who are not adequately vaccinated.

Hepatitis A	Administer if the patient has a specific risk factor for hepatitis A or simply wants to be protected from this disease.
Hepatitis B	Administer if the patient has a specific risk factor for hepatitis B or simply wants to be protected from this disease.
Influenza (IIV or RIV)	Administer IIV or RIV annually.
Measles, Mumps, Rubella (MMR)	Administer one dose if the patient previously received one dose of MMR. Administer two doses separated by four weeks if the patient has not received a dose of MMR.
Meningococcal ACWY (MCV4)	≥2 years of age, a 2-dose primary series of either MenACWY should be administered. If catching up on PCV13, and the provider only carries Menactra®, PCV13 should be completed first and Menactra® should be given 4 weeks after PCV13 is complete.
Meningococcal Serogroup B (Men B)	MenB vaccine should be administered as either a 2-dose series of Bexsero® or a 3-dose series of Trumenba®. May be administered concomitantly with MenACWY vaccines, but at a different anatomic site, if feasible.
Pneumococcal Conjugate (PCV13)	≥6 years should receive a dose of PCV13 if they have not previously received a dose of PCV13. In circumstances where both PCV13 and PPSV23 are indicated, doses of PCV13 should be administered first followed by PPSV23 8 weeks after the last dose of PCV13.
Pneumococcal polysaccharide (PPSV23)	≥2 years should receive 2 doses of PPSV23 separated by 5 years, beginning 8 or more weeks after completing all recommended doses of PCV13. In circumstances where both PCV13 and PPSV23 are indicated, doses of PCV13 should be administered first followed by PPSV23 8 weeks after the last dose of PCV13.
Shingles (RZV, Shingrix®)	Administer two doses separated by a minimum of eight weeks to everyone 50 years of age and older.
Tetanus, Diphtheria, Pertussis (Tdap)	Administer one dose if the patient did not receive Tdap at or after 11 years of age.
Varicella (Chickenpox)	Administer two doses 4-8 weeks apart if the patient cannot demonstrate evidence of immunity.

Stem Cell Transplant and Adult Vaccination	
DTaP	For patients ≥7 years, providers have 3 options for revaccination: 1) 3 doses of DTaP; 2) one dose of Tdap and 2 doses of DT; or 3) one dose of Tdap and 2 doses of Td. Vaccine administration should begin six months after HCT.
***Haemophilus Influenzae* Type B (Hib)**	Administer 3-dose regimen of Hib vaccine beginning 6-12 months after HCT; at least 1 month should separate the doses. This series should be given regardless of whether or not the vaccine was administered prior to the HCT.

Hepatitis A	Administer hepatitis A if the patient has a specific risk factor for hepatitis A or simply wants to be protected from this disease. Vaccine administration should begin six months after HCT.
Hepatitis B	Administer hepatitis B if the patient has a specific risk factor for hepatitis B or simply wants to be protected from this disease. Vaccine administration should begin six months after HCT.
Human Papillomavirus (HPV)	Administer to all individuals 11-26 years of age six months after HCT. HPV vaccination based on shared clinical decision making for individuals ages 27 through 45 years who are not adequately vaccinated.
Influenza (IIV or RIV)	Administered at least six months after HCT and annually thereafter for the life of the patient.
Measles, Mumps, Rubella (MMR)	Immunocompetent individuals should receive 24 months after the HCT.
Meningococcal ACWY (MCV4)	Administer at least six months after HCT regardless of age.
Meningococcal Serogroup B (Men B)	MenB vaccination based on shared clinical decision making can be administer at least six months after HCT.
Pneumococcal Conjugate (PCV13)	Sequential administration of 3 doses of pneumococcal conjugate vaccine is recommended, beginning 6 months after the transplant, followed by a dose of PPSV23.
Pneumococcal Polysaccharide (PPSV23)	PPSV23 recommended 8 weeks after the last dose of PCV13 and 12 months after the HCT.
Polio (IPV)	Begin administering series at least six months after HCT regardless of age.
Shingles	Receive one dose at least 24 months following the HCT and assure immunocompetence (no-graft-vs-host disease).

