Division of Immunization Services (DIS) Update

June 9, 2023

West Virginia Immunization Summit

WEST VIRGINIA
Department of
Health & Human Resources
BUREAU FOR PUBLIC HEALTH

Agenda

- Reminder Recall
- Data Quality Reports/Patient Data Quality Detail
- Vaccine Need Report
- Vaccine Ordering Management System (VOMS 2.0)
- Query By Parameter (QBP)
- Helpful Tools /Document Center
- Resetting Your Password
- Editing Patient Demographics
- WVSIIS Online Help Desk
- WeVax
- Valuable Websites
- Reminders
- Contacts

Reminder Recall

- Important tool for targeting patients in need of specific vaccinations
- Ability to generate a patient list, mailing labels, postcards, or form letters
- VFC providers are asked during AFIX visits if it is being utilized

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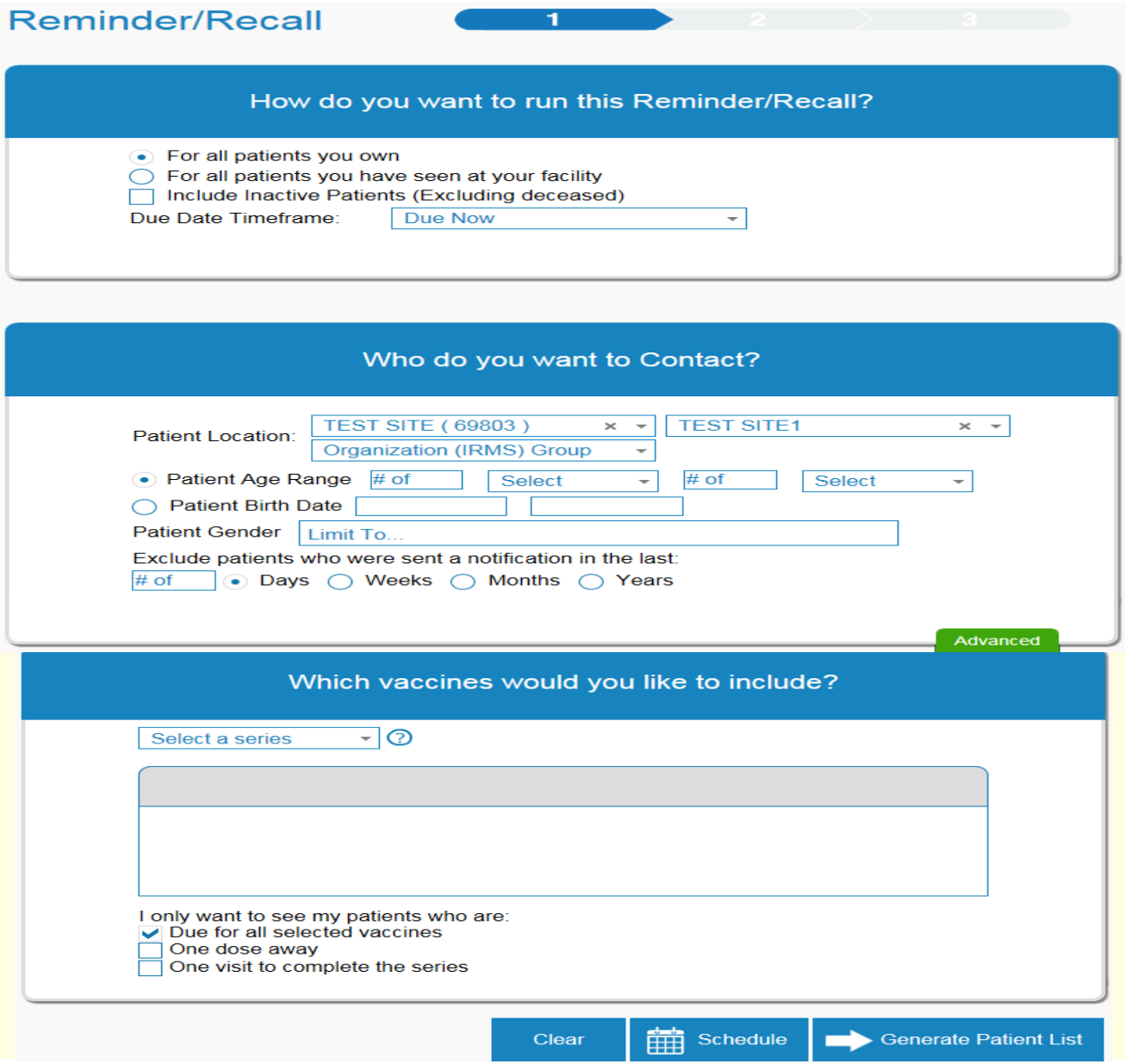
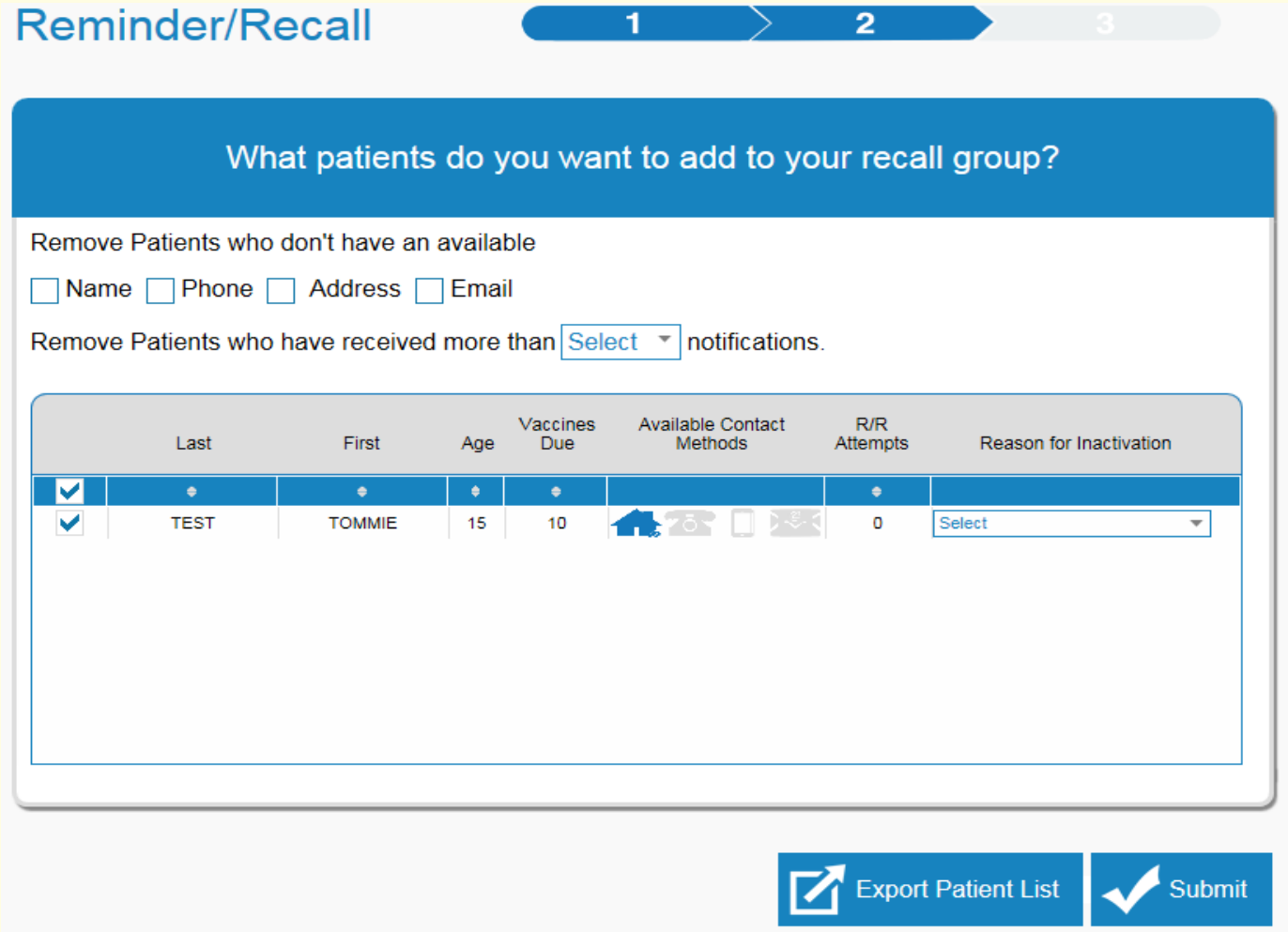
Reminder Recall (cont'd)



Reminder Recall (cont'd)



Reminder Recall (cont'd)

Click 'Generate a Patient List' or other recall method and follow instructions

Data Quality Reports

- Patient Data Quality Detail Report
- Vaccine Need Report

Patient Data Quality Detail

- Used to enable identification of patient records with incomplete information

- Limited to variables selected by the user such as:
  - VFC Status
  - Patient Address
  - Guardian Information
  - Patient Race

Vaccine Need Report

- May be used to assess VFC vaccine ordered for the previous year

- Information can assist provider in completing the annual VFC report

Vaccine Need Report (cont'd)

To Create This Report

- Go to Reports, State Report
- Click on Vaccine Need
- Specify the Period Begin Date
- Click on Create Report and the report will open in a new screen

Vaccine Need Report (cont'd)

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State Reports

Certificate of Immunization	Provisional Certificate of Immunization
Blank Form	Blank Form
Current Patient's Form	Current Patient's Form
Vaccine For Children (VFC)	
Vaccine Need	
VFC Vaccine Order Form	VFC Vaccine Order Form (Blank)
Provider Activity (Summary)	Schedule
Provider Activity (Detail)	Schedule
Publicly Supplied Vaccines Nearing Expiration	Schedule

Report Print Settings

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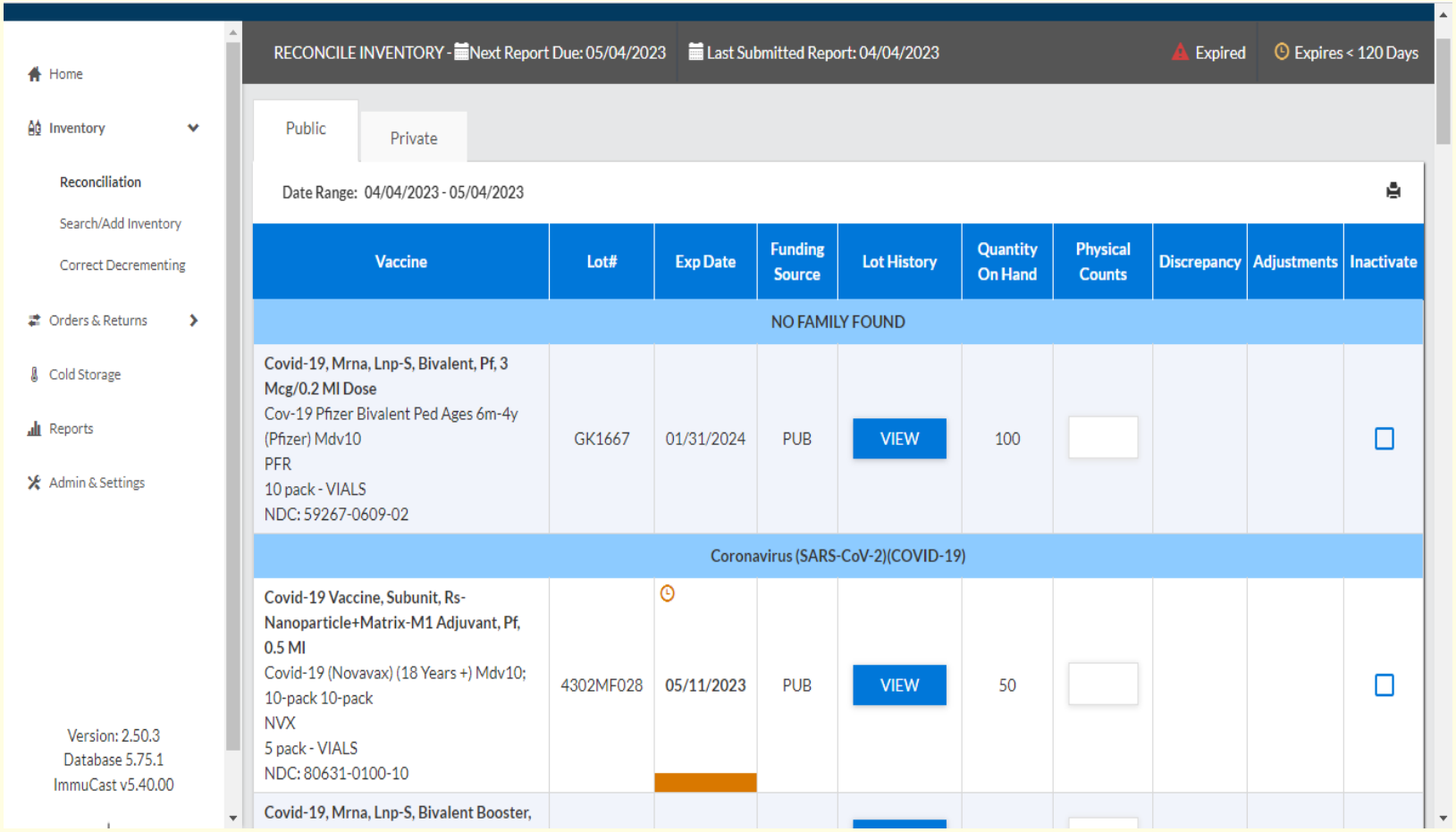
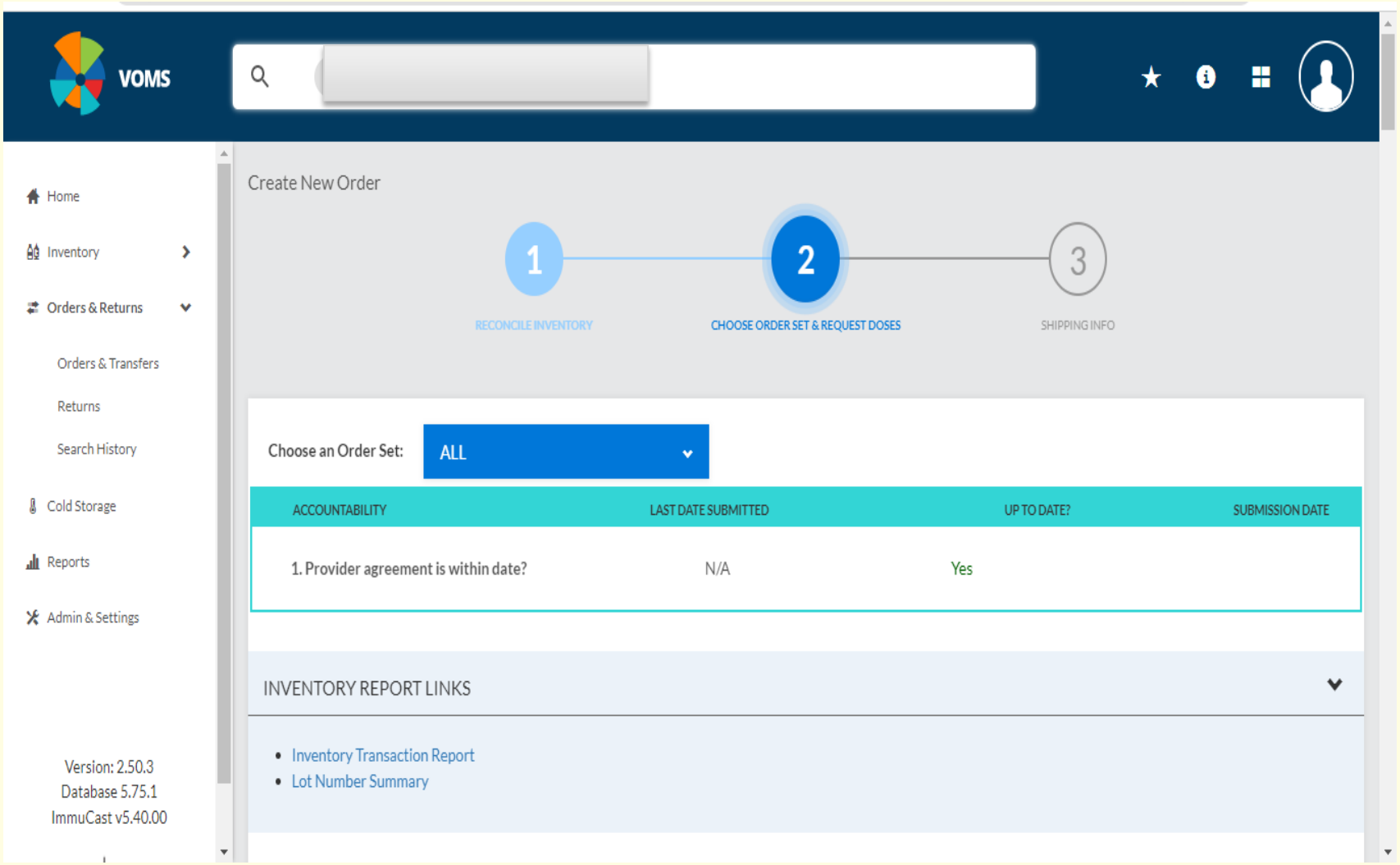
Three Step Process In Ordering Vaccines

