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MDHHS Update
Fall Immunization Regional Immunization Conferences 2022

Terri Adams, Director

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Immunization Rates Update

MI Pediatric Profiles 8/22

67.6%

Data source: Michigan Care Improvement Registry 19 to 36 months of age
Series Assessed: 4 Dtap, 3 Polio, 1 MMR, 3 Hib, 3 HepB, 1 Varicella, 4 PCV (4313314)

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MI Adolescent Rate 8/22

42.9%

Data source: Michigan Care Improvement Registry 13 to 18 years of age
Series Assessed: 1 Tdap, 3 Polio, 2 MMR, 3 HepB, 2 Varicella, 1 MCAWY, 2 or 3 HPV (1323213)

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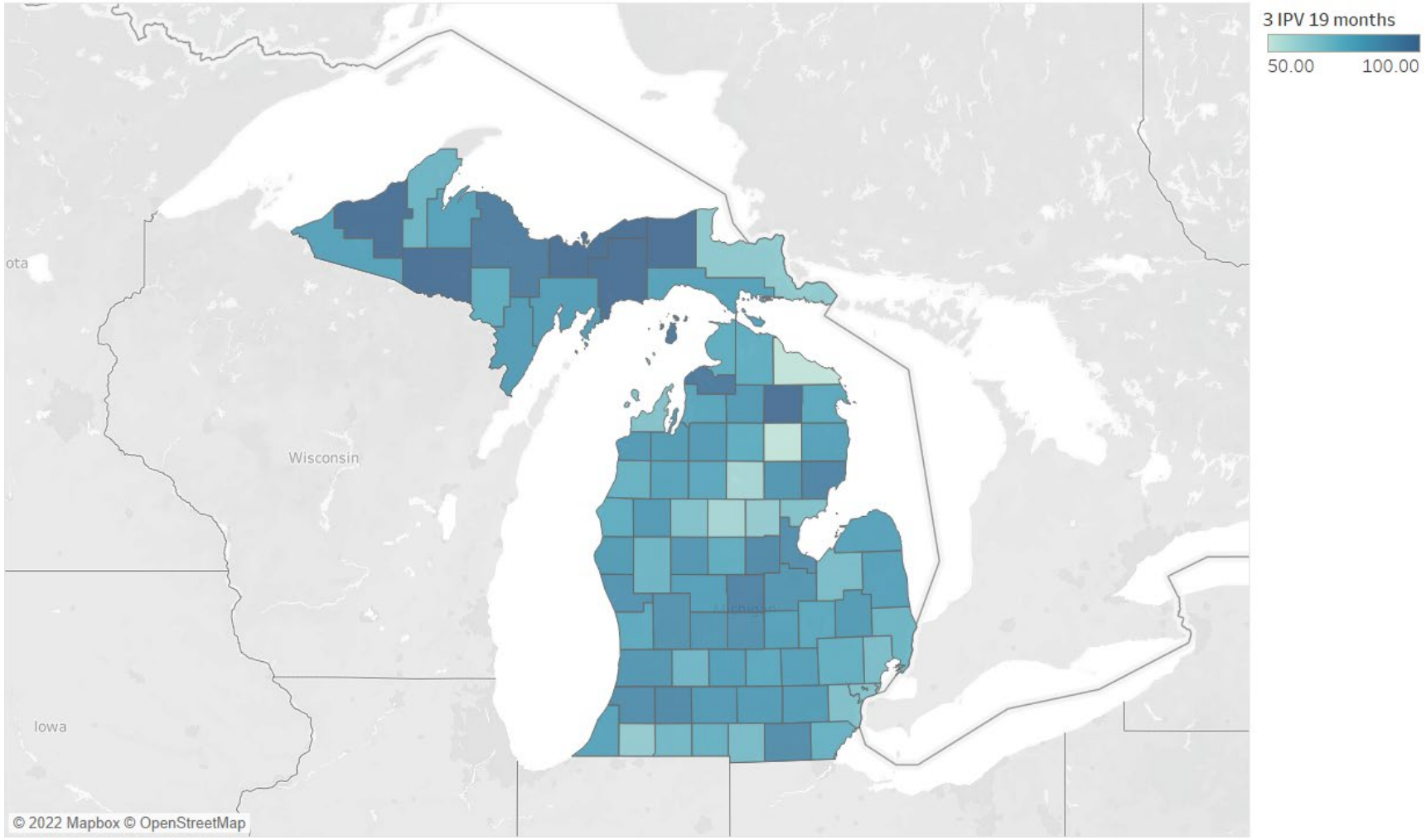
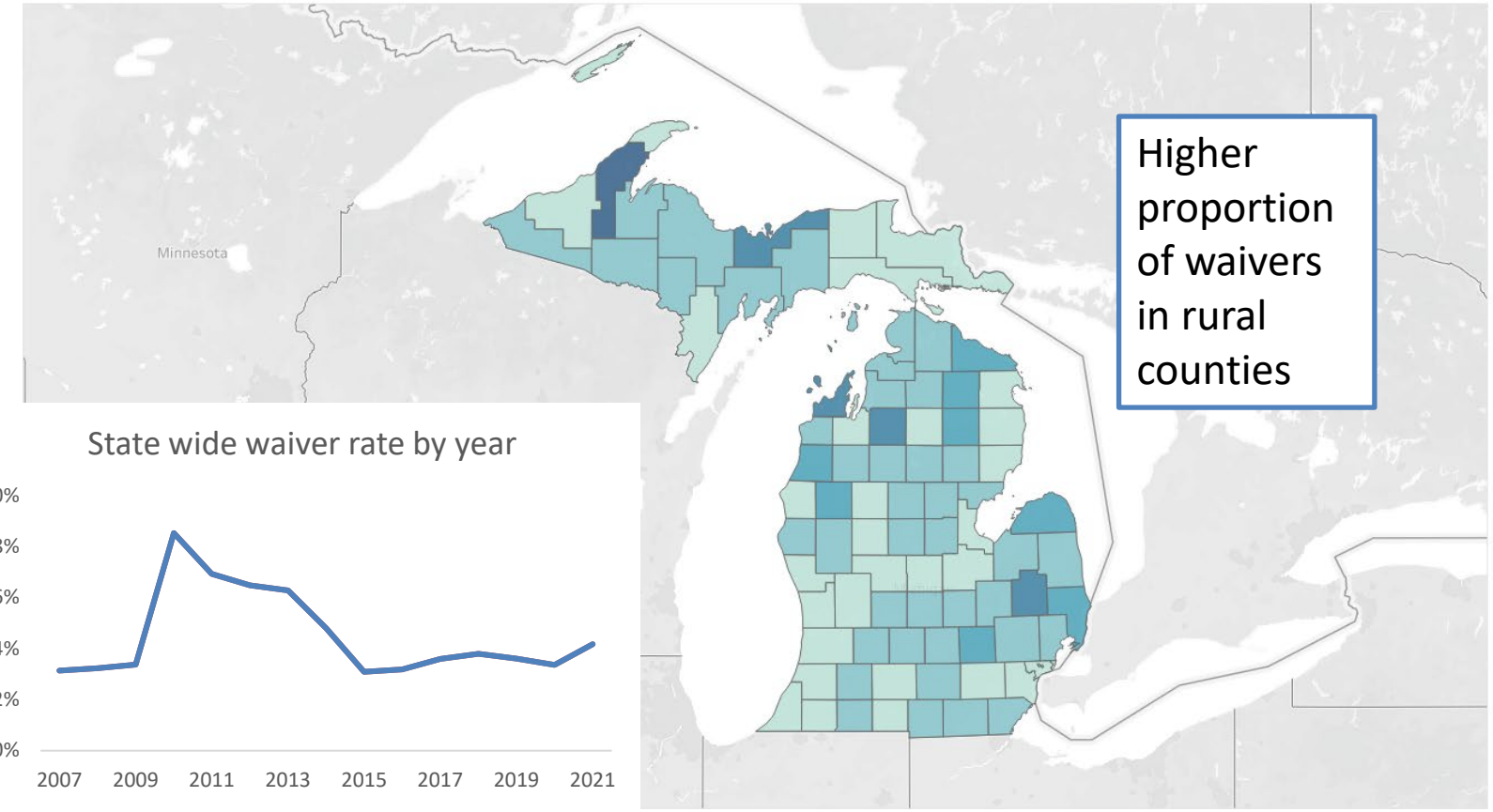
Coverage for 3 doses of IPV at 19 months by county



