

Immunization Partners

Today's update includes information about:

- Shipping File for the Week of 02/29/2016
- FluMist Expiration Dates
- Meningococcal B Vaccine
- Tdap Vaccine for Uninsured / Underinsured
- LHJ Monitoring of Monthly Accountability Reports
- IIS Training Materials Portal and Request for Feedback

Shipping File Update:

- Shipping file for the week of 02/29/2016 attached

FluMist Expiration Dates

McKesson is currently shipping FluMist with an expiration date of April 11th. McKesson will ship FluMist with that expiration date up to April 1. In March, providers should only order enough FluMist to meet vaccination needs through April 11th. In April, providers may order more FluMist to meet vaccination needs through May 9th, which is the next expiration date for FluMist. We'll update you when FluMist with the longer expiration date starts shipping.

Meningococcal B Vaccine:

We received some questions about the ordering and use of the Meningococcal B Vaccine. The questions may be a result of vaccine manufacturers promoting the vaccine based on its licensure, not on the ACIP recommendation.

- The vaccine is not routinely recommended:
 - Providers should order the vaccine for their high risk patients
 - Providers may vaccinate non-high risk patients. The recommendation is permissive, focuses on adolescents 16 – 18 years of age, and is for short term immunity.
- CDC is limiting the amount of vaccine available based on the ACIP recommendation.
- Providers can order the vaccine directly from us. We approve provider orders on a case by case basis. We review the historical ordering for adolescent vaccines by the provider. We determine the expected amount of vaccine needed for patients 16 – 18 years of age. We work with the provider to finalize the vaccine to order.
- The Vaccine Advisory Committee created Clinical Guidance, which includes information about how to talk with parents about meningococcal B vaccination, and considerations for clinical decision making. <http://tinyurl.com/WAMenBGuidance>
- If there is a disease outbreak we will work with the CDC to get vaccine for the outbreak.

If you have questions, please contact Jacki Stockdale at jacki.stockdale@doh.wa.gov or Jan Hicks-Thomson at jan.hicks-thomson@doh.wa.gov.

Tdap Vaccine for Uninsured or Underinsured:

Snohomish Health District has over 2,000 doses of Tdap vaccine available for interested LHJs, providers or organization who can use it for uninsured or underinsured adults or children. The vaccine has a January 2018 expiration date. There is plenty of time for it to be used before it expires. This is a great opportunity to reach out to providers in your area, partner with community organizations, or sponsor LHJ led events to promote vaccination for these populations. Groups or events you may want to consider:

- Uninsured or underinsured parents during kindergarten round-up.
- Uninsured or underinsured partners or household members of pregnant women or families with infants.
- Uninsured or underinsured seasonal farmworkers and their families.
- Uninsured or underinsured persons who are homeless.
- Plan and secure vaccine now for events that would include vaccination of uninsured or underinsured adults during back-to-school season.

If your LHJ can put this vaccine to use, please reach out to Kelly at kbarrows@snohd.org or 425-339-8625.

LHJ Monitoring of Monthly Accountability Reports:

We received a few questions about the role of LHJs in monitoring provider monthly accountability reports. It may especially help to review this now that the majority of providers report online. We included the basic steps in this message, and attached “The LHJ Review Process: Online Inventory and Doses Administered Reporting.” The guide provides detailed steps on reviewing reports in the IIS and when LHJs should follow-up with providers.

Accountability Report Review Basics:

- Providers must submit their temperature log(s), their inventory report and their doses administered report each month.
- LHJ should make sure each provider submits the reports, and follow-up with providers when they don’t submit the reports. LHJs should not approve vaccine orders for providers who haven’t reported.
- LHJs should review the reports for compliance with the use of state supplied vaccine.