- Reconciliation
- Placing The Vaccine Order
- Receiving Order

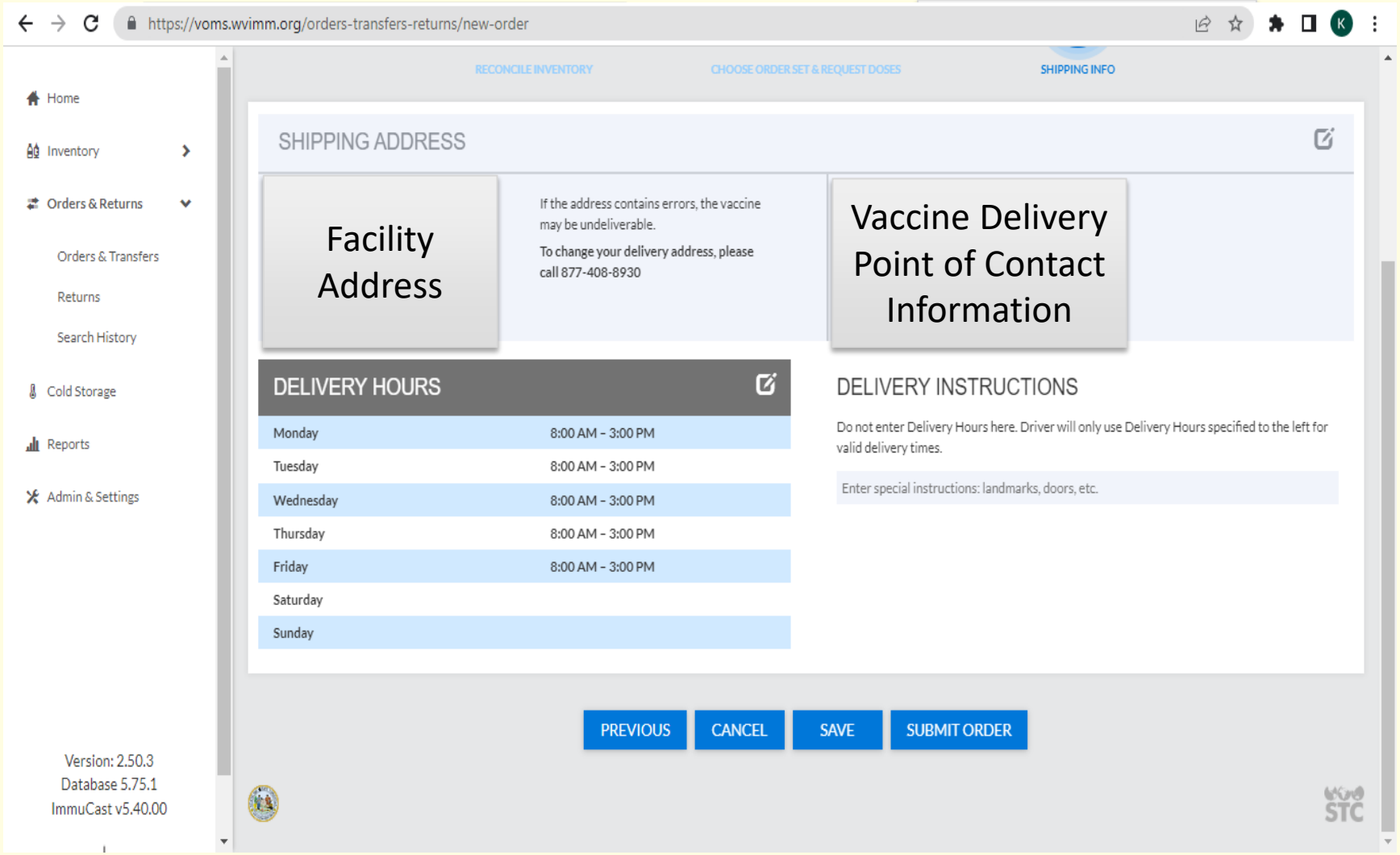
Reconciliation



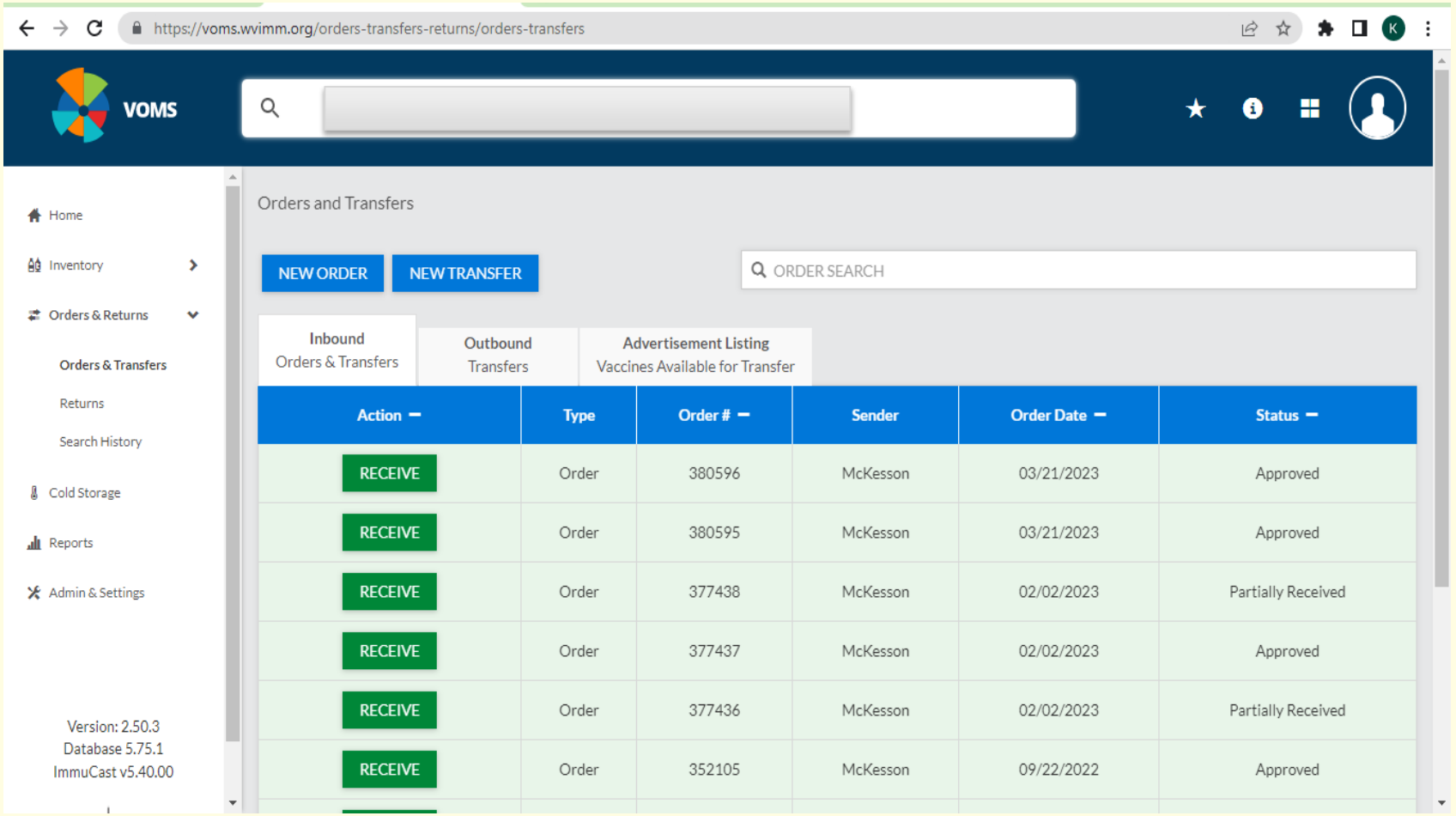
Placing an Order



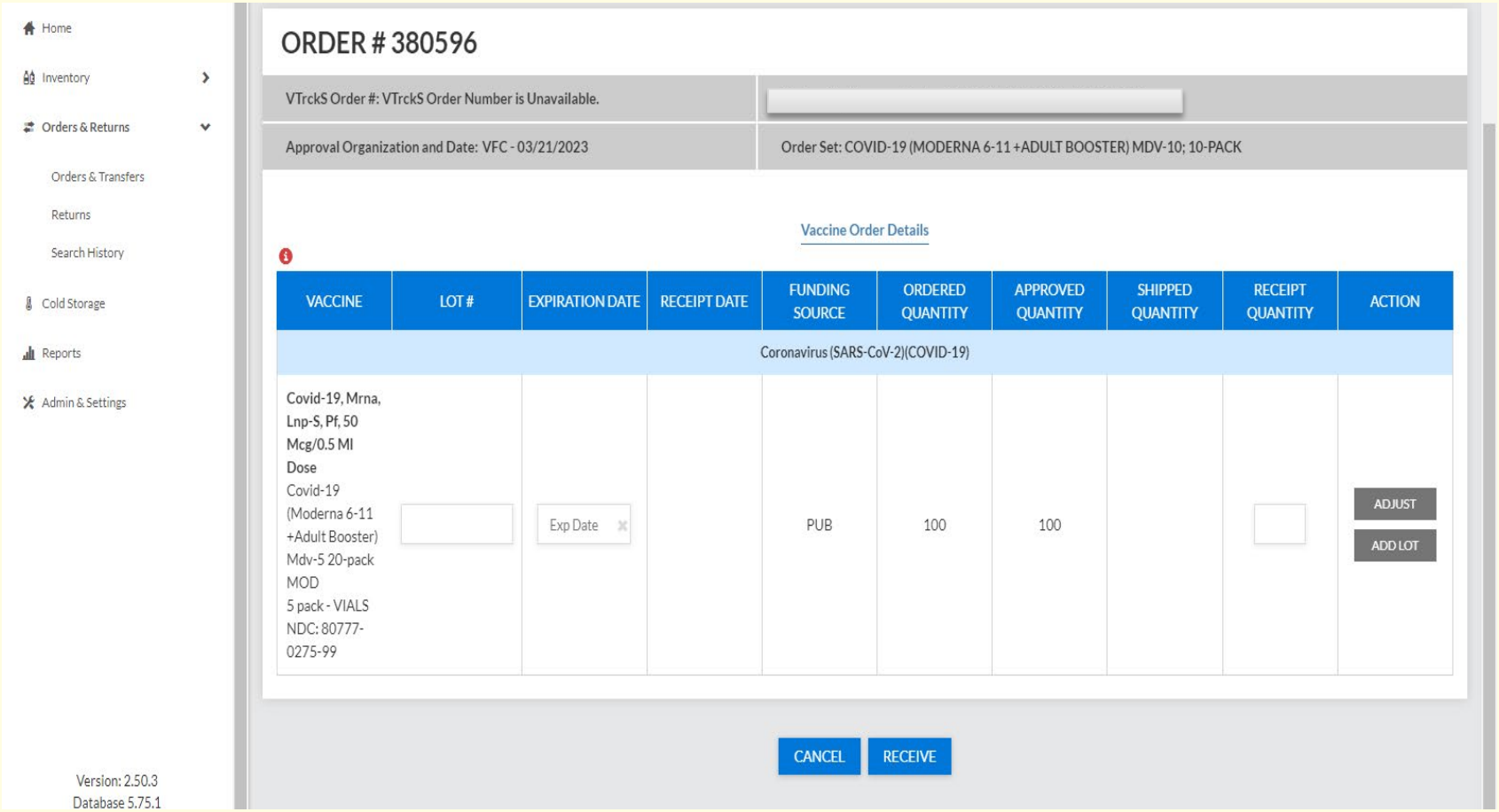
Placing an Order



Receiving Order



Receiving Order (cont'd)