Data source – Kids Falling Behind Report June 2022

Percent of Kindergarten/7th grade/New Entrants with immunization waiver by county



Higher proportion of waivers in rural counties

State wide waiver rate by year

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Data source: Michigan Care Improvement Registry

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VPD Update

Chickenpox

Jan.-Sept. 26, 2022

155 probable or confirmed cases with onset dates on or after January 1

~39% laboratory confirmation

2 outbreaks reported: (1) elementary school and (1) community living/work-travel program

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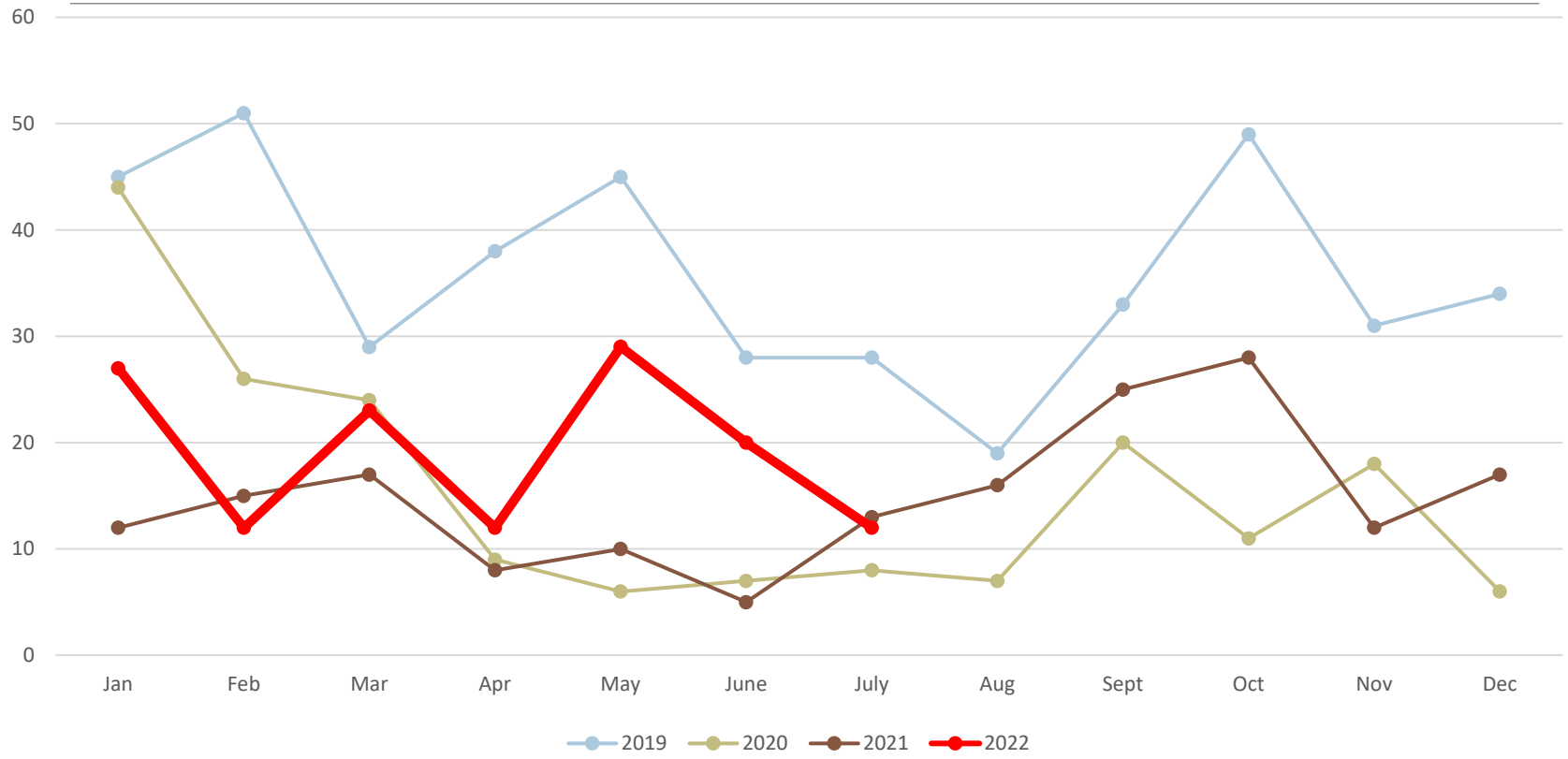
Chickenpox Cases by Month, 2019 - July 2022

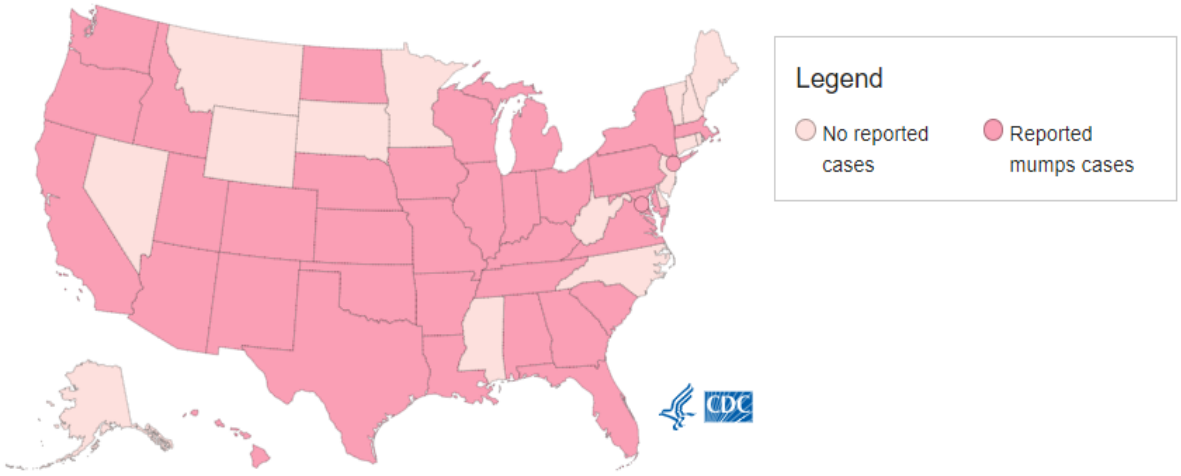


Mumps
Jan.-Sept. 26, 2022

As of September 1, 2022, a total of 172 mumps cases were reported by 37 jurisdictions.*

