

An Immunization Update from the Minnesota Department of Health (MDH)

March 2022

Testing for varicella and zoster

Many cases of varicella continue to only be clinically diagnosed without appropriate testing. Classic presentation of the varicella rash is less common and breakthrough disease can be difficult to distinguish from other rash illnesses, such as hand, foot, and mouth disease (HFMD). Without laboratory confirmation, it is difficult to determine the appropriate clinical management and public health response. For example, the exclusion period for varicella is longer than for HFMD, so testing children ensures they do not miss school unnecessarily. Testing also prevents outbreaks that occur due to delayed recognition and implementation of control measures.

MDH recommends laboratory testing to support the clinical management and disease surveillance of varicella and zoster. Molecular (PCR) testing is the preferred choice because of its superior sensitivity and specificity. The MDH Public Health Laboratory (PHL) offers free PCR testing for all suspected cases of varicella and suspected cases of zoster in persons under 18. PHL performs PCR genotyping to distinguish between the wild-type virus and the vaccine-strain, which assists in monitoring for possible vaccine-adverse events. For more information, visit Laboratory Testing for Varicella and Zoster (www.health.state.mn.us/diseases/varicella/hcp/labtesting.html) or call 651-201-5414.

Change of meningococcal vaccine products

Sanofi has announced they will no longer be making Menactra (MenACWY-D). It is being replaced with MenQuadfi (MenACWY-TT), which has been available since 2020. This vaccine is approved for people age 2 years and older, including people older than 55 years.

Pay close attention when ordering and using MenACWY vaccine products. The packaging for the Sanofi Pastuer products (MenQuadfi and Menactra) look very similar. GlaxoSmithKline's (GSK) MenACWY product (MenACWY-CRM/Menveo) is licensed a different age group, ages 2 months to 55 years. As a general reminder, it is best practice to order and store one MenACWY product to avoid confusion and vaccine errors.

Refer to the MMWR: Meningococcal Vaccination: Recommendations of the Advisory Committee on Immunization Practices, United States, 2020 (www.cdc.gov/mmwr/volumes/69/rr/rr6909a1.htm).

Updated pneumococcal conjugate vaccine recommendations

CDC recommends pneumococcal vaccination for all adults 65 years or older. Visit CDC: Pneumococcal Vaccination: Who and When to Vaccinate Adults 65 Years or Older (www.cdc.gov/vaccines/vpd/pneumo/hcp/who-when-to-vaccinate.html#adults-over-65) or use CDC's updated PneumoRecs VaxAdvisor Mobile App for Vaccine Providers (www.cdc.gov/vaccines/vpd/pneumo/hcp/pneumoapp. html). This app is available for free on iOS and Android devices and helps determine which pneumococcal vaccine(s) a patient needs and when. The app incorporates recommendations for all ages.

MDH meningococcal and pneumococcal protocols have been updated: <u>Vaccine Protocols (www.health.state.mn.us/people/immunize/hcp/protocols/)</u>

Another hepatitis B vaccine for adults

Great news for clinics that have implemented the universal hepatitis B vaccination for adults to age 50 years. In November 2021, the Food and Drug Administration (FDA) licensed another hepatitis B vaccine, PreHevbrio, for persons 18 years and older. The clinical trials determined that PreHevbrio provides protection against hepatitis B infection and is safe to receive.

This product is given as three doses at 0, 1, and 6 months. The most common side effects were pain and tenderness at the injection site and general muscle aches. This vaccine will be incorporated into the published recommendations and schedules as another hepatitis B product option. Refer to FDA: Package Insert - PREHEVBRIO (www.fda.gov/media/154561/download).

Promote pediatric vaccination during National Infant Immunization Week (NIIW) April 24-30, 2022

Help us celebrate and promote pediatric vaccination during National Infant Immunization Week (www.cdc.gov/vaccines/events/niiw/)! NIIW is a great time to get children back on track with the vaccines they need. There has been a significant drop in routine childhood immunization coverage due to the COVID-19 pandemic. Find state-and county-level data showing Minnesota pediatric vaccine coverage and learn about strategies and resources vaccinators can use to improve immunization coverage at Pediatric Immunization Gaps Due to the COVID-19 Pandemic (www.health.state.mn.us/people/immunize/hcp/vaxpan.html). Read on for some suggested strategies!

Immunization Quality Improvement for Providers (IQIP) can help raise coverage

The IQIP program can help you:

- Use the Minnesota Immunization Information Connection (MIIC) to measure immunization coverage rates for your clinic; get a list of clients behind on vaccines; and contact them for catch up appointments.
- Examine your immunization work flow and find areas to improve.
- Develop projects focused on increasing coverage rates and identifying patients who need immunizations.
- Fill any immunization related training gaps for new staff.

If you are interested in IQIP, reach out to your MIIC regional coordinator MIIC Regions and Regional Coordinators (www.health.state.mn.us/people/immunize/miic/participate/regions.html).

MIIC texting project

MIIC offers a provider-led texting project which uses real-time data from MIIC to text clients who are recommended or overdue for vaccine. Some example use cases include:

- COVID second doses, additional doses, booster doses.
- Routine immunizations (e.g., all clients due for any childhood or adolescent immunizations).

This texting project is available and free to all providers in Minnesota. To get started, contact the MIIC Help Desk (health.miichelp@state.mn.us). A short (30-min) call or a brief email conversation is typically all it takes to confirm the project specifics and get started.