Query By Parameter (QBP)

Did you know once your facilities electronical health records have connected with WVSIIS you are able to query the registry for patient immunization history

Purpose: Allows providers to pull patient information into their own electronical medical record system, be provided with a complete patient vaccine history, and evaluate immunization history and forecast

To query the system: Change your MSH from VXU to QBP and add the request for complete immunization history or request evaluated immunization history and forecast

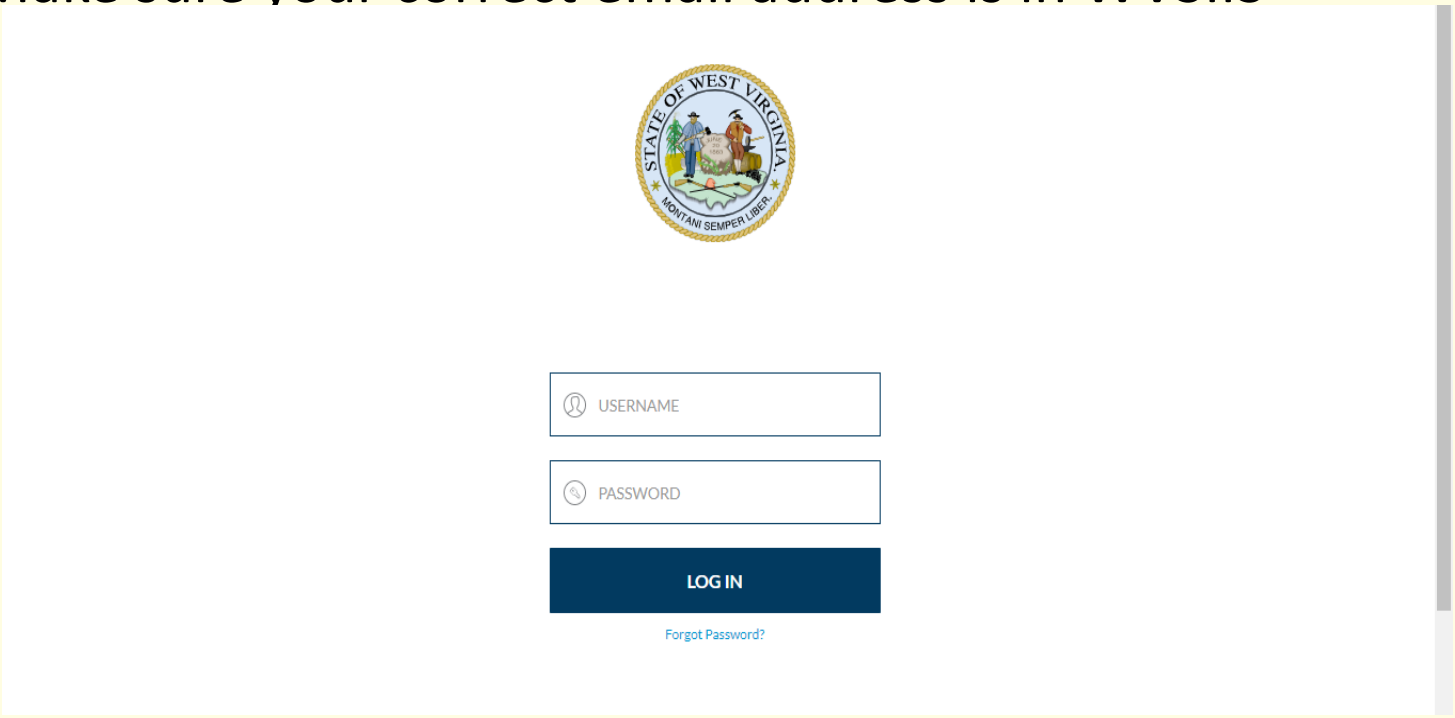
Helpful Tools

Document Center

Helpful Tools (cont'd)

Resetting Password

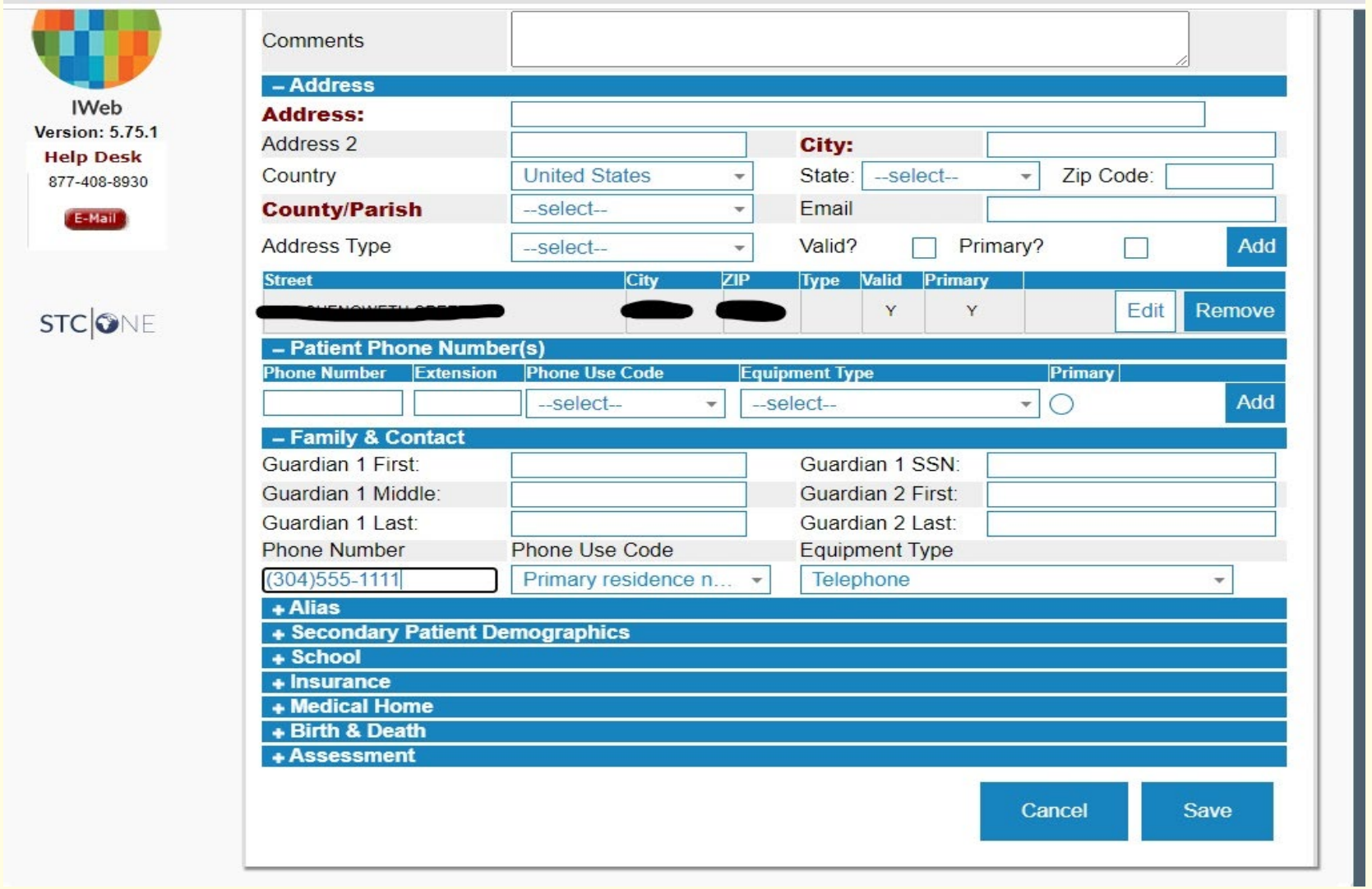
- Will not accept the last 5 passwords used
- Use forget password link
- Check spam for the password reset link email
- Make sure your correct email address is in WVSIIS



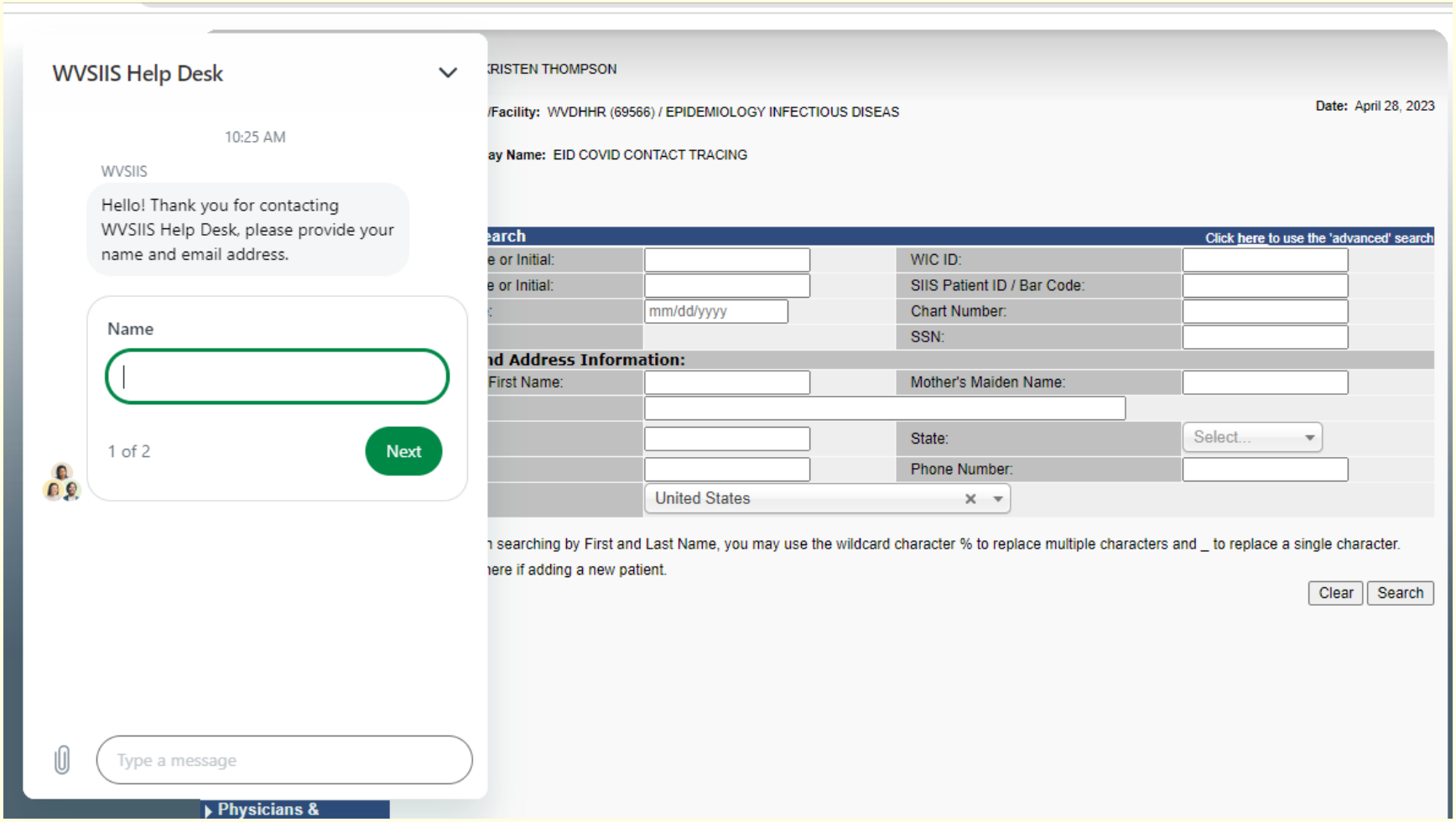
Helpful Tools (cont'd)

Go to Patient Demographics, select "EDIT"