Reported US Mumps Cases by Jurisdiction and Year*

Reported Mumps Cases–2022



11 <u>probable</u> cases identified, including 1 MDOC case

National cases for this year have already topped 2021 (154 reported in 2021)

Source: CDC, 2022

Measles
Jan.-Sept. 26, 2022

- 5 confirmed or probable cases identified
- As of 09/26, 7 MI residents exposed to an active case while flying; no reported cases but situation is being monitored

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Other VPD Updates, Jan.-Sept. 2022

- **Hib**: 117 total *H.influenzae* cases, 3 identified as serotype B; 14 cases among children <15 years old, none identified as serotype B
- **Meningococcal disease**: 5
- **Pertussis**: 44
- **Rubella**: 6

  Tetanus: 1
- **Diphtheria and Polio**: 0

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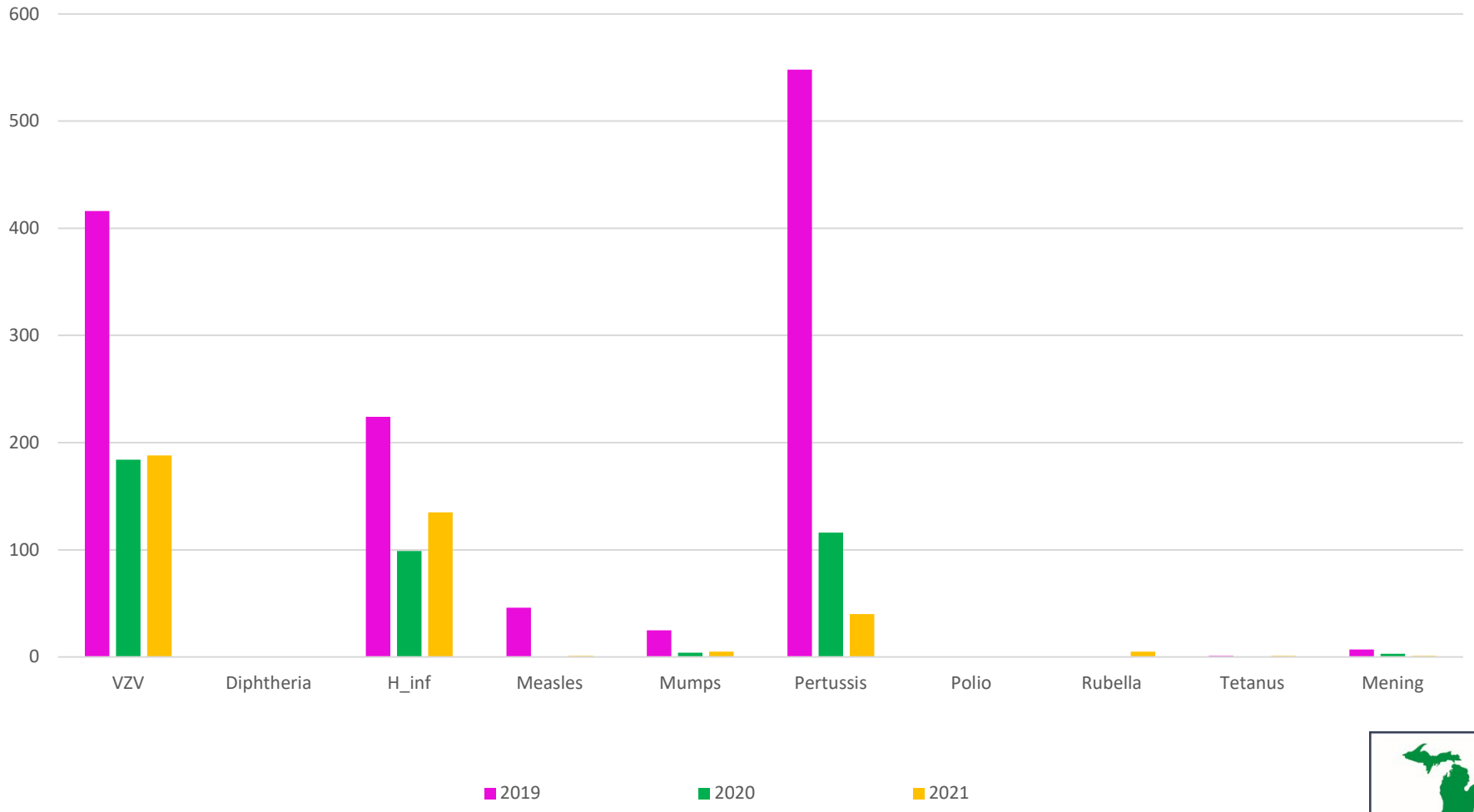
2019-2021 VPD Incidence in Michigan



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Polio Update

Polio

- United States joined the World Health Organization's list of countries where polio is circulating
- The only country from the Americas on the list and one of the only wealthy nations
- Marks new low for the country's public health efforts
- Highlights the dangerous consequences of the growing anti-vaccine movement

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Polio (continued)

- WHO criteria require a country to have detected vaccine-derived poliovirus in at least one environmental sample and one patient to be considered a country with circulating virus
- Wastewater sampling in New York has identified 57 confirmed samples of poliovirus
- Case of paralytic polio was confirmed in the NY's Rockland County in July

