Immunization program managers attend CDC meeting

Managers from the Immunization Program recently attended the 2017 CDC Immunization Awardee Meeting (IAM) in Atlanta. It was a forum for problem-solving, skill development, and peer-to-peer learning. Many interesting workgroups were available, including improvements to Immunization Information Systems (IIS), vaccine management, outbreak management, partnerships and education and much more!

Erica Martinez-Lovato, Immunization Program Manager and Max Cordova, NMSIIS Manager presented on the recent migration to the NMDOH’s new IIS platform and fielded questions from the participants including providing guidance and best practices identified for other states who are in the process of migrating to a new IIS.

HPV vaccine benefits far outweigh the risks

Albuquerque Journal Op-ed published Wednesday, August 30, 2017
By Daniel Burke / Chief, N.M. Department of Health Infectious Disease Bureau; Dr. Brian Etheridge / President, N.M. Pediatric Society; Dr. William G. Liakos Jr. / President, N.M. Medical Society; Dr. Sharon Phelan / Chair, N.M. Section of American Congress of Obstetricians and Gynecologists

Parents of pre-teens and teens whose doctors recommend they receive the cancer-preventing Human Papillomavirus (HPV) vaccine might find plenty of unsubstantiated reasons on the Internet to not get the vaccine: it’s easy for stories — true or not — to be uploaded to a chat room and read across the globe in a matter of hours.

Careful answers to parents’ basic concerns about safety and effectiveness take a lot longer. As a Congolese proverb reminds us: “Lies come up in the elevator; the truth takes the stairs but it gets here eventually.”

The safety monitoring of HPV vaccine has been a long walk up many steps. We now have over a decade of surveillance data on vaccine reactions since the original Albuquerque Journal Op-ed published Wednesday, August 30, 2017 by Daniel Burke / Chief, N.M. Department of Health Infectious Disease Bureau; Dr. Brian Etheridge / President, N.M. Pediatric Society; Dr. William G. Liakos Jr. / President, N.M. Medical Society; Dr. Sharon Phelan / Chair, N.M. Section of American Congress of Obstetricians and Gynecologists

HPV Vaccine Benefits, continued on page 4
New Vaccine Adverse Event Reporting System (VAERS) website and ways to report to VAERS

CDC and FDA are pleased to announce VAERS 2.0!

VAERS 2.0 includes a new reporting form and a website that allows you to do the following:

- Easily submit a VAERS report electronically
- Access VAERS data
- Learn more about how CDC and FDA monitor the safety of vaccines

There are two new ways to report an adverse event following vaccination to VAERS:

1) Use the online reporting tool
2) Complete a writable VAERS PDF form and upload it onto the new VAERS website.

By the end of 2017, CDC and FDA will phase out the old VAERS-1 paper form and fully transition to the new VAERS 2.0 electronic submission process. Accommodations will be made for persons unable to submit reports electronically. Additional assistance is available via email at info@vaers.org or by phone at 1-800-822-7967.

Free online vaccine administration e-Learn now available

A new e-Learn on vaccine administration ([https://www.cdc.gov/vaccines/ed/courses.html](https://www.cdc.gov/vaccines/ed/courses.html)) is now available. Proper vaccine administration is critical for ensuring that vaccines are both safe and effective. Vaccine administration errors happen more often than you might think. Of the average 36,000 reports received annually by VAERS, about 1,500 of those reports are directly related to administration error. Some of the most common vaccine administration errors include:

- Not following the recommended immunization schedule
- Administering improperly stored or expired vaccine or diluent
- Administering the wrong vaccine—confusing look-alike or sound-alike vaccines such as DTaP/Tdap
- Administering products outside age indications

The e-Learn ([https://www.cdc.gov/vaccines/ed/courses.html#elearn-vaccadmin](https://www.cdc.gov/vaccines/ed/courses.html#elearn-vaccadmin)) is a free, interactive, online educational program that serves as a useful introductory course or a great refresher on vaccine administration. The self-paced e-Learn provides comprehensive training, using videos, job aids, and other resources to accommodate a variety of learning styles, and offers a certificate of completion and/or Continuing Education (CE) for those that complete the training.

For more information, please contact nipinfo@cdc.gov.
High risk for invasive meningococcal disease

*Among patients receiving Eculizumab (Soliris) despite receipt of meningococcal vaccine*

**MMWR July 14 issue (pg. 734-7)**

Patients who are receiving Eculizumab (Soliris®) are associated with a 1,000-2,000 fold increased incidence of meningococcal disease compared to the general population. Eculizumab is a terminal complement inhibitor mainly used to treat two rare blood disorders, atypical hemolytic uremic syndrome and paroxysmal nocturnal hemoglobinuria.

In the US, from 2008-2016, there were 16 cases of meningococcal disease identified in patients receiving Eculizumab. Almost 70% of these were caused by nongroupable N. meningitidis.

The current MenACWY vaccine provides no protection against nongroupable N. meningitidis. And it is not clear if MenB vaccine provides any potential cross protection for nongroupable N. meningitidis strains.