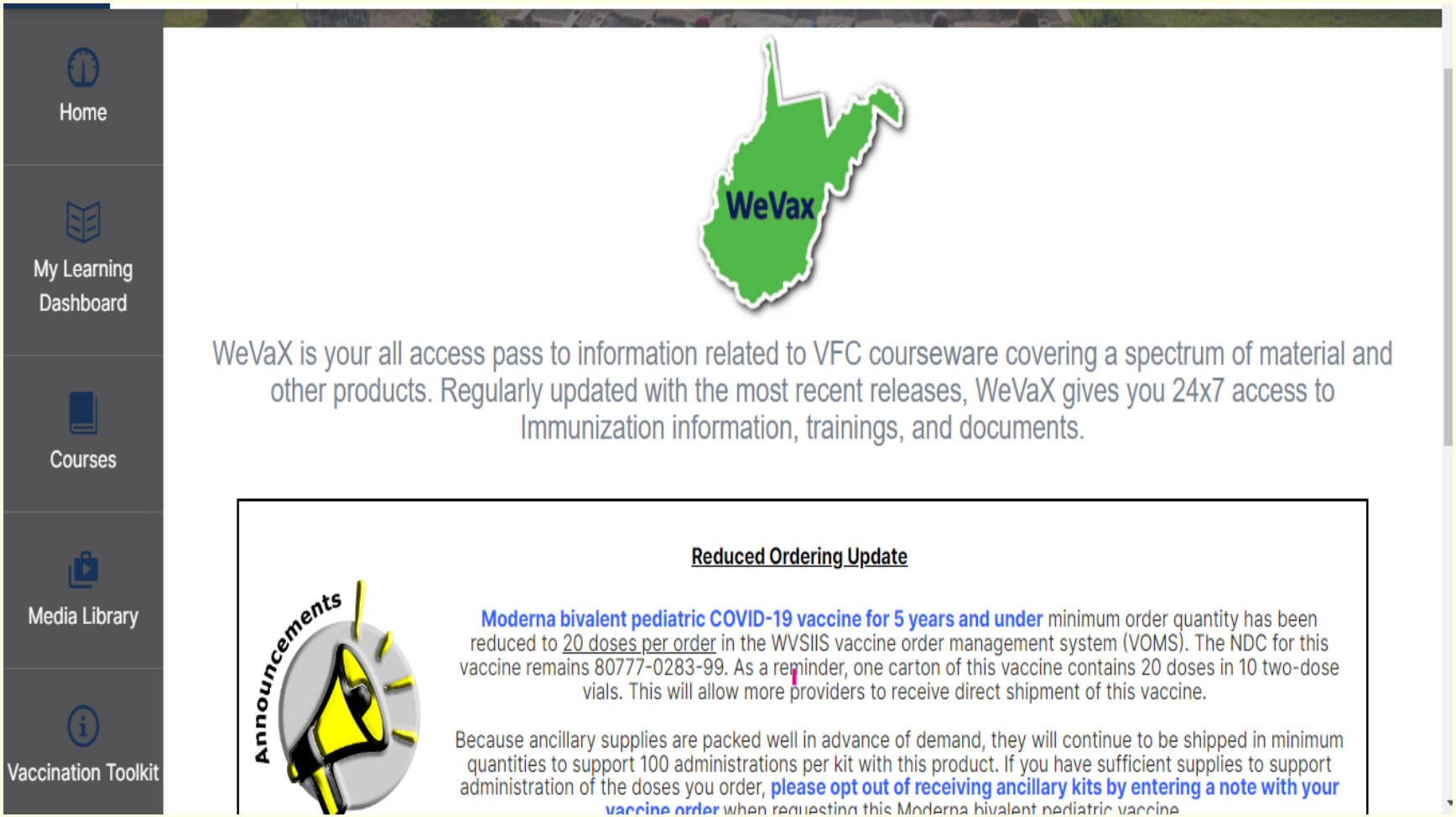
Helpful Tools (cont'd)



Helpful Tools (cont'd)



WeVax


Home
My Learning Dashboard
Courses
Media Library
Vaccination Toolkit
WeVax
WeVaX is your all access pass to information related to VFC courseware covering a spectrum of material and other products. Regularly updated with the most recent releases, WeVaX gives you 24x7 access to Immunization information, trainings, and documents.
Reduced Ordering Update
Announcements
Moderna bivalent pediatric COVID-19 vaccine for 5 years and under minimum order quantity has been reduced to 20 doses per order in the WVSIIS vaccine order management system (VOMS). The NDC for this vaccine remains 80777-0283-99. As a reminder, one carton of this vaccine contains 20 doses in 10 two-dose vials. This will allow more providers to receive direct shipment of this vaccine.
Because ancillary supplies are packed well in advance of demand, they will continue to be shipped in minimum quantities to support 100 administrations per kit with this product. If you have sufficient supplies to support administration of the doses you order, please opt out of receiving ancillary kits by entering a note with your vaccine order when requesting this Moderna bivalent pediatric vaccine

WeVax

- **Learning Dashboard**

- **Courses :**

  You Call The Shots

  VOMS 2.0 Training Modules

  School Nurse Module

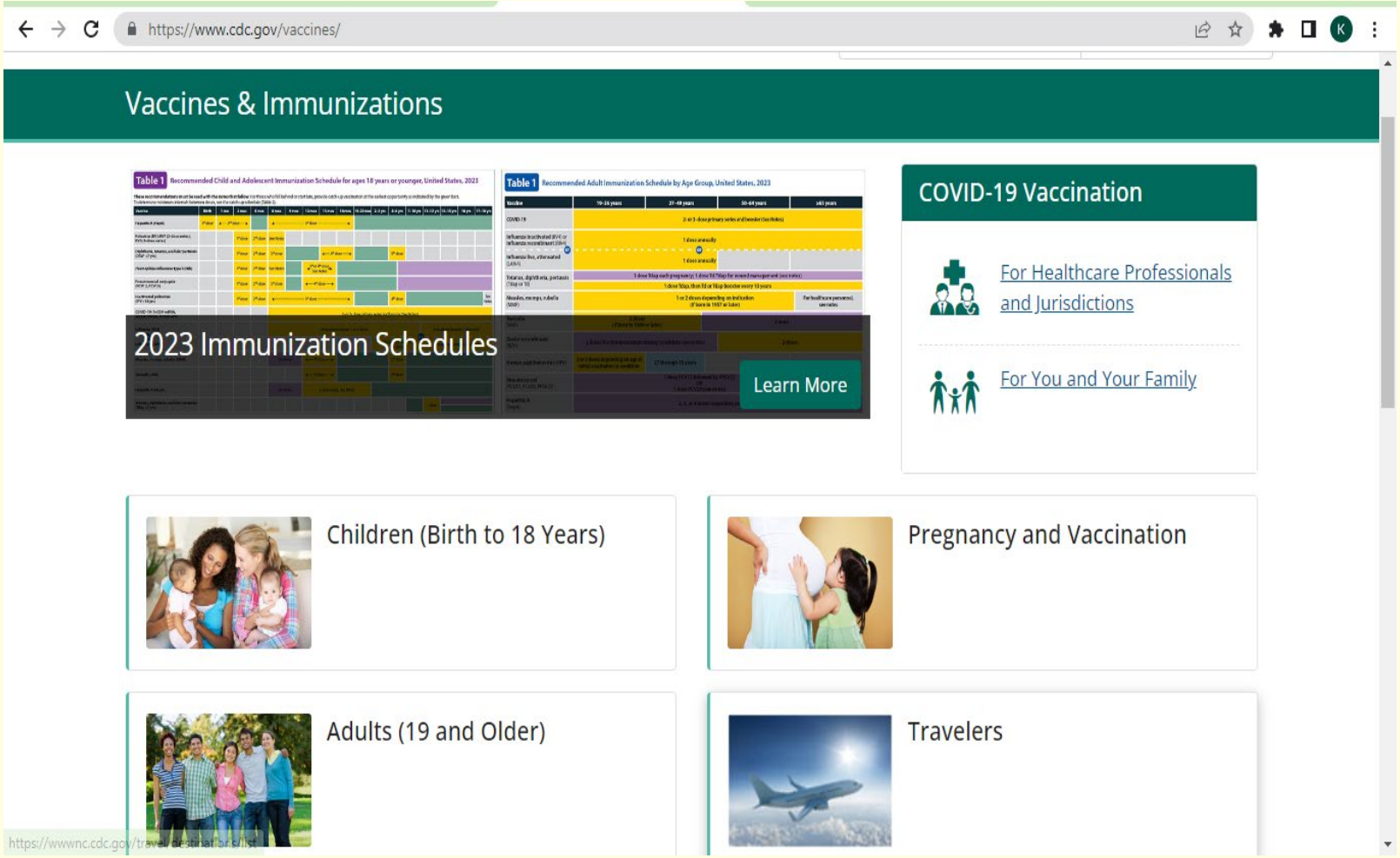
- **Media Library**

- **Vaccination Toolkit**

Valuable Websites

WEST VIRGINIA Department of Health & Human Resources BUREAU FOR PUBLIC HEALTH

https://www.cdc.gov/vaccines/



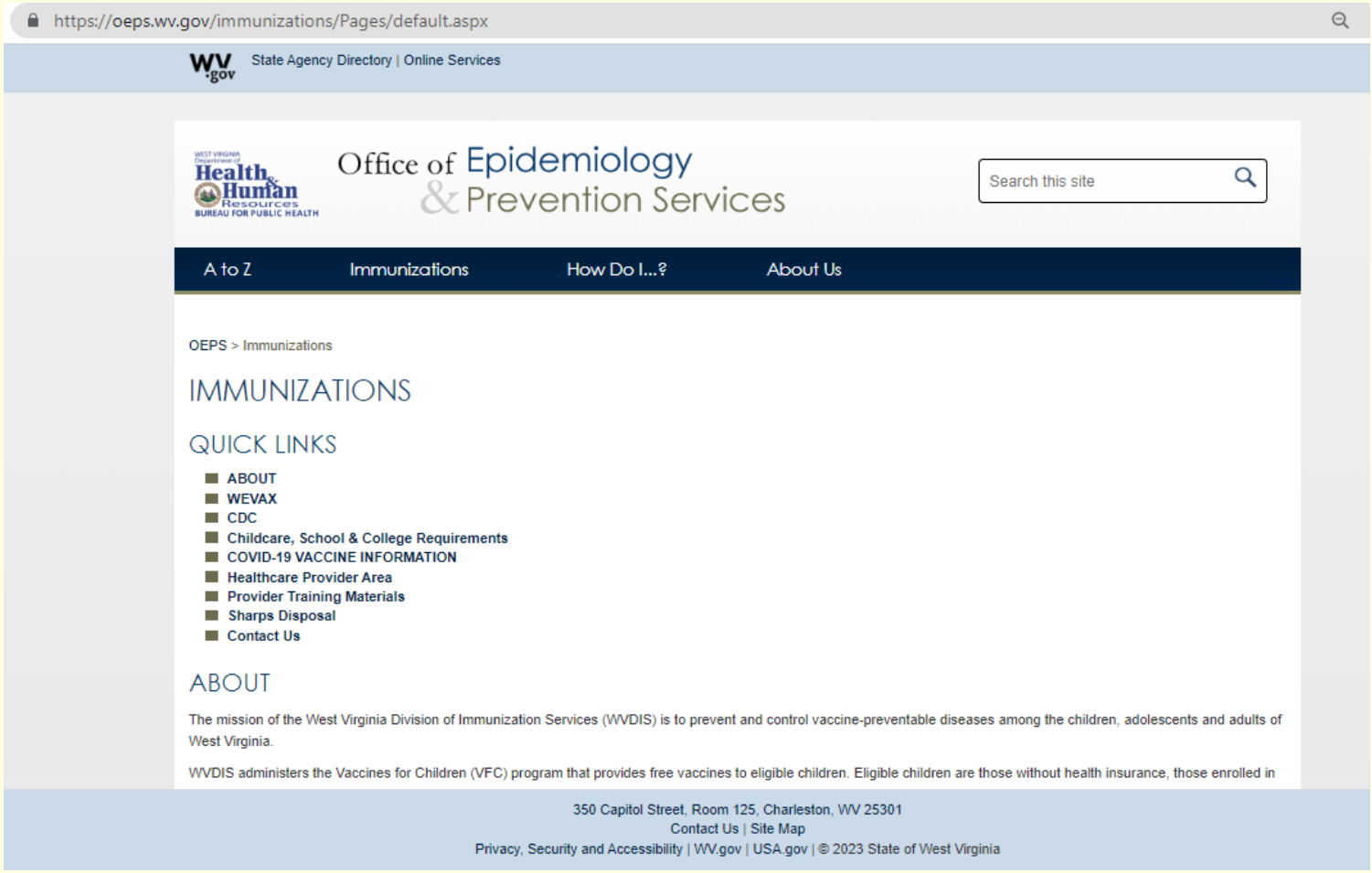
Valuable Websites

WEST VIRGINIA Department of Health & Human Resources BUREAU FOR PUBLIC HEALTH

http://www.immunize.org/

Valuable Websites

https://oeps.wv.gov/immunizations



Reminders

- All immunizations given to anyone 18 years of age and younger must be reported (NOT just VFC eligible patients)
- Adult immunization reporting is strongly encouraged
- VFC providers – select lot number for all VFC vaccinations
- Remember to add the birth order on twins, triplets, etc. either in WVSIIS or in your electronic system
- When you cannot find a patient, type in the first and last name because the date of birth may be entered wrong
- If you know a patient is in the registry but, cannot find them, call us before entering the patient. It may be merged with a twin or the wrong date of birth
- If you think a vaccine is entered incorrectly by another facility, please contact that provider

Reminders (cont'd)

- If submitting electronically, please make sure there is someone responsible for checking the files sent over to the immunization registry
- If your facility has not connected their EMR to WVSIIS you may contact the WVSIIS trainer in your area to start the process.
- If your facility is having connection problems, please contact Tim Neely, tim.b.neely@wv.gov
- If files have "E" they will not cross over to the immunization registry
- Please remember if you do not own a patient, mark them as "do not take ownership" when you are adding their vaccine to the immunization registry. If not, you will automatically take ownership of the patients' records
- Notify WVSIIS trainers when a user needs to be inactivated

Reminders (cont'd)

- Go to the document center under main tab and select document center to print off user guide, new user enrollment form and other helpful documents
- Make sure phone number is included on patients' record under primary phone number
- Remember to check and update patients' addresses in WVSIIS
- Make sure you use Google Chrome or Firefox to access the WVSIIS website

Contacts

WVSIIS Main Number (304) 558-2188

WVSIIS Fax Number (304) 558-1899

or Toll Free at (877) 408-8927

Immunization Registry Website

https://www.wvimm.org/wvsiis

Contacts (cont'd)

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Division of Immunization Services (DIS) Update

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West Virginia Immunization Summit

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Primary Purposes of the DIS

- **Procurement and distribution of vaccines**
- **Quality assurance and education**
- **Operate IIS**
- **Provide infrastructure funding to public partners**
- **Surveillance of vaccine-preventable diseases**

WV Immunization Program

- **Believed to have started in early 1960's with pertussis, diphtheria, tetanus, polio and measles vaccines**
- **WV is credited with establishing one of the first state immunization programs in the U.S.**
- **Initially worked with local, public health departments only**
- **WV began private provider vaccine program in the 1970s**
- **WV was providing childhood vaccinations to approximately 135 private providers statewide before the VFC Program was created**