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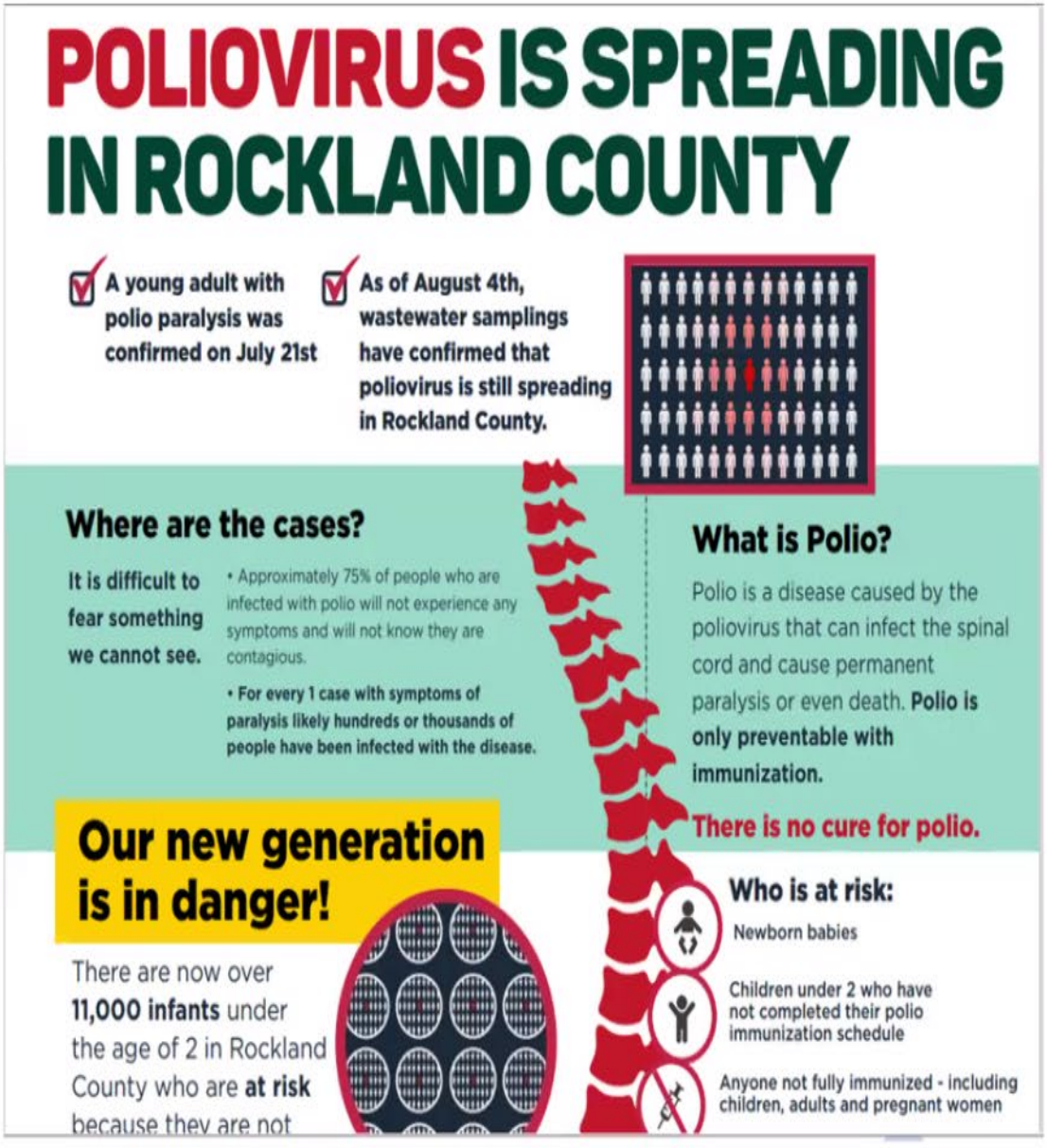
Polio Outbreak Response



- CDC deployed an **Epi-Aid** to provide assistance and support enhanced passive surveillance through ***wastewater sample testing, community outreach and increasing vaccine coverage***
- *CDC is continuing to provide a field team to support NYS with provider engagement and technical assistance*

Polio (cont.)

- U.S. does not use the type of vaccine that can lead to circulating vaccine-derived virus, low immunization rates allow it to spread if it is reintroduced
- There is no cure or treatment for polio and vaccines are safe and have brought the virus—which only lives in humans—to the brink of eradication

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Monkeypox Update

Monkeypox Virus(MPV) Update

- Michigan has received nearly 8,900 vials of JYNNEOS to date and have been allocated 5,437 vials in Phase 4.
- 78 different locations administering JYNNEOS (81% LHDs)
- Statewide, local health departments and clinical partners have reported almost 8,800 administrations of JYNNEOS as of 9/26. The majority of administrations are now second doses.
- MDHHS has distributed 720 bottles (~360 courses) of TPOXX to all 45 LHDs. An additional supply is being maintained centrally at SNS for direct clinical distribution.
- Michigan: 265 cases
- www.mi.gov/MPV website continues to be updated with case counts and materials for the public and providers

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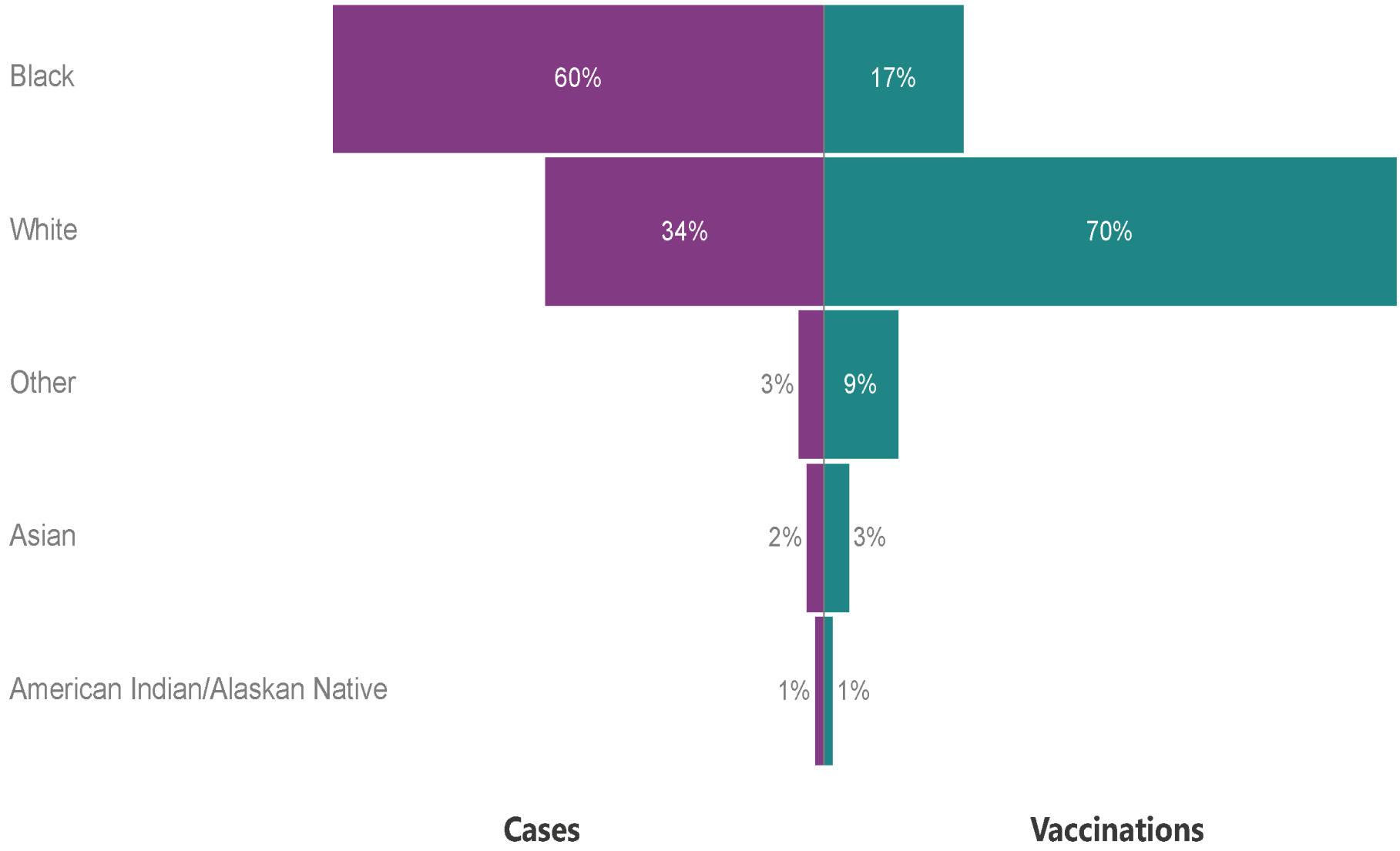
Percent of total MPV Cases and Vaccinations - MI data through 9/27



