**SKIIP jumps to 480 schools statewide**

By Maggie June  
**NMIC Program Coordinator**

This fall marks the 7th year of SKIIP, the School Kids Influenza Immunization Project! For the past couple of years, about 50,000 doses of flu vaccine were administered each flu season to students at their schools around the state through SKIIP. Thanks to the hard work and collaboration between the NMDOH Immunization Program, local Public Health nurses statewide, DOH School Health Advocates, health science students (UNM, Pima, ITT and CNM), and school nurses, this season 480 schools have volunteered to hold a SKIIP clinic. SKIIP is a huge success in New Mexico and has grown each year, making our state a leader in school-based influenza vaccination clinics. In September, New Mexico received recognition from the CDC for having one of the highest rates of children receiving influenza vaccine in the nation.

Many moving parts are involved to get children vaccinated at their schools. The Immunization Program earmarks up to 60,000 doses of quadrivalent flu vaccine for SKIIP. Most children receive FluMist—less than 10% need injectable flu vaccine. Children and nurses alike prefer FluMist; there’s no needle and just a spray in each nostril makes it pain-free and quick to administer. Plus children have a better immune response to FluMist.

In the fall, flu vaccine is ordered and shipped to local Public Health Offices or school-based health centers around the state that store the vaccine for their area’s school clinic. Each public health region coordinates a bit differently depending on manpower and the geographic location. In some cases the Public Health nurse runs the SKIIP clinic and administers the vaccine. In other cases, the school nurse picks up vaccine and ancillary supplies from the public health office, then organizes and administers the vaccine to the students. Nurses can choose to hold FluMist-only clinics that are quicker; but many elect to offer both FluMist and injectable to cover those children who cannot receive FluMist, but may be at high risk for complications from the flu.

Parents receive a packet via their child’s backpack in August or September that includes a letter explaining SKIIP, consent form, and Vaccine Information Statement. Each child who gets vaccinated receives a NMDOH HIPAA compliance form. The Flu vaccine is provided at no cost to the parent; however, insurance information is collected so that administration fees can be reimbursed.

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Clockwise from top left: Thomas Butler, Gretchen Jaramillo; Jody Dehority, Walter Dehority, and Lynne Anker-Unnever; Lorraine Johnson, Geraldine Bradley, Wendell Begaye, Irene Marietta, and June Emezi; Cecilia Ruberto, Peggy Gonzales, Chris Sexauer, Bernadette Pacheco, and Bernadette Padilla; Olowan De Herrera, Dolores Wauneka, Kaci Hughes, and Donna Drapeau; Becky Trujillo, Cheri Dotson and Susan Acosta; Ruby Bishop and Maggie June; Scarlet Swanson, Tina Cutler and Pamela Acree.
SHOT BRIEFS

New recommendation for Pneumococcal vaccine for adults over 65

In September, ACIP published new recommendations for pneumococcal vaccine use in adults. It is now recommended that both PCV13 (Prevnar) and PPSV23 (Pneumovax) be given routinely in a series to all adults age 65 years and older who have not been previously vaccinated. The two vaccines should be given in this order: PCV13 first, and 6-12 months later, PPSV23. The two vaccines should not be given at the same time.

For adults over 65 who have already received a dose of PPSV23, one dose of PCV13 should be given at least one year after receiving the dose of PPSV23. An additional dose of PPSV23 should be given 6-12 months after the PCV13 and at least 5 years after the previous PPSV23 dose.

For adults ages 19-64 with certain high risk conditions, PPSV23 and possibly PCV13 may also be recommended. If PCV13 is given before age 65 for a high risk condition, it should not be given again after age 65. If a person receives PPSV23 before age 65 for a high risk condition, an additional doses of PPSV23 should be given again after age 65, with at least 5 years between the doses.

For complete guidance, please visit: http://www.cdc.gov/vaccines/vpd-vac/pneumo/vac-PCV13-adults.htm

Fewer U.S. hospitalizations for Hepatitis A

According to a report from NIH, there has been a sharp decline in hospitalizations due to Hepatitis A in the United States.

Hep A is a virus that causes liver inflammation. People can be exposed to Hep A through contaminated food or water or through direct contact with an infected person. The mode of transmission is fecal-oral. Infection in children is often mild or even asymptomatic, but can be debilitating in adults, even requiring hospitalization.

In New Mexico, pediatricians have been vaccinating children against Hep A for years. The current ACIP recommendation is for a first dose at 12 months and a second dose 6 months later. In NM, children in daycare or preschool are required to have at least one dose of Hep A vaccine by age 15 months. NM’s immunization coverage for one dose of HepA is good, over 85%, resulting in dramatic declines in outbreaks of Hep A, both at day cares and at schools.

Hospitalizations are uncommon for Hep A, and rates have fallen in the past 10 years. The average age for hospitalization has risen as well, since fewer children and young adults are infected with Hep A. In order to protect vulnerable older patients and persons with chronic liver disease, it has been suggested that adults be vaccinated as well. There is currently no general recommendation for adults to be vaccinated. Travelers to countries where Hep A is prevalent, families adopting children from countries where Hep A is prevalent, intravenous drug users and men who have sex with men, persons with clotting factor disorders and persons with occupational risk of infection are currently the only adult groups for whom Hep A vaccine is recommended.

While adults with chronic liver disease are not necessarily at increased risk for Hep A, vaccinating them may decrease the need for hospitalization should they become infected.

According to WHO, about 1.4 million people worldwide are infected with HepA annually. Hepatitis A cases have declined by 90% in the US over the past two decades, but there are still 2,000 new cases a year, according to the CDC.