Creation of VFC Program

- **The VFC program was created in response to a nationwide measles outbreak that caused over 55,000 cases, 11,251 known hospitalizations, and 136 deaths**
- **Intended to reduce cost as a barrier to immunization and increase primary care provider (PCP) vaccination**
- **Most PCPs referred children to public health for vaccinations**
- **Vaccination rates increased dramatically after children were able to receive vaccines in their medical home as part of regular well-child medical appointments**

Provision of Vaccines

- **Through the VFC program, the WVDIS provides all ACIP-recommended vaccines to VFC-eligible children at the 431 VFC-enrolled provider sites**
- **Through an interagency agreement with the WVCHIP program, WVDIS provides the same vaccines through the same infrastructure (WVSIIS/VOMS) and VTrckS for children who have WVCHIP insurance**
- **CHIP enrollment is not VFC-eligibility; this is why the interagency agreement was put in place**
- **In addition to CHIP "members" other* non-VFC eligible children may receive state-supplied vaccines if they meet certain criteria**
- **Eligible adults* may receive Tdap/Td, PPV23, PCV13, HepA, HepB, and zoster (shingles) vaccine from LHDs**

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Safety Net Vaccines

- **Eligibility criteria for VFC and CHIP vaccines is simple, either eligible or not**

- **Children who are not VFC eligible nor enrolled in the West Virginia Children's Health Insurance Program (WVCHIP) continue to be ineligible for state-supplied vaccines. <u>However, there are exceptions for children to ensure that no child denied access to vaccines through no fault of the parent/guardian</u>**

- **The most common reasons for the safety net are explained in the following slides**

Children's Safety Net (1)

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Reason 1

- **Some children who are not VFC-eligible or CHIP-enrolled and thus ineligible for state-state-supplied vaccines, are unfortunately also unable to get vaccinations from their primary care provider (PCP) office**

- **Most often this situation results from PCPs who do not stock privately purchased vaccines**

- **In these cases, the PCP may provide the child/guardian with an *Official Patient Referral Form to Local Health Department for Vaccination* so that the child may receive state-supplied vaccine from the LHD despite not being VFC- or CHIP-enrolled.**

Children's Safety Net (2)

Reason 2

- **When the start of a new school year approaches and a parent reports that their child cannot get an appointment with their PCP for school-required vaccinations before school starts**
- **In a case such as this, the parent may ask the PCP to provide a physician *referral* or may complete a *self-referral* form**
- **The *referral* and *self-referral* forms may be found in WeVax and at the WVDIS website https://oeps.wv.gov/immunizations**
- **Why does WVDIS require these referral forms? By requiring providers to complete the referral it forces them to acknowledge that they are not providing an integral part of Well-Child care**
- **And the parent completing a self-referral form realizes they are being provided an exception and should not use for more than one visit**

Children's Safety Net (3)

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Reason 3

- **There are cases in which a family has recently moved to a new community in West Virginia and does not yet have a primary care home established for their child(ren), or their child's physician recently retired or relocated the practice**

- **In these cases, and perhaps other scenarios, LHDs may allow a parent/guardian to complete a self-referral**

- **If the insured child without a primary care home presents to an LHD or other community immunizer that has private (non-state supplied vaccine) the child should receive the private vaccine and their insurance billed (Safety net vaccine is precious and should be reserved for truly justifiable reasons)**

Adult Vaccine Safety Net

Uninsured and Underinsured adults are eligible for vaccines routinely recommendation for adults:

- **Td/Tdap**
- **Pneumococcal conjugate vaccines (PCV)**
- **Pneumococcal polysaccharide vaccine (PPV23)**
- **Adult Hepatitis A***
- **2-dose adjuvanted adult Hepatitis B**
- **Zoster (shingles)**

- **Special Circumstances – Hib, MMR, MCV4**

Recommended Immunization Schedules

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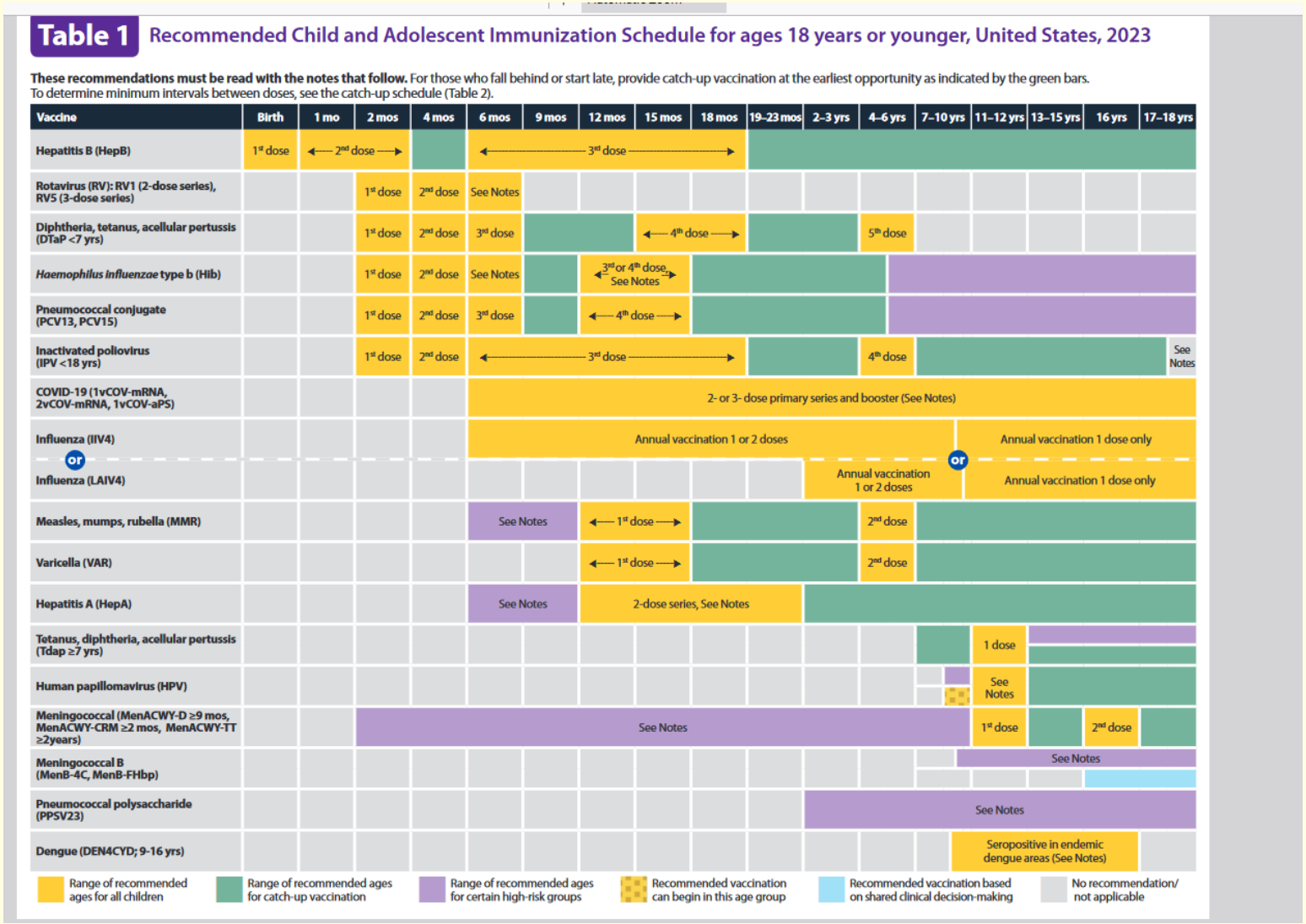

Table 1 Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2023

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars.
To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs
Hepatitis B (HepB)	1st dose	← 2nd dose →			← 3rd dose →												
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1st dose	2nd dose	See Notes												
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1st dose	2nd dose	3rd dose			← 4th dose →				5th dose					
Haemophilus influenzae type b (Hib)			1st dose	2nd dose	See Notes		← 3rd or 4th dose, See Notes →										
Pneumococcal conjugate (PCV13, PCV15)			1st dose	2nd dose	3rd dose		← 4th dose →										
Inactivated poliovirus (IPV <18 yrs)			1st dose	2nd dose	← 3rd dose →							4th dose					See Notes
COVID-19 (1vCOV-mRNA, 2vCOV-mRNA, 1vCOV-aPS)					2- or 3- dose primary series and booster (See Notes)												
Influenza (IIV4)					Annual vaccination 1 or 2 doses								Annual vaccination 1 dose only				
or													or				
Influenza (LAIV4)											Annual vaccination 1 or 2 doses		Annual vaccination 1 dose only				
Measles, mumps, rubella (MMR)					See Notes		← 1st dose →					2nd dose					
Varicella (VAR)							← 1st dose →					2nd dose					
Hepatitis A (HepA)					See Notes		2-dose series, See Notes										
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)														1 dose			
Human papillomavirus (HPV)														See Notes			
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)			See Notes											1st dose		2nd dose	
Meningococcal B (MenB-4C, MenB-FHbp)														See Notes			
Pneumococcal polysaccharide (PPSV23)											See Notes						
Dengue (DEN4CYD; 9-16 yrs)														Seropositive in endemic dengue areas (See Notes)			

Range of recommended ages for all children
Range of recommended ages for catch-up vaccination
Range of recommended ages for certain high-risk groups
Recommended vaccination can begin in this age group
Recommended vaccination based on shared clinical decision-making
No recommendation/ not applicable

Catch-up/Minimum Intervals Between Doses

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Table 2 Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More than 1 Month Behind, United States, 2023

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. **Always use this table in conjunction with Table 1 and the Notes that follow.**

Children age 4 months through 6 years

Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B	Birth	**4 weeks**	**8 weeks *and* at least 16 weeks after first dose** minimum age for the final dose is 24 weeks		
Rotavirus	6 weeks Maximum age for first dose is 14 weeks, 6 days.	**4 weeks**	**4 weeks** maximum age for final dose is 8 months, 0 days		
Diphtheria, tetanus, and acellular pertussis	6 weeks	**4 weeks**	**4 weeks**	**6 months**	**6 months**
Haemophilus influenzae type b	6 weeks	**No further doses needed** if first dose was administered at age 15 months or older. **4 weeks** if first dose was administered before the 1st birthday. **8 weeks (as final dose)** if first dose was administered at age 12 through 14 months.	**No further doses needed** if previous dose was administered at age 15 months or older **4 weeks** if current age is younger than 12 months ***and*** first dose was administered at younger than age 7 months ***and*** at least 1 previous dose was PRP-T (ActHib®, Pentacel®, Hiberix®), Vaxelis® or unknown **8 weeks *and* age 12 through 59 months (as final dose)** if current age is younger than 12 months ***and*** first dose was administered at age 7 through 11 months; OR if current age is 12 through 59 months ***and*** first dose was administered before the 1st birthday ***and*** second dose was administered at younger than 15 months; OR if both doses were Pedvaxl-HIB® and were administered before the 1st birthday	**8 weeks (as final dose)** This dose only necessary for children age 12 through 59 months who received 3 doses before the 1st birthday.	
Pneumococcal conjugate	6 weeks	**No further doses needed** for healthy children if first dose was administered at age 24 months or older **4 weeks** if first dose was administered before the 1st birthday **8 weeks (as final dose for healthy children)** if first dose was administered at the 1st birthday or after	**No further doses needed** for healthy children if previous dose was administered at age 24 months or older **4 weeks** if current age is younger than 12 months and previous dose was administered at <7 months old **8 weeks (as final dose for healthy children)** if previous dose was administered between 7–11 months (wait until at least 12 months old); OR if current age is 12 months or older and at least 1 dose was administered before age 12 months	**8 weeks (as final dose)** this dose is only necessary for children aged 12 through 59 months regardless of risk, or age 60 through 71 months with any risk, who received 3 doses before age 12 months.	
Inactivated poliovirus	6 weeks	**4 weeks**	**4 weeks** if current age is <4 years **6 months (as final dose)** if current age is 4 years or older	**6 months (minimum age 4 years for final dose)**	
Measles, mumps, rubella	12 months	**4 weeks**			
Varicella	12 months	**3 months**			
Hepatitis A	12 months	**6 months**			
Meningococcal ACWY	2 months MenACWY-CRM 9 months MenACWY-D 2 years MenACWY-TT	**8 weeks**	See Notes	See Notes	

Children and adolescents age 7 through 18 years

Meningococcal ACWY	Not applicable (N/A)	**8 weeks**			
Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis	7 years	**4 weeks**	**4 weeks** if first dose of DTaP/DT was administered before the 1st birthday **6 months (as final dose)** if first dose of DTaP/DT or Tdap/Td was administered at or after the 1st birthday	**6 months** if first dose of DTaP/DT was administered before the 1st birthday	
Human papillomavirus	9 years	**Routine dosing intervals are recommended.**			
Hepatitis A	N/A	**6 months**			
Hepatitis B	N/A	**4 weeks**	**8 weeks *and* at least 16 weeks after first dose**		
Inactivated poliovirus	N/A	**4 weeks**	**6 months** A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.	A fourth dose of IPV is indicated if all previous doses were administered at <4 years or if the third dose was administered <6 months after the second dose.	
Measles, mumps, rubella	N/A	**4 weeks**			
Varicella	N/A	**3 months** if younger than age 13 years. **4 weeks** if age 13 years or older			
Dengue	9 years	**6 months**	6 months		

Footnotes!

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Notes — Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2023

For vaccination recommendations for persons ages 19 years or older, see the Recommended Adult Immunization Schedule, 2023.