Health Equity Considerations

- Engage people from affected communities, include diverse partners
- Use non-stigmatizing, plain language
- Reduce barriers to vaccination
- Bring vaccines to where affected populations live and work
- Offer multiple appointment times and flexible walk-in opportunities, including on evenings and weekends

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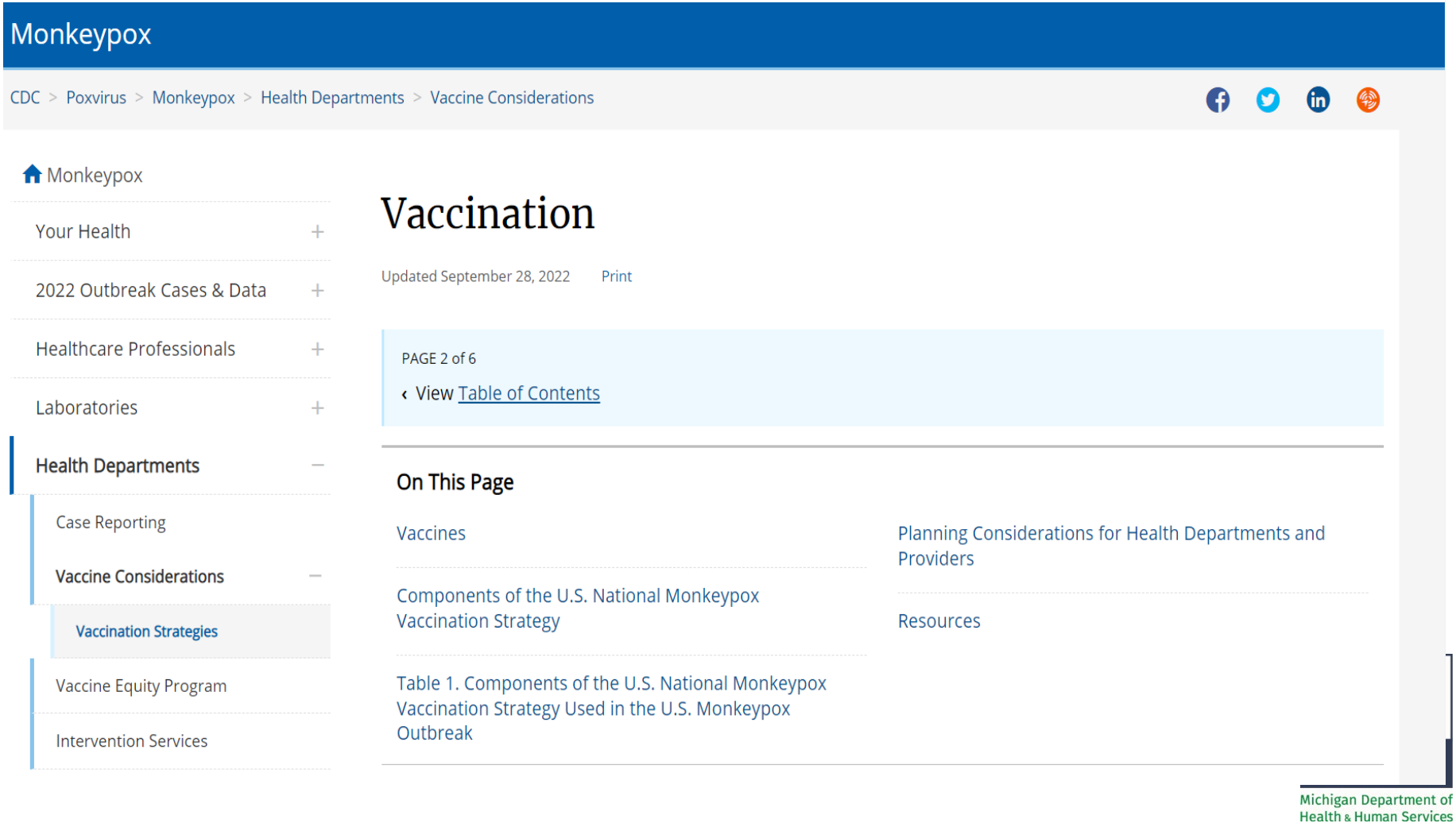
New MPV Expanded Vaccination Strategy



Monkeypox

CDC > Poxvirus > Monkeypox > Health Departments > Vaccine Considerations

Monkeypox

Your Health

2022 Outbreak Cases & Data

Healthcare Professionals

Laboratories

Health Departments

Case Reporting

Vaccine Considerations

Vaccination Strategies

Vaccine Equity Program

Intervention Services

Vaccination

Updated September 28, 2022 Print

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Vaccines

Components of the U.S. National Monkeypox Vaccination Strategy

Table 1. Components of the U.S. National Monkeypox Vaccination Strategy Used in the U.S. Monkeypox Outbreak

Planning Considerations for Health Departments and Providers

Resources

MPV Pre-Exposure Prophylaxis (PrEP)

- Vaccination before exposure to monkeypox
- People in certain occupational exposure risk groups*
- Gay, bisexual, and other men who have sex with men, transgender or nonbinary people who in the past 6 months have had
- A new diagnosis of one or more nationally reportable sexually transmitted diseases (i.e., acute HIV, chancroid, chlamydia, gonorrhea, or syphilis)
- More than one sex partner
- People who have had any of the following in the past 6 months:
- Sex at a commercial sex venue
- Sex in association with a large public event in a geographic area where monkeypox transmission is occurring
- Sexual partners of people with the above risks
- People who anticipate experiencing the above risks

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JYNNEOS Vaccine Hub/Provider Expectations

- JYNNEOS vaccine is a scarce resource
- MDHHS uses vaccine hubs (mostly local health departments)
  - MDHHS places the order for JYNNEOS vaccine to be delivered to one of the hubs—can't order in MCIR
- Monkeypox Provider Agreement
  - Providers must be enrolled in MCIR and have access to the Outbreak Inventory
  - JYNNEOS vaccine providers must be accountable for JYNNEOS vaccine in MCIR
  - Upon receiving JYNNEOS vaccine vials, **must** manually enter vials in the MCIR Outbreak Inventory
  - To ensure proper inventory management JYNNEOS vaccine will be balanced at the vial level

MONKEYPOX

CDC ASPR Administration for Strategic Preparedness and Response

HHS Monkeypox Vaccination Program

Provider Agreement

The U.S. Department of Health and Human Services (HHS) and its components the Administration for Strategic Preparedness & Response (ASPR), Strategic National Stockpile (SNS), and the Centers for Disease Control and Prevention (CDC) greatly appreciate your organization's participation in the HHS Monkeypox Vaccination Program.[1] With use of the JYNNEOS™ or ACAM2000® vaccine provided at no cost by the US government (this vaccine), the provider and provider's organization (Organization) will be deemed to have agreed to comply with the requirements of this Agreement. Any person accessing this vaccine is subject to compliance with the terms of this Agreement, including any updates to the Agreement as noted in paragraph 2 below.