For more information regarding immunization recommendations and altered immunocompetence see:

https://www.cdc.gov/vaccines/adults/rec-vac/health-conditions/asplenia.html
https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.pdf

Goodbye AFIX, Hello IQIP

July 1st of this year brings changes to the immunization rate assessments that were done for providers in the VFC program since 2014. AFIX (Assessment, Feedback, Incentive, eXchange) will no longer be offered. This program involved meeting with a provider, reviewing current infant and adolescent rates, determining goals for the next 5-6 months, choosing one or two strategies to increase rates from 19 possible strategies, implementing the strategies and then pulling the immunization rates again to assess increases in the rates.

IQIP (Immunization Quality Improvement for Providers) is a similar program that is starting in July of 2019. Training for NDDoH employees occurs in August, 2019. IQIP will be implemented shortly after the training. IQIP promotes and supports the implementation of provider immunization quality improvement strategies to increase vaccine uptake and adherence to the ACIP recommendations. This program also provides technical assistance to providers to support the three core quality strategies. Each immunization program can develop one additional strategy.

The three CDC core strategies are:

1. Schedule the next immunization visit before the patient leaves the office.
2. Leverage IIS functionality to support immunization practice.
3. Give a strong vaccine recommendation (with an emphasis on HPV vaccination or a vaccine that currently is below the recommended level).

Providers will be asked to pick two strategies to implement over the next year to improve their child and adolescent immunization rates.

Watch for more information soon.

2019 NDDoH Immunization Provider Awards

This year's awards were based on the first quarter honor roll and the first quarter NDIIS rates of 2019. The Adolescent Award required the 1:1:2 series to be ≥95% as well as the HPV rates to be ≥ 90% for 13-17 years old. The Most Improved HPV Award needed at least a 30% increase from the 2018 Q1 rates to the 2019 Q1 rates and at least 10 adolescents for the provider.

The Pediatric Influenza Award was given to providers who had ≥70% for at least one of the age groups assessed. The age groups are 6 months to 4 years, 5-12 years and 13-17 years. A provider needed at least 15 children in the age group.

For the infant awards, the Most Improved Pediatric Award was awarded to providers who achieved at least a 15% increase from 2018 Q1 to 2019 Q1 for the 4:3:1:3:3:1:4 series and had at least 10 children in this age group. This year two new awards were introduced. The first one is Hepatitis A Outbreak Prevention Award given to providers who achieved >90% for 2 doses of hepatitis A for the 19-35 months old and have at least 10 children in the age group. The second new award is the Measles Outbreak Prevention Award given to providers with 100% for the 1st dose of MMR in 19-35 months old and have at least 45 children in that age group.

Two adult immunization awards were given. The first was the Adult Influenza Award, given to providers who achieved a 65% of higher immunization rate for adults ages 19 and older. The Adult Pneumococcal Award was given to providers who achieved a combined (both PCV13 and PPSV23) pneumococcal vaccination rate of 70% of higher.

The 2019 award winners are listed below. Congratulations and thanks for all of your hard work!

Adolescent Award Providers	1:1:2 series %	HPV rate %
FDHU - McHenry County	100	94
Rolette County Public Health District	100	93
LRDHU Benson County	98	92
LRDHU Ramsey County	99	91
Early Childhood Tracking	100	90
Dickey County Health District	98	90

Most Improved HPV Award Providers	Q1 2019 HPV UTD %	Q1 2018 HPV UTD %	% Increase
UND Family Medicine Residency Fargo	71	13	58
West River Health Services New England Clinic	66	31	35
Spectra Health Larimore	80	48	32
Spectra Health Grand Forks	76	41	35

Pediatric Influenza Award Providers	6 month-4 years Rate	5-12 years Rate	13-17 years Rate
Lake Region District Health Unit-Benson County	52%	**75%**	69%
Cavalier County Health District	**72%**	**78%**	69%
Lake Region District Health Unit-Eddy County	**77%**	58%	50%