Additional information

- Consult relevant ACIP statements for detailed recommendations at www.cdc.gov/vaccines/hcp/acip-recs/index.html.
- For calculating intervals between doses, 4 weeks = 28 days. Intervals of ≥4 months are determined by calendar months.
- Within a number range (e.g., 12–18), a dash (–) should be read as "through."
- Vaccine doses administered ≤4 days before the minimum age or interval are considered valid. Doses of any vaccine administered ≥5 days earlier than the minimum age or minimum interval should not be counted as valid and should be repeated as age appropriate. **The repeat dose should be spaced after the invalid dose by the recommended minimum interval.** For further details, see Table 3-2, Recommended and minimum ages and intervals between vaccine doses, in *General Best Practice Guidelines for Immunization* at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html.
- Information on travel vaccination requirements and recommendations is available at www.cdc.gov/travel/.
- For vaccination of persons with immunodeficiencies, see Table 8-1, Vaccination of persons with primary and secondary immunodeficiencies, in *General Best Practice Guidelines for Immunization* at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html, and Immunization in Special Clinical Circumstances (In: Kimberlin DW, Barnett ED, Lynfield Ruth, Sawyer MH, eds. *Red Book: 2021–2024 Report of the Committee on Infectious Diseases*. 32nd ed. Itasca, IL: American Academy of Pediatrics; 2021:72–86).
- For information about vaccination in the setting of a vaccine-preventable disease outbreak, contact your state or local health department.
- The National Vaccine Injury Compensation Program (VICP) is a no-fault alternative to the traditional legal system for resolving vaccine injury claims. All vaccines included in the child and adolescent vaccine schedule are covered by VICP except dengue, PPSV23, and COVID-19 vaccines. COVID-19 vaccines that are authorized or approved by the FDA are covered by the Countermeasures Injury Compensation Program (CICP). For more information, see www.hrsa.gov/vaccinecompensation or www.hrsa.gov/cicp.

COVID-19 vaccination (minimum age: 6 months [Moderna and Pfizer-BioNTech COVID-19 vaccines], 12 years [Novavax COVID-19 Vaccine])

Routine vaccination

- **Primary series:**
  - **Age 6 months–4 years:** 2-dose series at 0, 4-8 weeks (Moderna) or 3-dose series at 0, 3-8, 11-16 weeks (Pfizer-BioNTech)
  - **Age 5–11 years:** 2-dose series at 0, 4-8 weeks (Moderna) or 2-dose series at 0, 3-8 weeks (Pfizer-BioNTech)
  - **Age 12–18 years:** 2-dose series at 0, 4-8 weeks (Moderna) or 2-dose series at 0, 3-8 weeks (Novavax, Pfizer-BioNTech)
- For **booster dose recommendations** see www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html

Special situations

Persons who are moderately or severely immunocompromised

- **Primary series**
  - **Age 6 months–4 years:** 3-dose series at 0, 4, 8 weeks (Moderna) or 3-dose series at 0, 3, 11 weeks (Pfizer-BioNTech)
  - **Age 5–11 years:** 3-dose series at 0, 4, 8 weeks (Moderna) or 3-dose series at 0, 3, 7 weeks (Pfizer-BioNTech)
  - **Age 12–18 years:** 3-dose series at 0, 4, 8 weeks (Moderna) or 2-dose series at 0, 3 weeks (Novavax) or 3-dose series at 0, 3, 7 weeks (Pfizer-BioNTech)
- **Booster dose:** see www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html
- **Pre-exposure prophylaxis** (monoclonal antibodies) may be considered to complement COVID-19 vaccination. See www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#immunocompromised

For Janssen COVID-19 Vaccine recipients see COVID-19 schedule at www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html

Note: Administer an age-appropriate vaccine product for each dose. Current COVID-19 schedule and dosage formulation available at www.cdc.gov/vaccines/covid-19/downloads/COVID-19-immunization-schedule-ages-6months-older.pdf. For more information on Emergency Use Authorization (EUA) indications for COVID-19 vaccines, see www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines.

Dengue vaccination (minimum age: 9 years)

Routine vaccination

- Age 9–16 years living in areas with endemic dengue **AND** have laboratory confirmation of previous dengue infection
  - 3-dose series administered at 0, 6, and 12 months
- Endemic areas include Puerto Rico, American Samoa, US Virgin Islands, Federated States of Micronesia, Republic of Marshall Islands, and the Republic of Palau. For updated guidance on dengue endemic areas and pre-vaccination laboratory testing see www.cdc.gov/mmwr/volumes/70/rr/rr7006a1.htm?s_cid=rr7006a1_w and www.cdc.gov/dengue/vaccine/hcp/index.html
- Dengue vaccine should not be administered to children traveling to or visiting endemic dengue areas.

Diphtheria, tetanus, and pertussis (DTaP) vaccination (minimum age: 6 weeks [4 years for Kinrix® or Quadracel®])

Routine vaccination

- 5-dose series at age 2, 4, 6, 15–18 months, 4–6 years
  - **Prospectively:** Dose 4 may be administered as early as age 12 months if at least 6 months have elapsed since dose 3.
  - **Retrospectively:** A 4th dose that was inadvertently administered as early as age 12 months may be counted if at least 4 months have elapsed since dose 3.

Catch-up vaccination

- Dose 5 is not necessary if dose 4 was administered at age 4 years or older and at least 6 months after dose 3.
- For other catch-up guidance, see Table 2.

Special situations

- **Wound management** in children less than age 7 years with history of 3 or more doses of tetanus-toxoid-containing vaccine: For all wounds except clean and minor wounds, administer DTaP if more than 5 years since last dose of tetanus-toxoid-containing vaccine. For detailed information, see www.cdc.gov/mmwr/volumes/67/rr/rr6702a1.htm.

Adult Immunization Schedule

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Table 1 Recommended Adult Immunization Schedule by Age Group, United States, 2023

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
COVID-19	2- or 3- dose primary series and booster (See Notes)			
Influenza inactivated (IIV4) or Influenza recombinant (RIV4)	1 dose annually			
or	or			
Influenza live, attenuated (LAIV4)	1 dose annually			
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes)			
	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			For healthcare personnel, see notes
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (see notes)		2 doses	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal (PCV15, PCV20, PPSV23)	1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)			See Notes
				See Notes
Hepatitis A (HepA)	2, 3, or 4 doses depending on vaccine			
Hepatitis B (HepB)	2, 3, or 4 doses depending on vaccine or condition			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations			
	19 through 23 years			
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication			

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection

Recommended vaccination for adults with an additional risk factor or another indication

Recommended vaccination based on shared clinical decision-making

No recommendation/ Not applicable

Adult Footnotes

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Notes — Recommended Adult Immunization Schedule for ages 19 years or older, United States, 2023

For vaccine recommendations for persons 18 years of age or younger, see the Recommended Child and Adolescent Immunization Schedule.

COVID-19 vaccination

Routine vaccination

- **Primary series:** 2-dose series at 0, 4-8 weeks (Moderna) or 2-dose series at 0, 3-8 weeks (Novavax, Pfizer-BioNTech)
- **Booster dose:** see www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html

Special situations

Persons who are moderately or severely immunocompromised

- **Primary series**
  - 3-dose series at 0, 4, 8 weeks (Moderna) or 3-dose series at 0, 3, 7 weeks (Pfizer-BioNTech)
  - 2-dose series at 0, 3 weeks (Novavax)
- **Booster dose:** see www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html
- **Pre-exposure prophylaxis (e.g., monoclonal antibodies)** may be considered to complement COVID-19 vaccination. See www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#immunocompromised

For Janssen COVID-19 Vaccine recipients see COVID-19 schedule at www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html.

Note: Current COVID-19 schedule available at www.cdc.gov/vaccines/covid-19/downloads/COVID-19-immunization-schedule-ages-6months-older.pdf. For more information on Emergency Use Authorization (EUA) indications for COVID-19 vaccines, please visit www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines

Haemophilus influenzae type b vaccination

Special situations

- **Anatomical or functional asplenia (including sickle cell disease):** 1 dose if previously did not receive Hib; if elective splenectomy, 1 dose preferably at least 14 days before splenectomy
- **Hematopoietic stem cell transplant (HSCT):** 3-dose series 4 weeks apart starting 6–12 months after successful transplant, regardless of Hib vaccination history

Hepatitis A vaccination

Routine vaccination

- **Not at risk but want protection from hepatitis A** (identification of risk factor not required): 2-dose series HepA (Havrix 6–12 months apart or Vaqta 6–18 months apart [minimum interval: 6 months]) or 3-dose series HepA-HepB (Twinrix at 0, 1, 6 months [minimum intervals: dose 1 to dose 2: 4 weeks / dose 2 to dose 3: 5 months])

Special situations

- **At risk for hepatitis A virus infection:** 2-dose series HepA or 3-dose series HepA-HepB as above
  - **Chronic liver disease** (e.g., persons with hepatitis B, hepatitis C, cirrhosis, fatty liver disease, alcoholic liver disease, autoimmune hepatitis, alanine aminotransferase [ALT] or aspartate aminotransferase [AST] level greater than twice the upper limit of normal)
  - **HIV infection**
  - **Men who have sex with men**
  - **Injection or noninjection drug use**
  - **Persons experiencing homelessness**
  - **Work with hepatitis A virus** in research laboratory or with nonhuman primates with hepatitis A virus infection
  - **Travel in countries with high or intermediate endemic hepatitis A** (HepA-HepB [Twinrix] may be administered on an accelerated schedule of 3 doses at 0, 7, and 21–30 days, followed by a booster dose at 12 months)
  - **Close, personal contact with international adoptee** (e.g., household or regular babysitting) in first 60 days after arrival from country with high or intermediate endemic hepatitis A (administer dose 1 as soon as adoption is planned, at least 2 weeks before adoptee's arrival)
  - **Pregnancy** if at risk for infection or severe outcome from infection during pregnancy
  - **Settings for exposure,** including health care settings targeting services to injection or noninjection drug users or group homes and nonresidential day care facilities for developmentally disabled persons (individual risk factor screening not required)

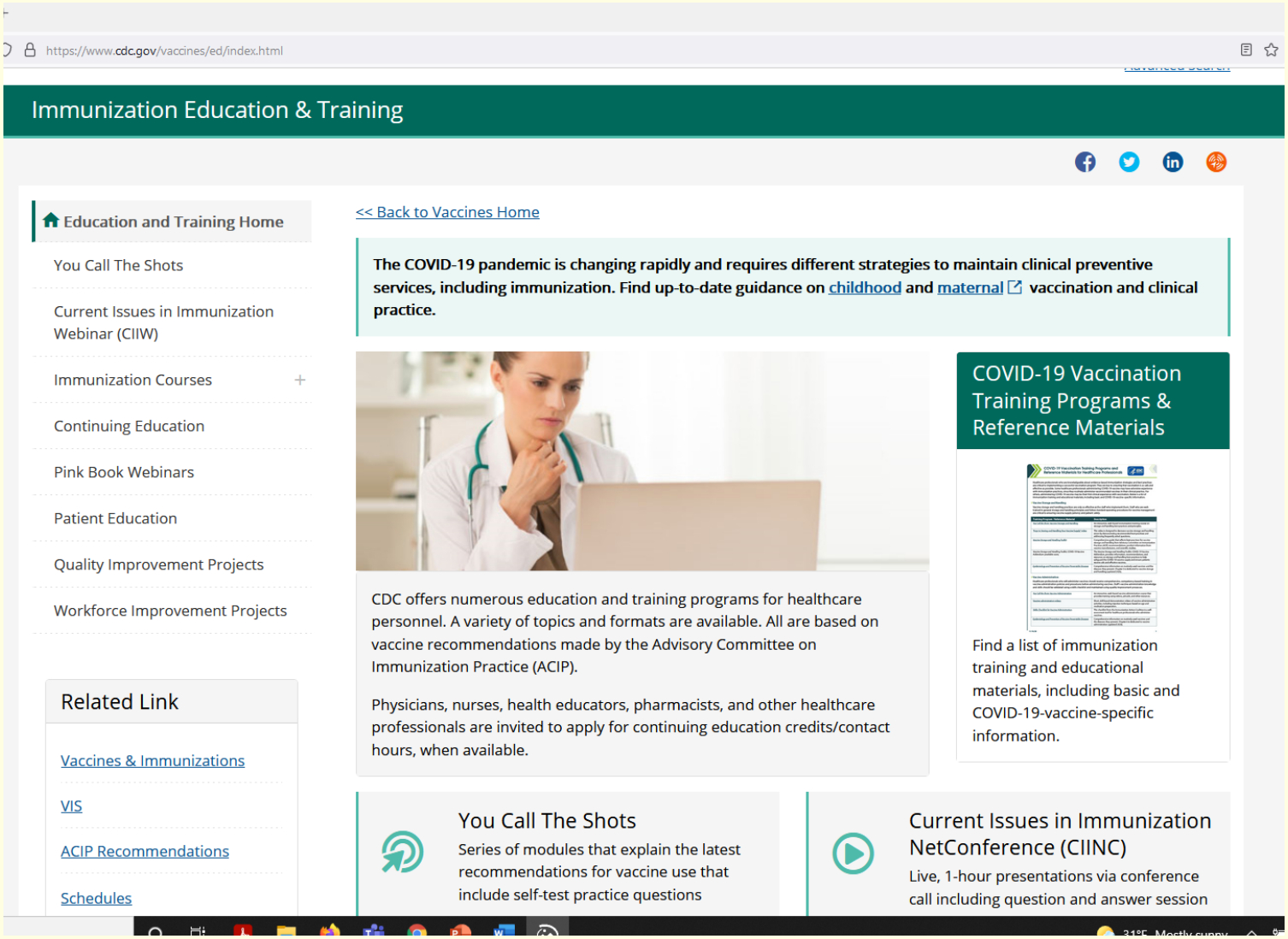
Hepatitis B vaccination

Routine vaccination

- **Age 19 through 59 years: complete a 2- or 3- or 4-dose series**
  - 2-dose series only applies when 2 doses of Heplisav-B* are used at least 4 weeks apart
  - 3-dose series Engerix-B, PreHevbrio*, or Recombivax HB at 0, 1, 6 months [minimum intervals: dose 1 to dose 2: 4 weeks / dose 2 to dose 3: 8 weeks / dose 1 to dose 3: 16 weeks])
  - 3-dose series HepA-HepB (Twinrix at 0, 1, 6 months [minimum intervals: dose 1 to dose 2: 4 weeks / dose 2 to dose 3: 5 months])
  - 4-dose series HepA-HepB (Twinrix) accelerated schedule of 3 doses at 0, 7, and 21–30 days, followed by a booster dose at 12 months