This vaccine remains property of the United States government and subject to the terms of this Agreement until the dose is administered to the vaccine recipient.

Agreement Requirements:

1. Organization must administer JYNNEOS or ACAM2000 in accordance with all relevant requirements and recommendations of CDC and CDC's Advisory Committee on Immunization Practices (ACIP)[2] (including those in the CDC Interim Clinical Considerations for Monkeypox Vaccination[3] and any CDC Emergency Use Instructions[4] as they may be revised from time to time), and consistent with the scope of the Food and Drug Administration's (FDA's) approval, authorization, and/or any applicable expanded access requirements per FDA's protocol.[5]

2. This Agreement expressly incorporates all information included in weblinks in this Agreement as they may be revised from time to time. HHS reserves the right to update this Agreement at any time by posting updates on the HHS Monkeypox Vaccination Program Provider Agreement update webpage at: https://www.cdc.gov/poxvirus/monkeypox/provider-agreement.html. Organization must monitor this website for updates and comply with any such posted updates.

3. Organization must record the following Vaccine Administration Data elements in each vaccine recipient's record:

   a. Administration address (including Company)*
   b. Recipient name and ID*
   c. Recipient date of birth*

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Observational Study- Aluminum

Observational Study-Aluminum

- Published in Academic Pediatrics, analyzed information in health records from a 326,991 children born between 1/1/08 and 12/31/14 who received care at 7 Vaccine Safety Datalink (VSD) sites.
- Found a positive association between amount of aluminum received from vaccines given before age 2 and development of persistent asthma between ages 2 to 5 years.

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Observational Study-Aluminum

- **Adjuvants:** Adjuvants help boost the body's response to a vaccine, which makes the vaccine work better. Aluminum salt is a common adjuvant used to help make a vaccine as effective as possible
- Aluminum adjuvants are used in vaccines such as hepatitis A, hepatitis B, diphtheria-tetanus-containing vaccines, *Haemophilus influenzae type* b, and pneumococcal vaccines. However, they are not used in live viral vaccines, such as those that prevent measles, mumps, rubella, varicella, and rotavirus. COVID-19 vaccines and influenza (flu) vaccines do not contain aluminum adjuvants.
- Vaccines containing aluminum adjuvants have been used for over 60 years in hundreds of millions of people around the world and found to be safe. Serious complications are very rare and the most commonly reported side effects are redness and swelling at the injection site.
- CDC agrees with the authors of the study that this single observational study does not show that aluminum in some childhood vaccines causes the development of persistent asthma.

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Observational Study-Aluminum

- Vaccines containing aluminum have been used to prevent serious diseases for over 60 years. Hundreds of millions of infants, children, and adults have received aluminum-containing vaccines worldwide.
- CDC, FDA, and the National Institutes of Health recommend further study to investigate the potential risk of aluminum exposure from routine childhood vaccines.
- This was a CDC-funded study and shows that CDC takes vaccine safety seriously and is committed to sharing scientific findings about vaccine safety in a timely and transparent matter.
- CDC does not plan to make any changes to the routine childhood vaccination schedule.
- The most important thing to know about vaccines is that their use in preventing dangerous diseases strongly outweighs their risks. Vaccines are continuously monitored for safety so that even seemingly minor concerns related to vaccine safety are noticed and carefully examined. Research

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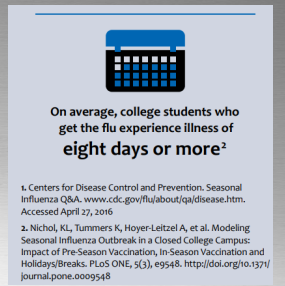
College Flu Vaccations

Increasing Student Vaccinations



- Instill annual flu vaccination habit before college
- Provide flu vaccines through 18 yrs of age in the Vaccines for Children (VFC) program
- Vaccinate when students are home
- Counsel at every visit, importance of staying healthy
- Assist students in obtaining health benefits