The Advisory Committee on Immunization Practices (ACIP) recommends meningococcal vaccination for all patients receiving Eculizumab (both MenACWY and MenB). Recent data show that some patients receiving Eculizumab who were vaccinated with the recommended meningococcal vaccines still developed meningococcal disease, most often from nongroupable Neisseria meningitidis, which rarely causes invasive disease in healthy individuals.

From the CDC guidance, health-care providers are advised to:

- Consider antimicrobial prophylaxis for the duration of Eculizumab therapy to potentially reduce the risk of meningococcal disease
- Continue meningococcal vaccination of all patients who receive Eculizumab
- Administer meningococcal vaccines at least 2 weeks prior to administering the first dose of Eculizumab, unless the risks of delaying Eculizumab therapy outweigh the risks of developing a meningococcal infection, according to the product label
- Maintain a high index of suspicion for meningococcal disease in patients taking Eculizumab who present with any symptoms consistent with either meningitis or meningococcemia, even if the patient’s symptoms initially appear mild, and irrespective of the patient’s meningococcal vaccine or antimicrobial prophylaxis status

Meiningococcal, *continued on page 5*

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**PULLTOGETHER mission: Backpacks for students**

As citizens of New Mexico we have a responsibility for ensuring our state is great place to grow up and raise our children. Unfortunately, there are challenges associated with making that happen. In an effort to make a difference in a child's life, the Immunization Program, in addition to the DOH as a whole, pulled together to deliver 730 backpacks filled with school supplies and various other items and donated them to CYFD as part of the PULLTOGETHER mission. Together we can accomplish anything!
version of vaccine was licensed in 2006.

There are some common reactions — irritation at the injection site may occur, and some patients may get a fever or headache. Before administering the vaccine, your doctor will check with you about any possible contraindications. Anyone who has had a previous allergic reaction to the vaccine, or who has an allergy to yeast, should not be given the vaccine. Severe allergic reactions are very rare — CDC estimates they may occur in around one in a million doses. Your doctor’s staff will keep your child under observation for 15 minutes after the shot to treat possible fainting or anaphylactic reactions.

But the evidence is clear: for almost all adolescents, the benefits of HPV vaccine in preventing cancer and genital warts far outweigh the risks.

A study on HPV vaccine effectiveness done at the University of New Mexico by Dr. Cosette Wheeler and her colleagues found it to be even better than what scientists expected when the vaccine was introduced in 2006. Last year they reported in a JAMA Oncology article that the incidence of cervical neoplasia — abnormal cell growth on the cervix — among girls 15 to 19 years old decreased by about 50 percent from 2007 to 2014.

There’s more good news for shot-shy pre-teens: Based on studies showing that only two doses of the vaccine provided protection for younger ages, CDC lowered the recommended number of doses this year from three to two for teens younger than 15.

New Mexico parents can face many difficult choices, but deciding to vaccinate their teens against cancer shouldn’t be one of them. They can be confident in their doctor’s recommendation to have them receive HPV vaccine at the same time as they get their other back-to-school shots.
Immunization resources

VFC new interactive map
Parents can now type in their address to find a provider near them, click here to link to the map. We recommend the parent call the provider to make an appointment.

New materials from the CDC
New marketing materials are now available—click here for the CDC materials including “Spread fun. Not flu.” posters.

New flu flyer from California Public Health
The California Department of Public Health has created a new flyer, Guess Who Needs a Flu Vaccine which is evergreen and appropriate for all ages.

Free app of The Vaccine Handbook
A free app is available from the Immunization Action Coalition for iPhones and iPads—containing the complete 2017 6th edition of The Vaccine Handbook, “The Purple Book”, by Dr. Gary Marshall, professor of pediatrics and chief of the Division of Pediatric Infectious Diseases at the University of Louisville. The app is fully searchable, with functionality like bookmarking, highlighting, user annotation, and links to vaccination resources.

Search the iTunes App Store for “The Vaccine Handbook App” or click here.

Interactive data logger webinar
The final interactive data logger webinar will be held on Wednesday, October 4 from noon to 1pm. Click here to register for New Mexico VFC 400-1 Installation.
After registering, you will receive a confirmation email containing information about joining the webinar. The recorded training for the new VFC 400 data logger will remain available to view online, click here.

For data logger technical support call Control Solutions’ toll-free number, 888-311-0636.

Related links
- MMWR Early Release: High Risk for Invasive Meningococcal Disease Among Patients Receiving Eculizumab (Soliris) Despite Receipt of Meningococcal Vaccine
- CDC Health Advisory: Patients Receiving Eculizumab (Soliris®) at High Risk for Invasive Meningococcal Disease Despite Vaccination
- From CDC for clinicians: Managing the Risk of Meningococcal Disease among Patients Who Receive Eculizumab Therapy
- From CDC for patients: Taking Eculizumab (Soliris®) Increases Your Risk for Meningococcal Disease

Quick SKIIP update
369 school have signed up, statewide. SKIIP packets are now being printed and shipped. Training is updated and provides 2.4 CEUs. The SKIIP on-line training will be available soon.

Contact us
Call or email us for more information about our newsletter or if you have an item to submit for publication.

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NEW MEXICO DEPARTMENT OF HEALTH