***Note:** Heplisav-B and PreHevbrio are not recommended in pregnancy due to lack of safety data in pregnant persons.

Education, Resources and Tools



Resources - CDC.Gov/Vaccines

https://www.cdc.gov/vaccines/hcp/index.html

ACIP Recommendations

Vaccination Schedules

Storage and Handling

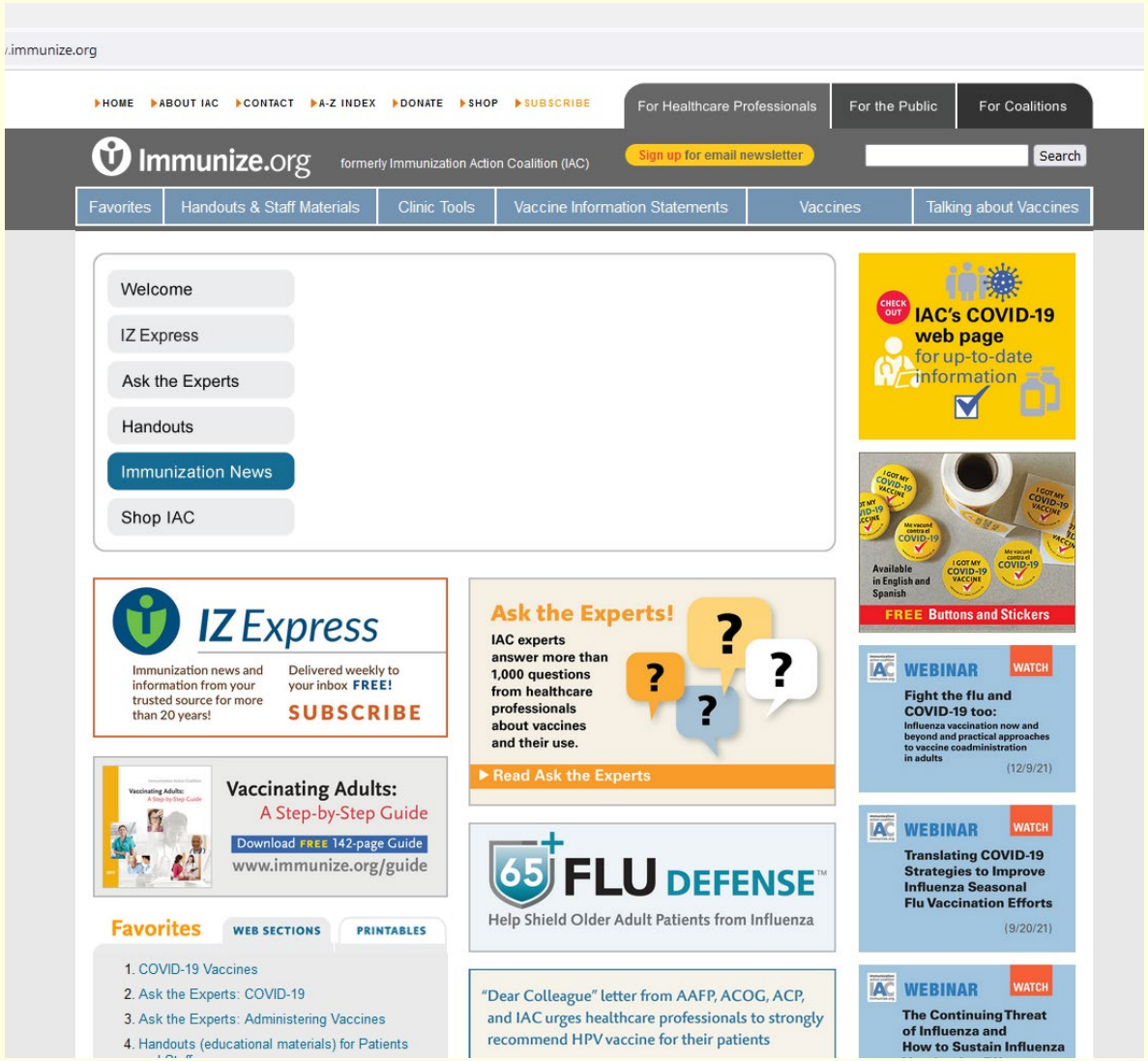
Vaccine Administration

Clinical Resources

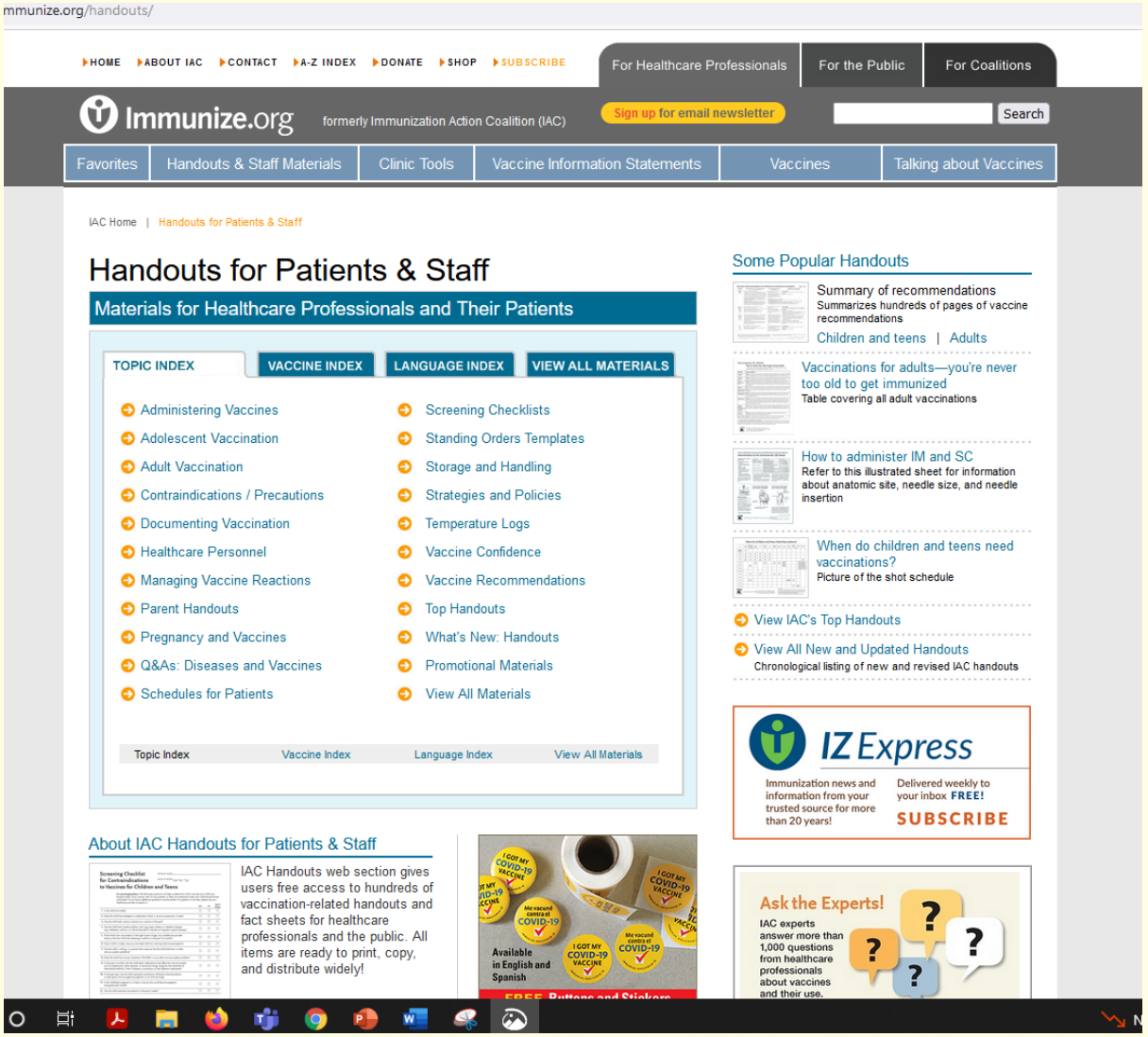
- Childhood Vaccination Toolkit
- General Best Practice Guidelines for Immunization
- Pink Book (Epidemiology and Prevention of VPDs)
- Vaccine Adverse Event Reporting (VAERS)
- Vaccine Shortages
- Standards for Adult Practices
- IQIP Program
- Vaccines for Children (VFC)
- Long-term Care Resources

- Education and Training
- Immunization Information Systems (IIS)
- Vaccine Information Statements (VIS)
- Patient Education