https://www.healthcare.gov/blog/get-health-insurance-for-college-students

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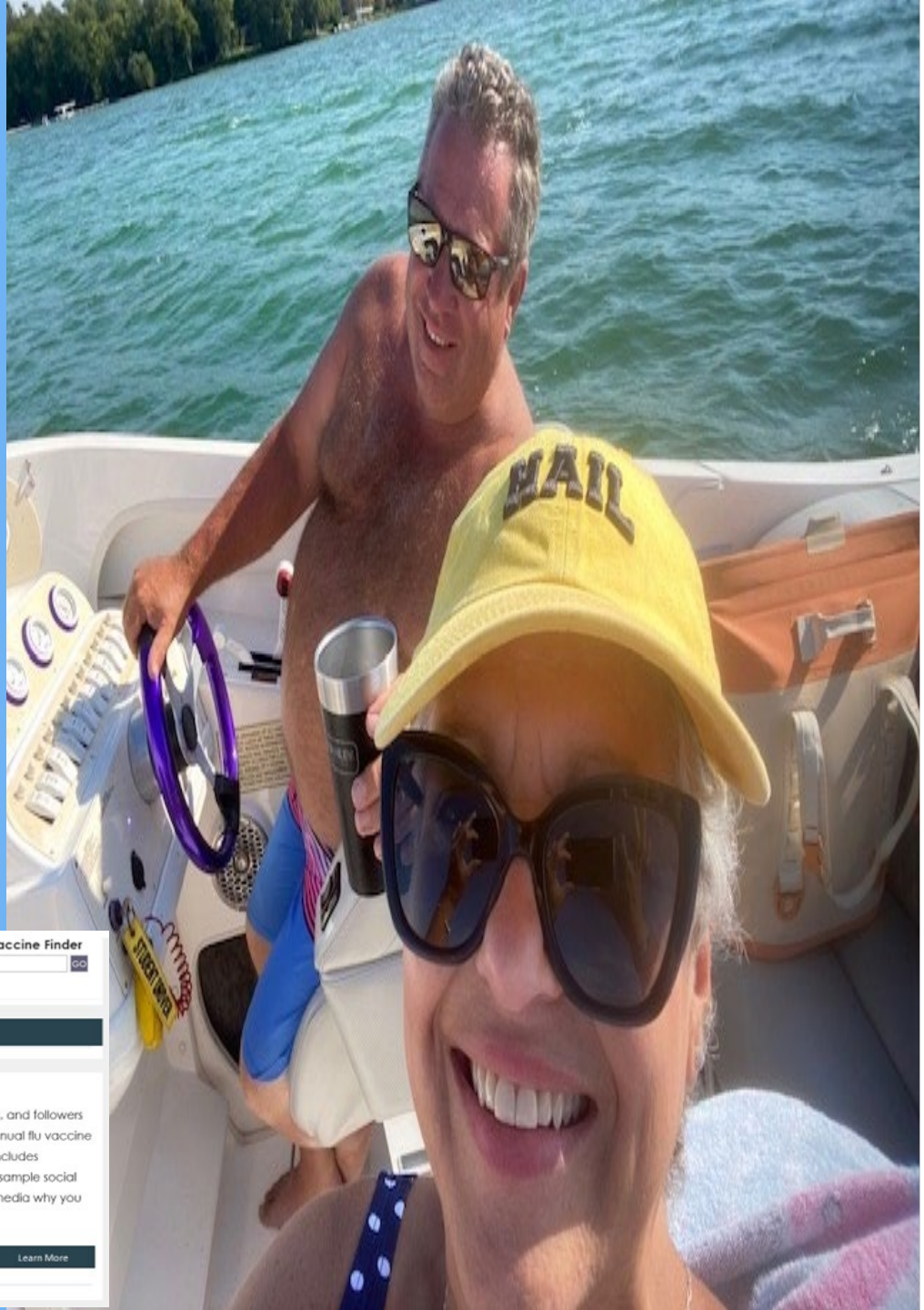
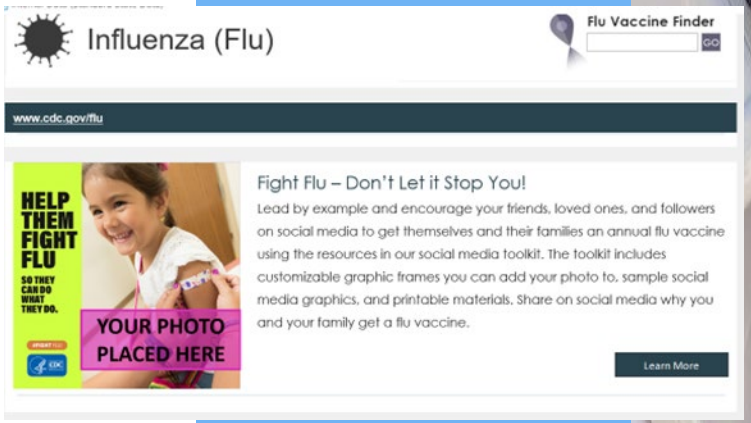
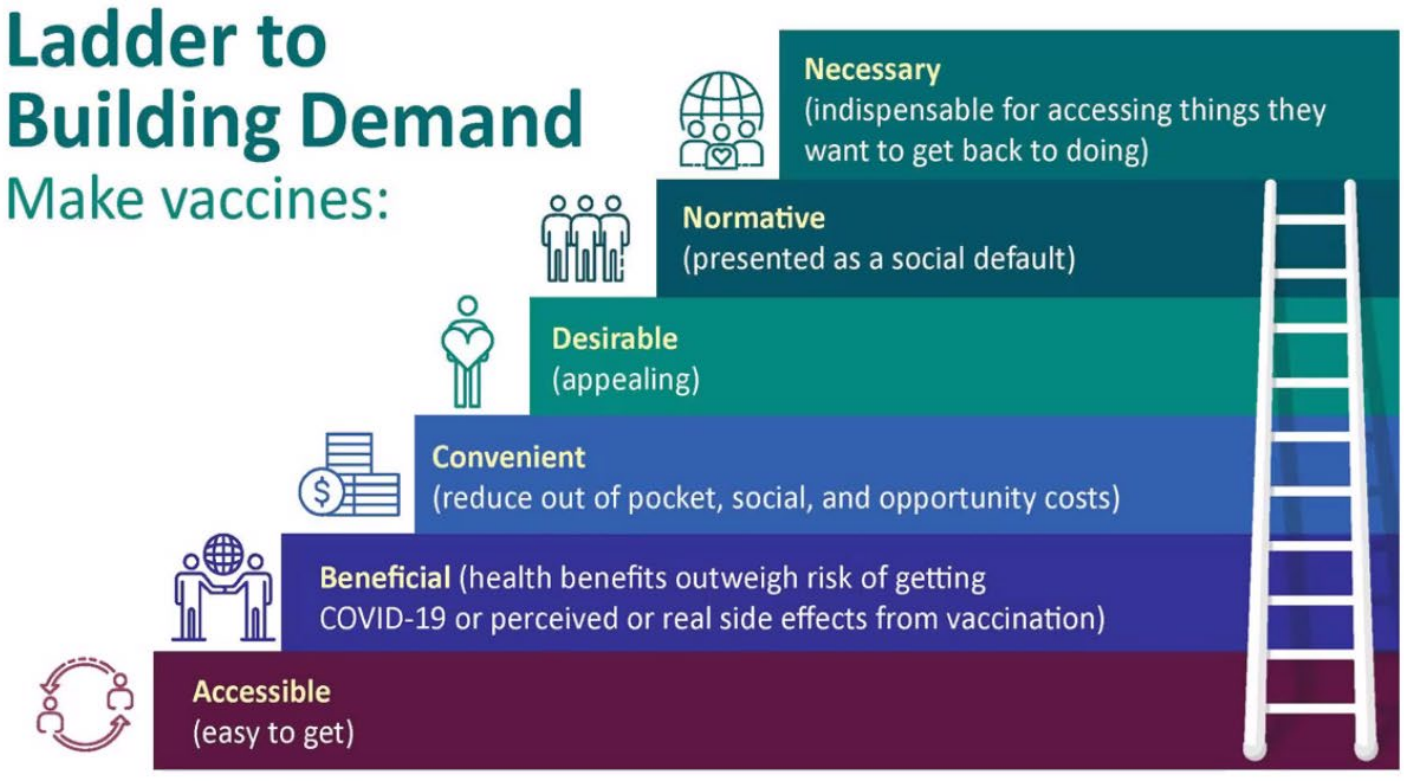
HELP THEM FIGHT FLU

SO THEY CAN DO WHAT THEY DO.





