

## Children with Completed PCV7 Series Still Need PCV13; MIIC Rates and Follow-up Assistance Available

All healthy children to age 5 years, and at-risk children to age 6 years, need a supplemental dose of PCV13 even if they have completed the PCV7 series. The supplemental dose is necessary to fully protect young children against six additional serotypes that cause invasive pneumococcal disease.

Data from the Minnesota Immunization Information Connection (MIIC) show that approximately 70 percent of Minnesota children under age 5 who have completed the PCV7 series are protected against all 13 vaccine-preventable strains through vaccination. We are already seeing declines in invasive pneumococcal disease in Minnesota children age 2 through 59 months: In 2011, there were 47 cases, compared with 84 cases in 2010. In 2011, nine of these cases were due to one of six pneumococcal strains included in PCV13 and not in PCV7, compared with 52 cases in 2010.

Contact your MIIC regional coordinator to get your clinic's PCV13 supplemental dose rates. Your MIIC regional coordinator can also assist in identifying patients who still need their dose of PCV13. MIIC regions and regional coordinator contact information are available at [www.health.state.mn.us/miic](http://www.health.state.mn.us/miic).

## Hib Vaccination Revisited

Just a reminder that a Hib booster dose is recommended to be given at age 12-15 months. Additionally, if a child has not received a booster dose and they are younger than 5 years of age, it is standard of care to give one dose of Hib vaccine. The child care immunization law reflects this recommendation. Children enrolled in day care that are referred back to clinic for a Hib booster should be given a dose, unless there is documentation of a dose after 12 months of age.

## Revised Perinatal Hepatitis B Forms

CDC now requires that the Perinatal Hepatitis B program start reporting insurance status for pregnant women and infants. The Perinatal Hepatitis B Pregnancy Report form (for OB/GYN and family practice providers) and the Perinatal Hepatitis B Birth Report form (for hospitals) have been revised to collect this information. Download the forms (dated 1/12) at [www.health.state.mn.us/divs/idepc/diseases/hepb/perinatal/reporting.html](http://www.health.state.mn.us/divs/idepc/diseases/hepb/perinatal/reporting.html) and toss the old forms.

## Recommend Flu Vaccine to all Pregnant and Postpartum Women

Recent data from the Minnesota Pregnancy Risk Assessment Monitoring System (PRAMS) shows that pregnant and postpartum women are two times more likely to be vaccinated for influenza *if their health care provider offers or recommends the vaccine* (73.5 percent vs. 32.8 percent). It is recommended that all pregnant women get a flu shot as they have an increased risk of complications from influenza. Recent studies have also shown that influenza vaccination during pregnancy can help protect infants up to 6 months of age from getting the flu. Please recommend and vaccinate all pregnant and postpartum women throughout the influenza season. For more information, read the PRAMS Issue Brief at [www.health.state.mn.us/divs/idepc/diseases/flu/hcp/vaccine/index.html](http://www.health.state.mn.us/divs/idepc/diseases/flu/hcp/vaccine/index.html).

## Nominate an Immunization Champion!

Nominate someone for the *CDC Childhood Immunization Champion Award!* Nominees can include health care professionals, coalition members, parents and other immunization leaders. Self-nominations are welcome.

We know you are all busy, so here are a few tips:

- Work with others in your office, including the nominee, to help gather information and write the nomination.
- The word limits listed are maximums—you don't have to write that much.
- Use bulleted lists to help keep information concise.

Nominations are due on **Feb. 10, 2012**. Download a nomination packet at [www.cdc.gov/vaccines/events/niw/champions/childhood.html](http://www.cdc.gov/vaccines/events/niw/champions/childhood.html).

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Current VISs, January 2012 (Changes from last quarter are in bold italics.)	
Chickenpox-interim	3/13/08
DTaP/DT/DTP	5/17/07
Hepatitis A	10/25/11
Hepatitis B-interim	7/18/07
Hib	12/16/98
HPV Cervarix - interim	5/3/11
HPV Gardasil - interim	5/3/11
Influenza - LAIV	7/26/11
Influenza - TIV	7/26/11
<b>Japanese encephalitis</b>	<b>12/7/11</b>
Meningococcal - interim	10/14/11
MMR - interim	3/13/08
Multi-vaccine - interim	9/18/08
PCV - interim	4/16/10
PPSV	10/6/09
Polio	11/8/11
Rabies	10/6/09
Rotavirus - interim	12/6/10
Shingles (zoster)	10/6/09
<b>Td/Tdap - interim</b>	<b>1/24/12</b>
Typhoid	5/19/04
Yellow Fever	3/30/11

## Vaccine Information Statements are Required by Law

Federal law requires vaccine providers to give patients, or their parents or legal guardians, the appropriate VIS before giving vaccines covered by the National Vaccine Injury Compensation Program (NVICP). However, CDC develops VISs for all vaccines and encourages their use. For more information and VIS translations, see [www.cdc.gov/vaccines/pubs/vis/vis-facts.htm](http://www.cdc.gov/vaccines/pubs/vis/vis-facts.htm).