- Review the doses administered report to assure vaccines were given within the correct age ranges. Follow-up with providers who used vaccine outside of the correct age ranges.
- Review the inventory report for changes in the provider's inventory. Assure vaccine ordered, wasted, spoiled, expired, transferred or administered is documented correctly. Follow-up with providers who have inventory discrepancies that are >5 doses or 5% of their vaccine order. Follow-up if the report shows vaccine loss (waste, spoilage or expired vaccine) the provider hasn't already reported to your LHJ.

IIS Training Materials Portal and Request for Feedback:

The Office of Immunization and Child Profile recently launched an [IIS Training Materials Portal](#) on the WA State Department of Health website. This portal provides access to all IIS training and reference materials in one place. We organized the content by audience to make it easier to find what you need.

We developed this portal to make it easier for users to find IIS materials, so we really need your feedback. We appreciate you completing a short seven question survey to tell us what you think. [Take the survey](#)

Thank you & let us know if you have any questions, e-mail us to Request IIS Training at: IIS.Training@doh.wa.gov or access IIS Training Materials [here](#)!

In October 2015 the ACIP recommended meningococcal B vaccine for patients at high risk for this disease and for outbreak control, but left it to providers' discretion whether or not to advise it for others.

- This permissive recommendation is specifically for meningococcal B vaccine (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6441a3.htm>).
- The Meningococcal B vaccine recommendation differs from the ACIP recommendation for meningococcal conjugate ACYW vaccine (MCV4). MCV4 is routinely recommended for all persons 11 through 18 years of age (<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6202a1.htm>).

Permissive recommendations may be challenging to implement because they require providers to consider the relevant evidence, formulate their advice and communicate it to their patients and their parents. Some members of the Vaccine Advisory Committee believe providers may have an ethical obligation to inform patients and parents of the availability of the meningococcal B vaccine, even if they would advise limiting its use to those at high risk for meningococcal B disease.

The Washington State Vaccine Advisory Committee is providing this guidance to:

1. Give providers current information on the incidence of meningococcal B disease in WA State.
2. Assist providers with formulating their own advice about use of this vaccine in those who are not at high risk for meningococcal B disease.
3. Facilitate providers' communication with parents and patients about this vaccine.

Summary of Meningococcal B Vaccination Recommendations

- Persons ≥ 10 years of age with certain rare health conditions that put them at increased risk for meningococcal B disease and its complications should be routinely vaccinated (see detail below).
- In addition, patients 16 through 23 years of age may be vaccinated with meningococcal B vaccine (preferably at 16 through 18 years of age) to provide short-term protection against most strains of serogroup B meningococcal disease.

Suggestions for Talking with Parents:

Consider using the following language in your discussion with families of children who do not have conditions that put them at high risk for meningococcal B disease:

- Meningitis B vaccine is recommended for those at high risk for meningococcal B disease.
- Your child is not at high risk.
- I do not routinely recommend meningococcal B vaccine to children who are not at high risk. However, I will give your child the vaccine if you want him/her to have it.

ACIP Recommendations for Meningococcal B Vaccine:

The ACIP agreed that historically low levels of disease, limited data about the lasting effectiveness of the vaccine and potentially high costs do not warrant routinely vaccinating all children with the meningococcal B vaccine.

The vaccine should be administered to:

- Persons ≥ 10 years of age with certain rare health conditions that put them at increased risk for meningococcal B disease and its complications, including:
 - Persons with persistent complement component deficiencies.
 - Persons with anatomic or functional asplenia, including sickle cell disease.
 - Microbiologists routinely exposed to isolates of *Neisseria meningitidis*.
 - Persons identified as at increased risk because of a serogroup B meningococcal disease outbreak.

In addition, patients 16 through 23 years of age may be vaccinated with meningococcal B vaccine (preferably at 16 through 18 years of age) to provide short-term protection against most strains of serogroup B meningococcal disease. The permissive recommendation for the use of the vaccine means vaccination is based on individual clinical judgment and discussion with the family.