Steps to Increasing Vaccinations:



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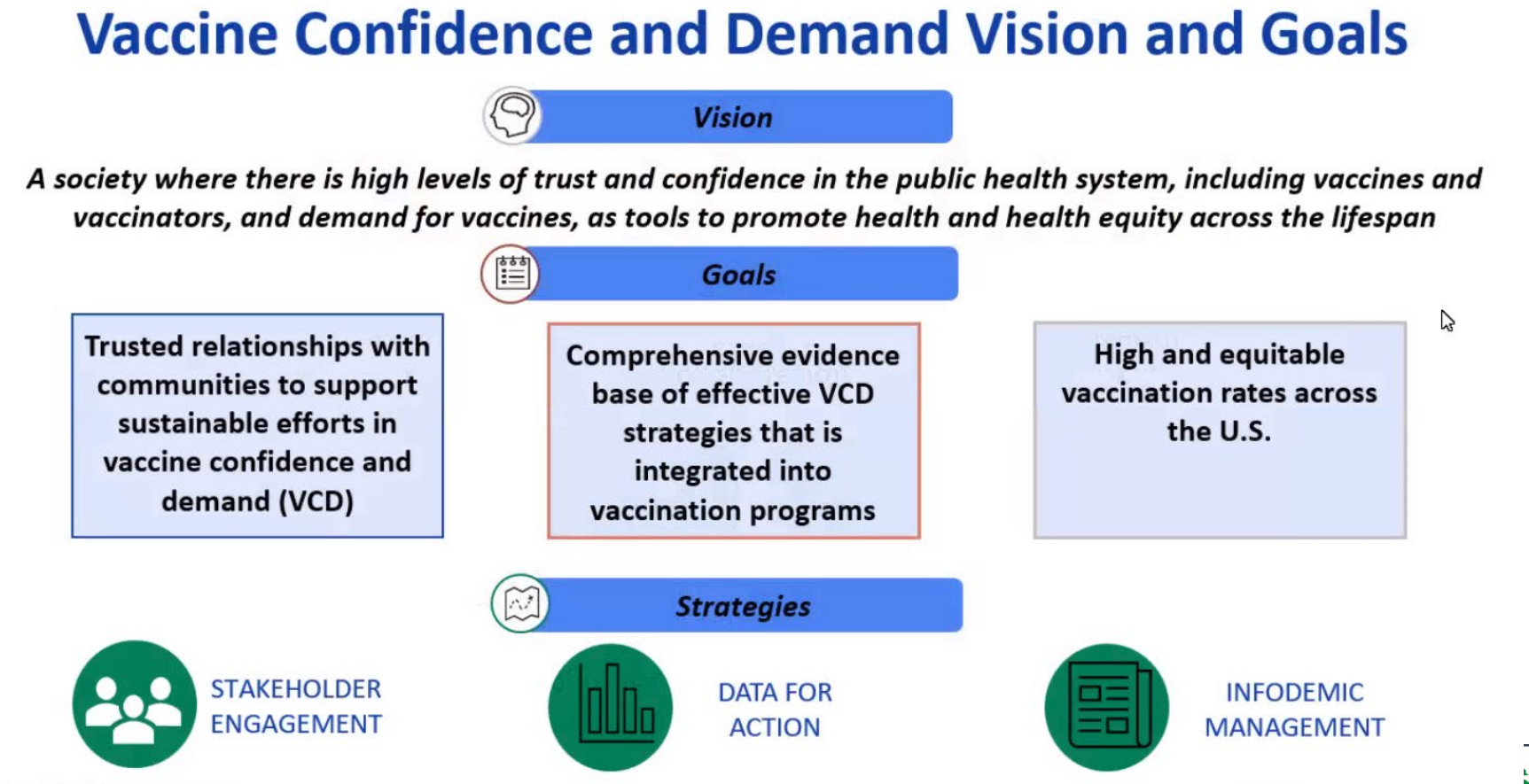
Components Needed To Improve:



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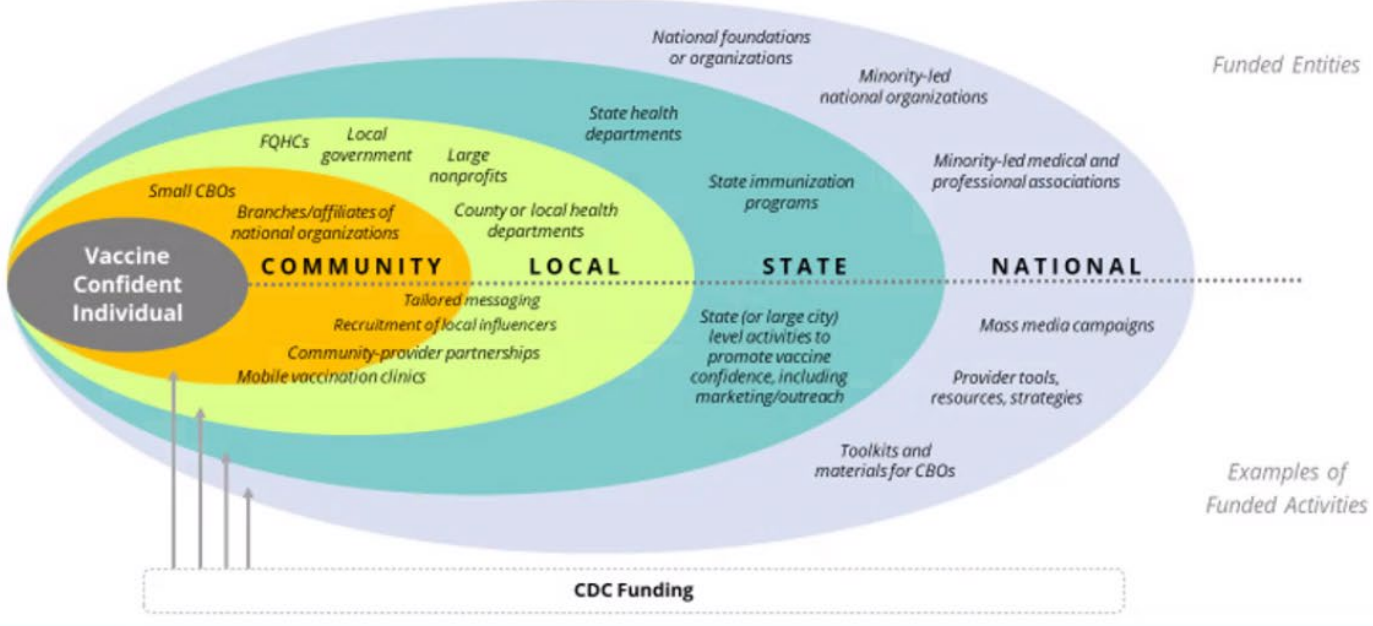
Partnerships for Vaccinations:

Strong Partnerships Are Key to VCD

Improving Vaccine Confidence through Multi-Tiered Support

Funding entities at national, state, local, and community levels will allow CDC to implement a comprehensive program with activities that reinforce, and build on, each other to improve vaccine confidence among racial and ethnic minority groups.



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How do we get there?

Guiding Principles for Vaccine Confidence and Demand

Engage Communities

Cultivate Collaboration

Provide Scientific Leadership

Encourage Innovation

Focus on Impact

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Looking Ahead…

- Focus on routine childhood immunization catch up
- Expand our adult immunization work
- Continuous modernization of our data systems and expanded use of different data sources to understand vaccine coverage
- Address vaccine confidence & demand and health disparities in communities by building public trust, empowering healthcare personnel and engaging communities and individuals

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Edward Mady, General Manager, The Beverly Hills Hotel and Regional Director, Dorchester Collection said,

"You never know how strong you are until strong is the only option you have."

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Thank you!

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