Two serogroup B meningococcal vaccines have been licensed by the Food and Drug Administration (Trumenba & Bexsero). These vaccines are recommended routinely for people 10 years or older who are at increased risk for serogroup B meningococcal infections, including:

- People at risk because of a serogroup B meningococcal disease outbreak
- Anyone whose spleen is damaged or has been removed
- Anyone with a rare immune system condition called “persistent complement component deficiency”
- Anyone taking a drug called eculizumab (also called Soliris®)
- Microbiologists who routinely work with N. meningitidis isolates

These vaccines may also be given to anyone 16 through 23 years old to provide short term protection against most strains of serogroup B meningococcal disease; 16 through 18 years are the preferred ages for vaccination.

In June, the ACIP expanded the recommendation for meningococcal B vaccination. Their vote allows the permissive vaccination of adolescents 16 through 18 year old not at high risk for meningococcal disease. The permissive use recommendation means the providers’ clinical judgment would determine who would need the vaccine. The vaccine is not slated for every 16-18 year old because there is not a routine recommendation.

DOH will work with LHJs and providers to help them meet the needs of their patients 16-18 years of age.

Providers and LHJs may contact DOH for assistance with ordering the vaccine. To order the vaccine, providers should contact Jacki Stockdale at jacki.stockdale@doh.wa.gov.

To read the ACIP’s full recommendation for use of the vaccines, go to:

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6441a3.htm.

Source – MMWR– October 23,2015/64 (41);1171-6
Pneumococcal Recommendations

IAC updates "Pneumococcal Vaccination Recommendations for Children and Adults by Age and/or Risk Factor" and "Pneumococcal Vaccines: CDC Answers Your Questions"

IAC recently revised two handouts related to pneumococcal vaccination to take into account the updated ACIP recommendation regarding the interval between PCV13 followed by PPSV23 from 6–12 months to ≥1 year for immunocompetent adults aged ≥65 years.

Pneumococcal Vaccination Recommendations for Children and Adults by Age and/or Risk Factor

Pneumococcal Vaccines: CDC Answers Your Questions

Updated standing orders
IAC revised the tables on pages 2 and 3 in Standing Orders for Administering Pneumococcal Vaccines (PCV13 and PPSV23) to Adults.

CME course on HPV immunization: A free online CME course on HPV immunization is now available from WithinReach, Cardea, and the Washington State Department of Health. Learn everything you need to know about HPV vaccines - plus practical strategies to communicate successfully with patients and parents! The course is on-demand and can be taken any time. Register at www.cardeaservices.org/resourcecenter/you-are-the-key-to-hpv-cancer-prevention.

Documentary/short films:
"Someone You Love: The HPV Epidemic"
"Lady Ganga"

Two-hour HPV vaccine workshop sponsored by Spokane regional Health District and Immunization Action Coalition:

Healthcare providers outside of the Spokane area can participate via video conference. Continuing Education Credit is Available.
MyIR is a consumer access portal in the WA IIS that allows consumers to manage their family’s immunization records securely online. A parent or guardian can register and add access for family members using a simple web interface. Once registration is complete, you can access records at any time. Parents can print their child’s CIS form for school or childcare entry. You can do all of this without an extra trip to your healthcare provider.

How to access records:

Fill out an Authorization to Release Immunization Records (PDF) or an Autorización para entregar documentos de vacunaciones (PDF).

Mail, fax or email form to:

Washington State Immunization Information System
PO Box 47843
Olympia, WA 98504-7843
Fax: 360-236-3590
E-mail: WAIIISRecords@doh.wa.gov

Once DOH receives the signed form, they will register you in MyIR and send you a PIN with instructions on how to get immediate access to your records.

PLEASE SHARE THIS OPPORTUNITY WITH YOUR CLIENTS!

Q & A

Q: Some of my patients refuse influenza vaccination because they insist they "got the flu" after receiving the injectable vaccine in the past. What can I tell them? A: There are several reasons why this misconception persists: (1) Less than 1% of people who are vaccinated with the injectable vaccine develop flu-like symptoms, such as mild fever and muscle aches, after vaccination. These side effects are not the same as having influenza, but people confuse the symptoms. (2) Protective immunity doesn't develop until 1–2 weeks after vaccination. Some people who get vaccinated later in the season (December or later) may be infected with influenza virus shortly afterward. These late vaccinees develop influenza because they were exposed to someone with the virus before they became immune. It is not the result of the vaccination. (3) To many people "the flu" is any illness with fever and cold symptoms. If they get any viral illness, they may blame it on the vaccine or think they got "the flu" despite being vaccinated. Influenza vaccine only protects against certain influenza viruses, not all viruses. (4) The influenza vaccine is not 100% effective, especially in older persons. For more information on this topic, go to: www.cdc.gov/flu/professionals/
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