Considerations for Administering Meningococcal B Vaccine

Incidence of Meningococcal B Disease:

The meningococcal B disease burden of illness in adolescents and young adults is low. It is hard to predict who will get the disease. In the U.S., there are about 55 to 65 cases and 10 deaths each year in 11 to 24 year-olds (the majority [>80%] of these cases occur in persons aged 16 through 23 years of age). Although outbreaks on college campuses have been high profile, they are rare. During 2009–2013, there were an estimated 14 meningococcal B cases among college students, including 2 deaths. Three deaths resulted from college campus outbreaks in 2014. The estimated incidence of serogroup B meningococcal disease in college students aged 18 to 23 years (0.09 per 100,000) was similar to, or lower than, the incidence in all persons aged 18 to 23 years (0.14 per 100,000), and non-college students aged 18 to 23 years (0.21 per 100,000).

In Washington State, among 11 to 24 year olds, approximately 2 to 3 cases of meningococcal B disease are detected each year.

Serogroup B cases by age group among all reported meningococcal cases, Washington State, 2005–2015

Serogroup	Age Group (Years)				
	<2 n (%)	2 - 10 n (%)	11 - 24 n (%)	25+ n (%)	All Ages n (%)
Not Tested	3	1	4	12	20 (3%)
Isolate Available for Testing	60	36	59	111	266 (97%)
Serogroup B*	38 (63%)	22 (61%)	26 (44%)	37 (33%)	123 (46%)
Other Serogroup	22 (37%)	14 (39%)	32 (54%)	75 (65%)	140 (53%)
Not Groupable	0	0	1 (2%)	2 (2%)	3 (1%)
* Percentages of total cases tested for serogroup.					

Effectiveness:

The vaccine induces an immune response against most, but not all, circulating meningococcal B strains. No studies have been performed to evaluate the clinical effectiveness of the vaccine.

Duration of Immunity:

Duration of immunity is unknown. The vaccine provides short term protection against meningococcal B disease.

Safety:

There is limited experience with meningococcal B vaccines outside of clinical trials. Current safety concerns include the possible development of an autoimmune response. Post licensure safety surveillance will be important in determining the safety profile for less frequent adverse events. Other vaccine reactions may include syncope, local inflammation at the site of injection, fatigue, headaches, and anaphylaxis.

The table on page three provides a summary of the two licensed meningococcal B vaccines.

Meningococcal B Vaccine Summary:

Characteristic	Bexsero	Trumenba
Manufacturer	Novartis Vaccines (GSK)	Wyeth (Pfizer) Pharmaceuticals
Licensure	10 through 25 years	10 through 25 years
Schedule	Two doses, at least one month apart (0 and 1 – 6 month schedule)	Three doses (0, 2, and 6 month schedule)
Interchangeability	Must complete series with same product	Must complete series with same product
CPT / CVX Codes	90620 / 163	90621 / 162

Nothing in this guidance supersedes the recommendations of the Advisory Committee on Immunization Practices. Providers should review the complete [CDC recommendations](#) for use of meningococcal vaccines for additional details regarding available vaccine products and indications, including use of vaccines in allergic patients and other updated guidance.

Ordering from the State Department of Health

Providers in the Childhood Vaccine Program may order meningococcal B vaccine directly from the state as needed. These providers should order sufficient vaccine to complete the series for the patient with the same product.

Contact information for state staff to assist with order placement:

- Phone: 360-236-2VAX (2829) Ask to speak with someone about ordering meningococcal B vaccine.
- E-mail: WACHildhoodVaccine@doh.wa.gov

Information for Clinicians:

Meningococcal Vaccination:

<http://www.cdc.gov/vaccines/vpd-vac/mening/default.htm>

<http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening-serogroup.html>

Interchangeability of Meningococcal Vaccines:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6202a1.htm#Box1>

ACIP Meningococcal Vaccine Recommendation: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6441a3.htm>

Information for Parents:

- Meningococcal B Vaccine Information Statement: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening-serogroup.html>
- CDC meningococcal B vaccine materials for parents: <http://www.cdc.gov/vaccines/vpd-vac/mening/who-vaccinate.htm>