New HPV vaccine approved

The FDA approved the new Gardasil 9 vaccine on December 10, 2014. The new Gardasil 9 will cover 5 additional strains of the HPV virus including 6, 11, 16, 18, 31, 33, 45, 52, and 58. This new vaccine can potentially prevent 90% of cervical, vulvar, vaginal and anal cancers. Gardasil 9 is approved for girls ages 9-26 years and boys 9-15 years. The schedule for Gardasil 9 is the same as for Gardasil at 0, 2 and 6 months.

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There are advantages to this “old school” method of administering vaccine using the school venue. 1) Parents don’t need to schedule an appointment and take time off work; 2) flu season is a busy time for providers, and SKIIP eases the burden of an overbooked doctor’s office; 3) immunizing many children creates herd immunity, thus protecting those who don’t get vaccinated; 4) SKIIP helps keep flu out of the community by vaccinating children, who achieve the best immune response to vaccine and are the best at spreading diseases.

Each year obstacles have been faced and overcome, making SKIIP even more solid. Some of the challenges include storing large shipments of vaccine, and ensuring that proper storage and handling procedures are followed. Public health nurses have become even more expert at managing huge quantities of flu vaccine. This year, school nurses were trained to monitor and record vaccine carrier temperatures hourly to be vigilant stewards of the vaccine that DOH provides.

Please contact us if you know of a school that would like to join the growing number of schools that participate in this amazing effort.


Welcome to new DOH Immunization Program staff

Esperanza Lucero, MBA, MSW
Vaccine and Outreach Manager
Esperanza started working with the Immunization Program in June 2014 and is excited to be working in the Public Health Division. Esperanza oversees the Adult Vaccine program and is dedicated to ensuring that federal funds meet the needs of uninsured adults in New Mexico. She is committed to reducing vaccine-preventable diseases by increasing access through education and the ongoing development of collaborative partnerships. Esperanza is working to expand the number and type of provider sites where free adult vaccines can be made available to all uninsured individuals. During her free time, Esperanza enjoys being a newlywed, playing with her three dogs, reading, landscaping and most outdoor activities and sports.

Mitchell Lawrence
New Mexico Perinatal Hepatitis B Coordinator
In his role with the Department of Health, Mitchell is responsible for the case management of babies born to Hepatitis B positive mothers across the state. He coordinates with regional coordinators to ensure post-exposure prophylaxis, vaccination compliance and post vaccination testing. Mitchell brings over 26 years of experience with the Air Force Medical Service to the DOH with multiple assignments in environments devoid of even the most basic of public health infrastructures. He has employed vaccination strategies in rural India, Turkey, Panama, Costa Rica, Philippines, Iraq, and Kosovo, navigating a multitude of cultural and social barriers to ensure critical prevention efforts were put into practice and sustained over the short and long term. Mitchell enjoys spending time in the outdoors hunting, fishing and generally anything that gets him out of the house.

SKIIP Training keeps vaccine administrators on their toes

Anna Pentler, MPH, MBA
Executive Director, NMIC
This year, a standardized, mandatory training has been implemented for all persons administering vaccine at a SKIIP clinic. Public Health nurses, school nurses, physicians, pharmacists and NMIC staff collaborated to develop the SKIIP training to ensure that school nurses, health sciences students, and volunteer health professionals all receive complete and comprehensive training before holding or assisting at a SKIIP clinic. The training is approved for 1.8 nursing CEUs. The training covers:
- What SKIIP is and how it operates;
- Screening and the information on the SKIIP forms;
- How to setup a school-based clinic;
- The DOH influenza immunization protocol;
- Possible vaccine side effects;
- Emergency management;
- Storage and handling of SKIIP vaccine;
- How to administer FluMist;
- How to administer injectable influenza vaccine;
- The different influenza vaccine formulations and presentations, and injection safety devices.

The SKIIP training is a lecture with a powerpoint and video, including a hands-on practice. Thanks to the 21 health professionals statewide who are approved to present the training, over 400 people are now trained. The feedback about the training has been positive. The video portion of the training includes a demonstration of immunization techniques, current storage and handling and screening requirements from CDC and NMDOH. The SKIIP Training is also available on the NM DOH website, so the training can be completed online. So far over 60 people have taken the online training.

The video portion of the training was filmed at an Albuquerque SKIIP clinic and features local Public Health nurses. The video was shot and produced by video production students from the Media Arts Collaborative Charter (MACC) High School, which also happens to be a SKIIP school. The video provided an excellent opportunity for SKIIP to get an inexpensive training video and for MACC to get real-world experience making a training video that is widely used.

The goal of the training is to have all SKIIP participants receive the same information and be appropriately trained. The intent is to make sure that SKIIP clinics are following safe and effective vaccine storage and handling, and proper administration techniques.

Special recognition to the group that developed the training: Erica Flores, Crystal Trujillo, Christine Long, Debbie Muscarella, and Maggie June for developing an excellent and comprehensive training. Special thanks to Anthony Conforti and the MACC students who created the video for the training.
2015 overview calendar of events

1/15  NMIC Steering Committee meeting, 2-4pm
4/16  NMIC Steering Committee meeting, 2-4pm
4/18-4/25  National Infant Immunization Week (NIIW)
TBD  DOH Immunization Training
5/8  NMIC Provider Awards Dinner, Crowne Plaza
7/16  NMIC Steering Committee meeting, 2-4pm
8/1-8/15  Got Shots? Protect Tots! statewide campaign
8/14  August NMIC meeting, tentative date
10/15  NMIC Steering Committee meeting, 2-4pm
12/4  December NMIC meeting, details TBA

NM Immunization Coalition News

is published semi-annually. Please contact Maggie June at 505-272-3032 or via email at mjune@salud.unm.edu if you have an item to submit for the newsletter.