Most Improved Pediatric Award Providers	Q1 2019 Rate %	Q1 2018 Rate %	Difference %
Lake Region District Health Unit-Benson County	93	75	18
Trinity Health Southridge Family Medicine	91	69	22
UND Center for Family Medicine Bismarck	88	72	16
Sanford Broadway Children's Clinic-Fargo	86	71	15
Sanford Health Oakes	86	53	33
Wells County District Health Unit-Harvey	85	70	15

Hepatitis A Outbreak Prevention Award Providers	HAV Q1 2019 Rate %
Lake Region District Health Unit-Benson County	93
First District Health Unit-Bottineau County	100
Cavalier County Health District	94
Lake Region District Health Unit-Eddy County	95
Sanford Health Oakes	100

Measles Outbreak Prevention Award Providers	MMR Q1 2019 Rate %
Cavalier County Health District	100
Rolette County Public Health District	100
Sanford Mandan Family Clinic North	100
Essentia Health Wahpeton	100
CHI St Alexius Health-Dickinson Clinic	100

Adult Influenza Award Providers	Flu Q1 2019 Rate %
Dickey County Health Department	70.43
Spectra Health – Larimore	67.81
Northland Health Center - Bowbells	65.63

Adult Pneumococcal Award Providers	Combined Pneumococcal Q1 2019 Rate %
Dickey County Health Department	78.80%
Northwood Deaconess Clinic – Larimore	72.06%

New ND Vaccine Coverage Table

Beginning July 11th, state-supplied adult hepatitis A and B vaccines are available for administration to uninsured or underinsured adults (19 years and older). Previously this vaccine was only offered to high risk adults at hepatitis C counseling and testing sites and local public health units. The U.S. is currently experiencing very large outbreaks of hepatitis A in drug users (injection and non-injection) and people experiencing homelessness or unstable housing. Many who are at risk for hepatitis A are also at risk for hepatitis B infection. Vaccine will be available to any adult who is un/underinsured, however the hope is that providers will target populations at high risk for hepatitis A infection, such as those experiencing homelessness or unstable housing, drug users, men who have sex with men, and the incarcerated. We encourage collaboration with homeless shelters, drug treatment centers and county/local jails. These vaccines are not available to individuals whose sole purpose for vaccination is for international travel or employment.

Please see the updated ND Vaccine Coverage Table for more information. This vaccine can be ordered in NDIIS along with other routine VFC vaccines. Please pay close attention when ordering hepatitis A and B vaccines, as there are now adult and pediatric formulations available for order. As a reminder, patients cannot be turned away if they cannot pay an administration fee.

Calendar of Events

Wednesdays, June 5 – September 25, 11 am – noon (CST)
Pink Book Webinar Series

August 13 – 15:
American Immunization Registry Association Conference, Indianapolis, IN

August 14, noon – 1 pm (CST);
Immunization Lunch and Learn Webinar

September 11, noon – 1 pm (CST);
Immunization Lunch and Learn Webinar

September 18
Children's Hospital of Philadelphia Vaccine Education Center Webinar

October 2, 2019, 11 am – noon (CST);
Current Issues in Immunization Netconference

October 9, noon – 1 pm (CST);
Immunization Lunch and Learn Webinar

October 23 and 24:
ACIP Meeting, Atlanta, GA

November 13, noon – 1 pm (CST);
Immunization Lunch and Learn Webinar

November 13 – 15:
National Conference for Immunization Coalitions and Partnerships, Honolulu, HI

November 16 and 17:
2019 Clinical Vaccinology Course, Washington D.C.

NORTH Dakota | Health
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Published by the North Dakota Department of Health Division of Disease Control,
2365 E. Main Ave., P.O. Box 5520, Bismarck, N.D. 58506-5520
Publication is available in alternative forms; for more information, contact Becky Hamann, editor, *Immunization Newsletter*.
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