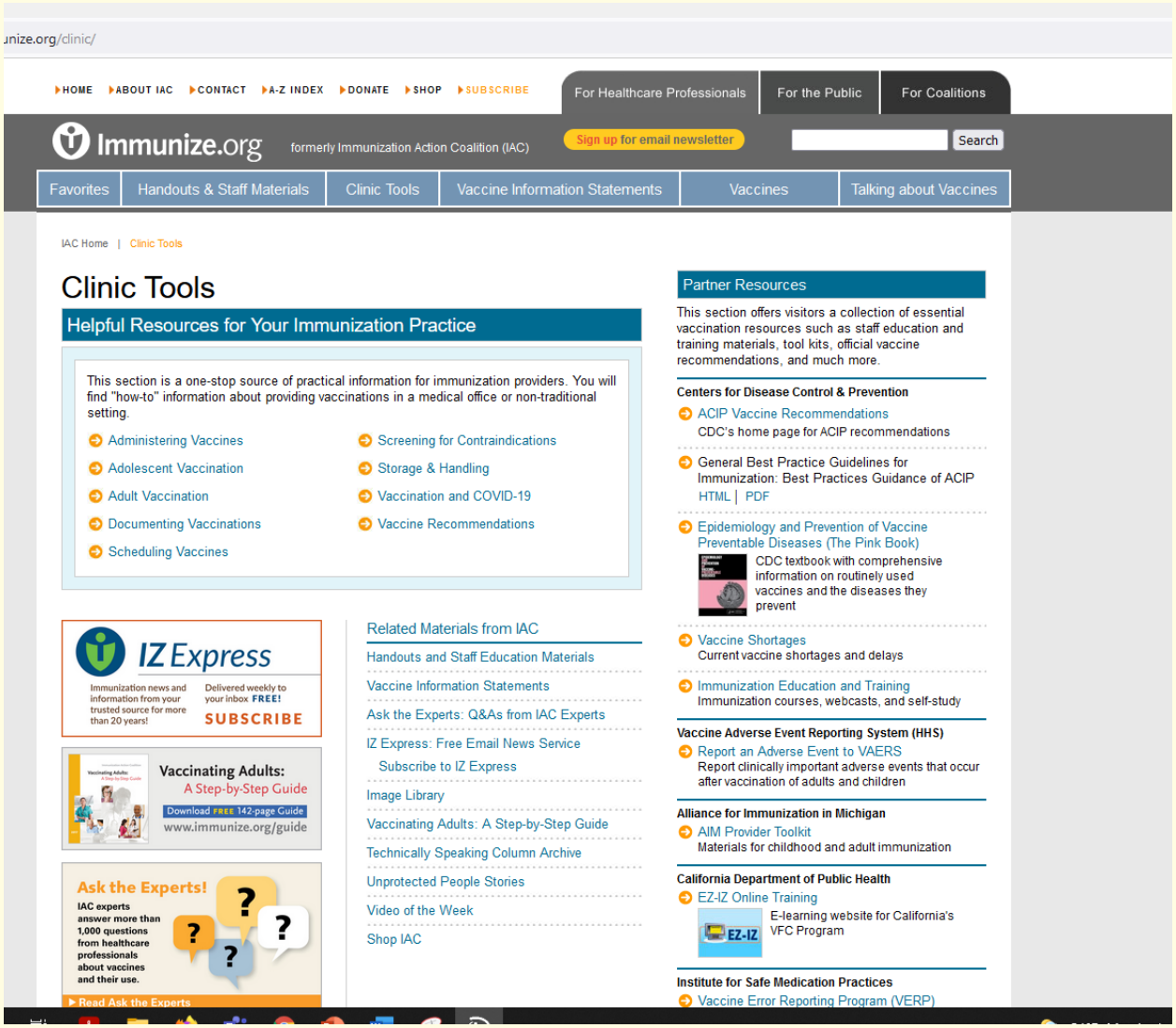
Immunize.org



Clinic Materials

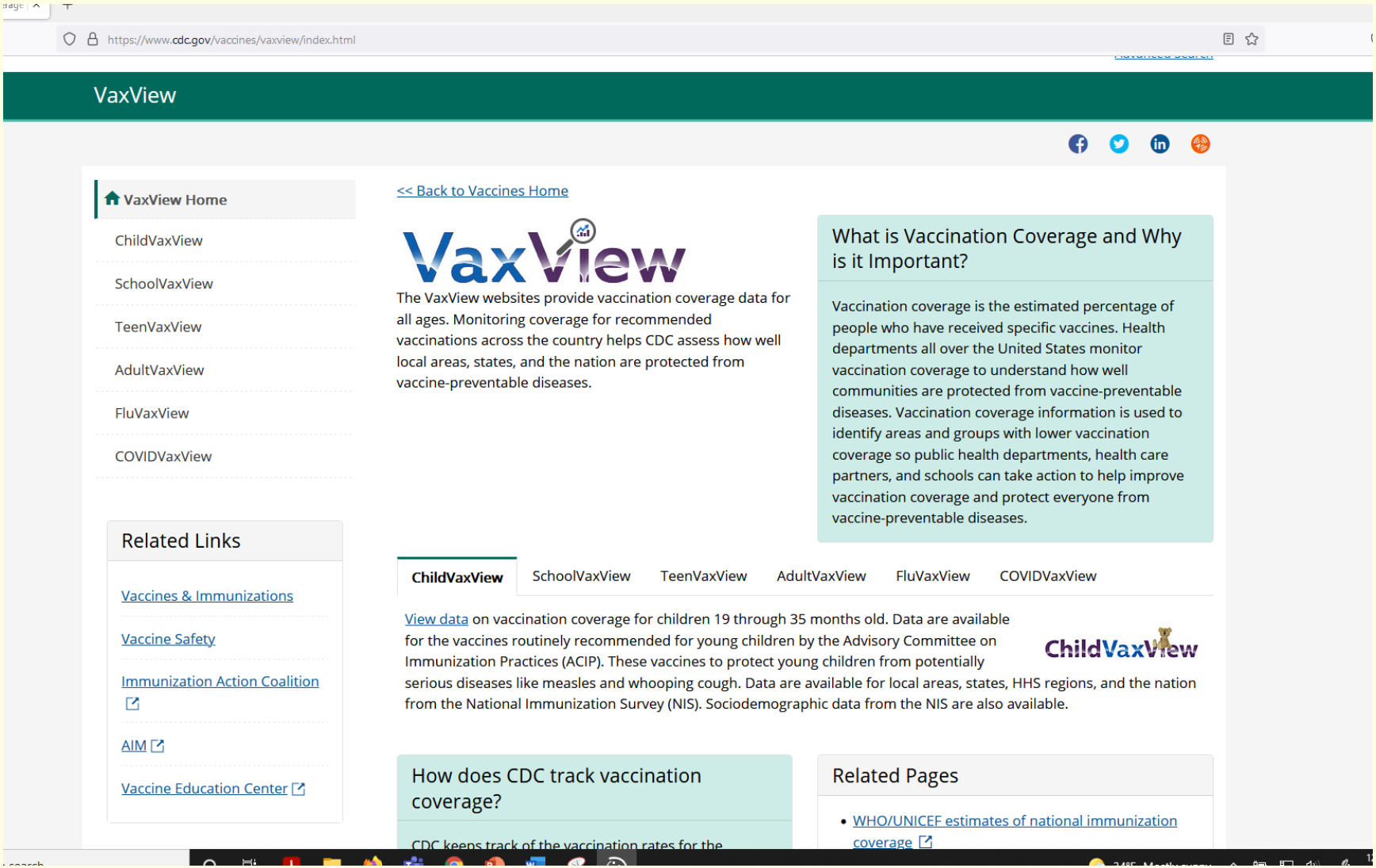


Clinic Tools

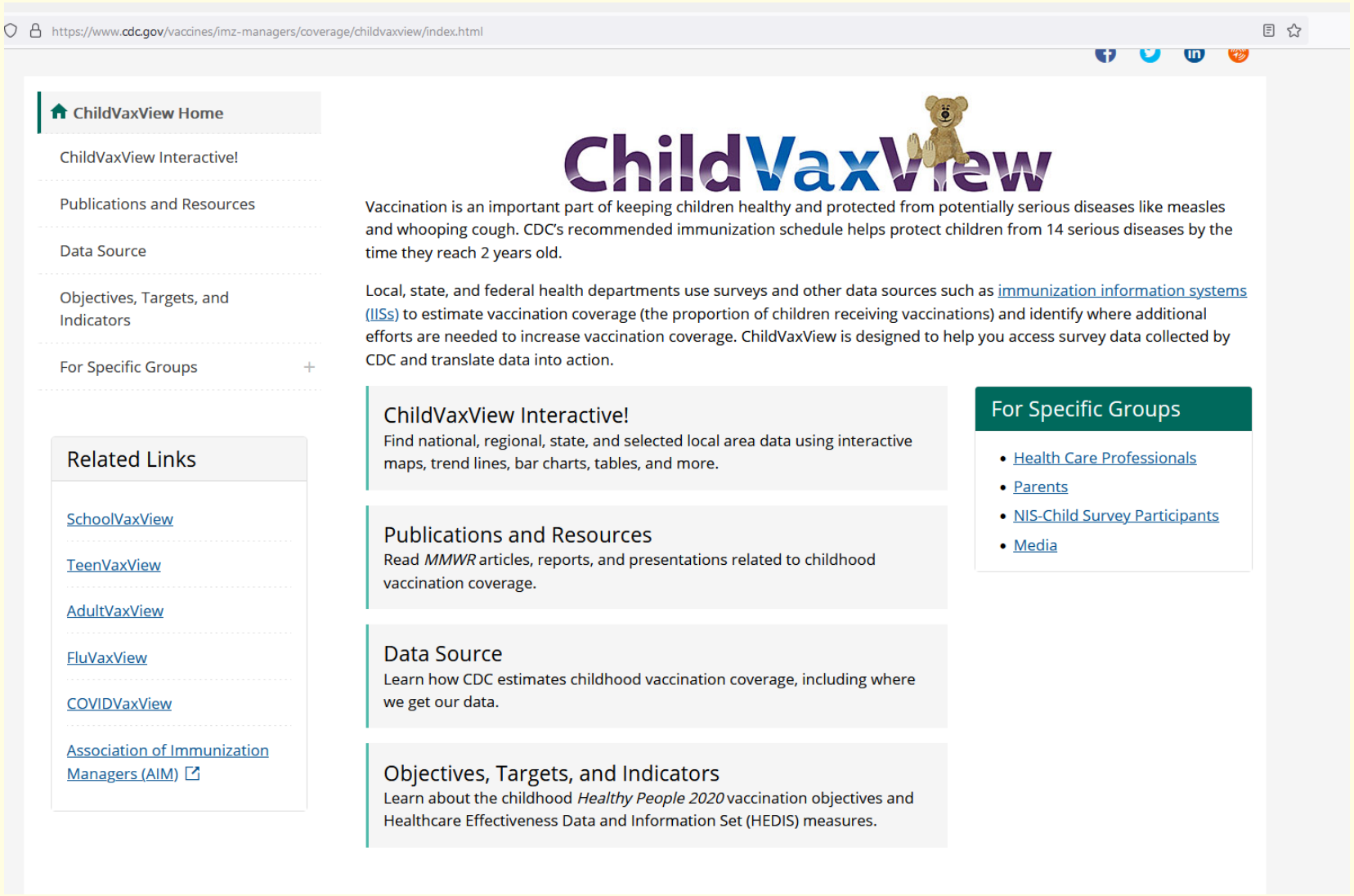


Know The Issues

Coverage Rates – Vax View



Child Vax View



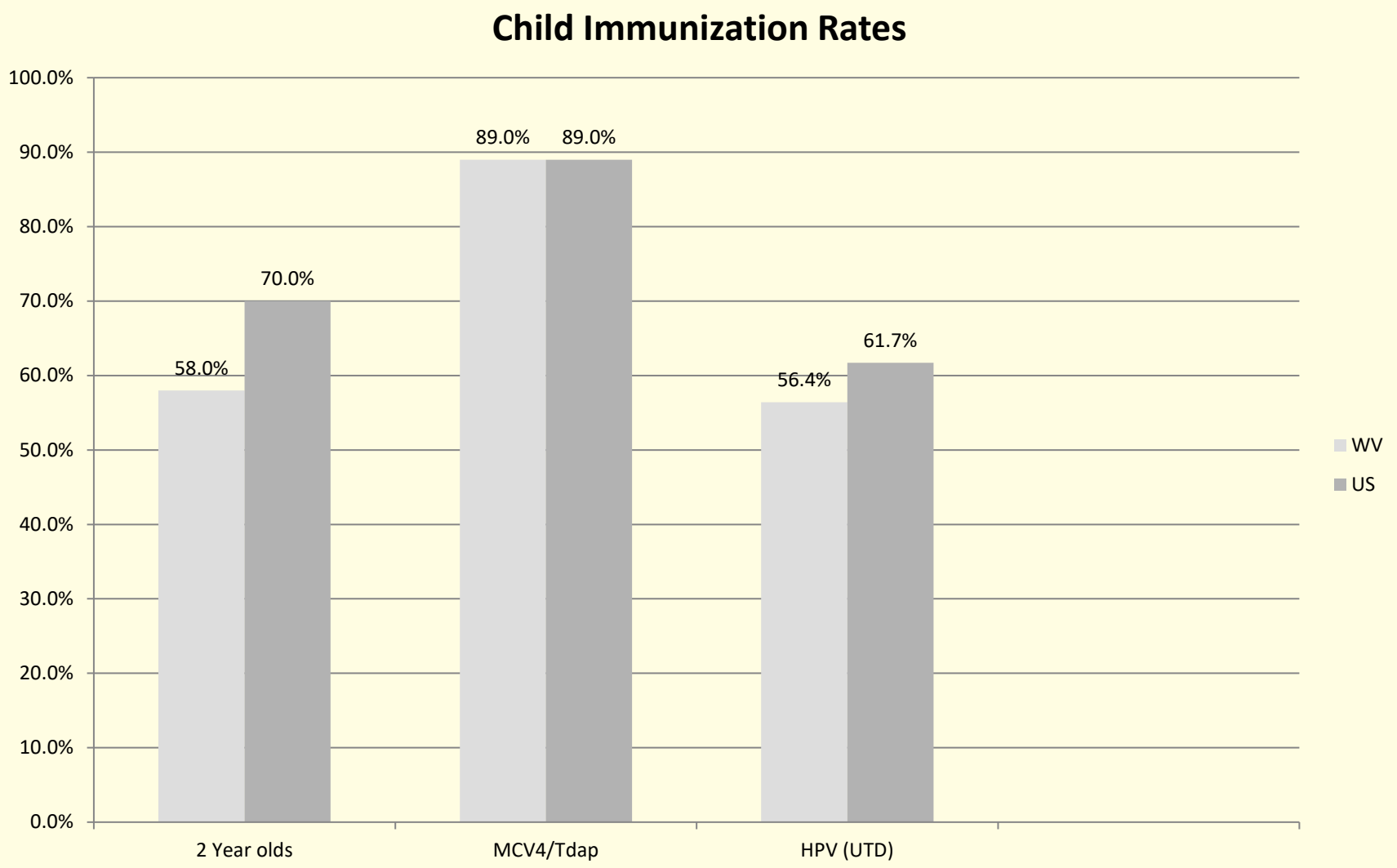
Combined 7 Series

All of the following vaccinations by age 2

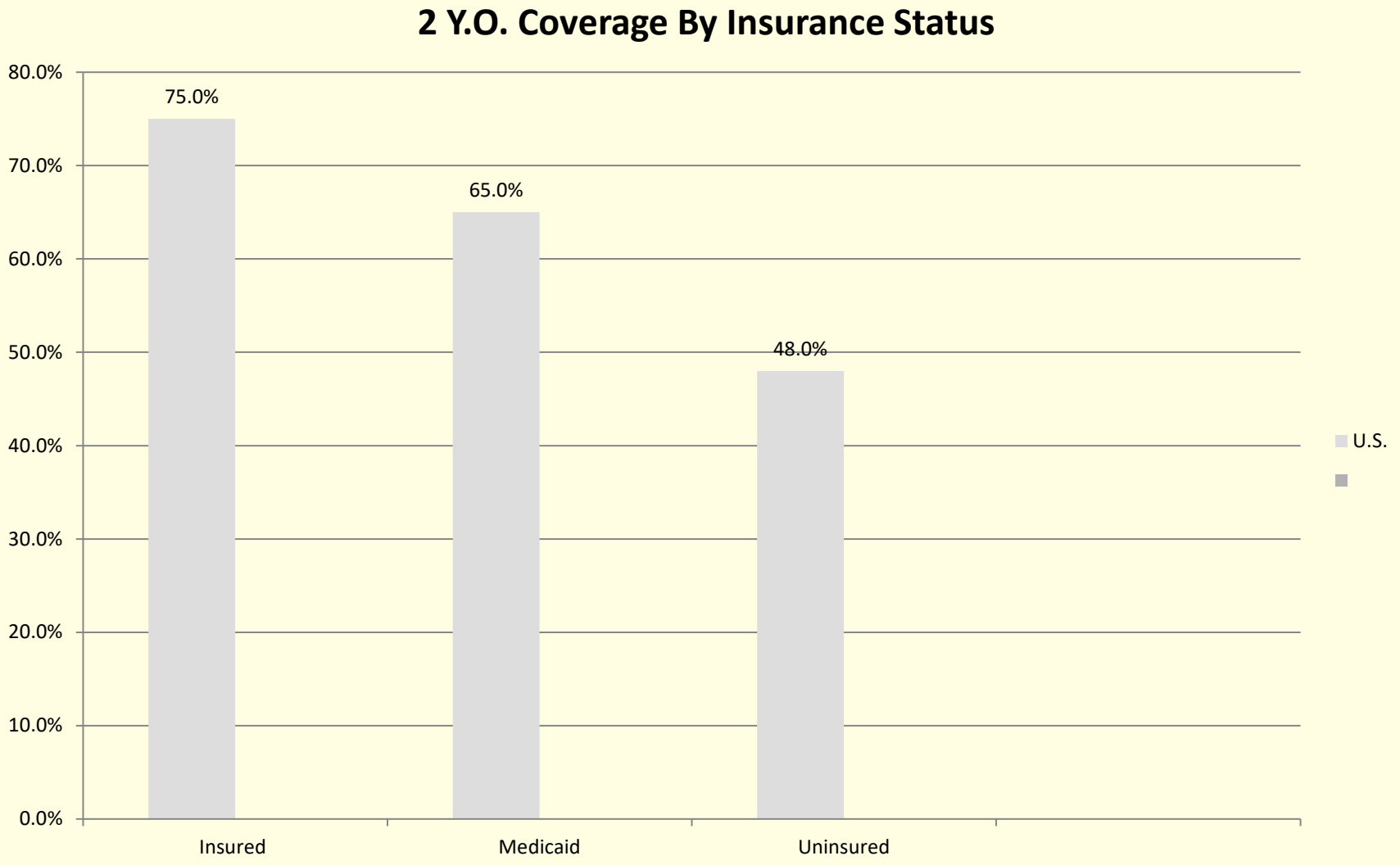
- **4 DTaP**
- **3 polio**
- **1 MMR**
- **3 hepatitis B**
- **3 (or 4) Hib***
- **1 Varicella**
- **4 PCV**

Definition of age 2 varies – 19-35 months, 24-35 months, 24 months, 35 months

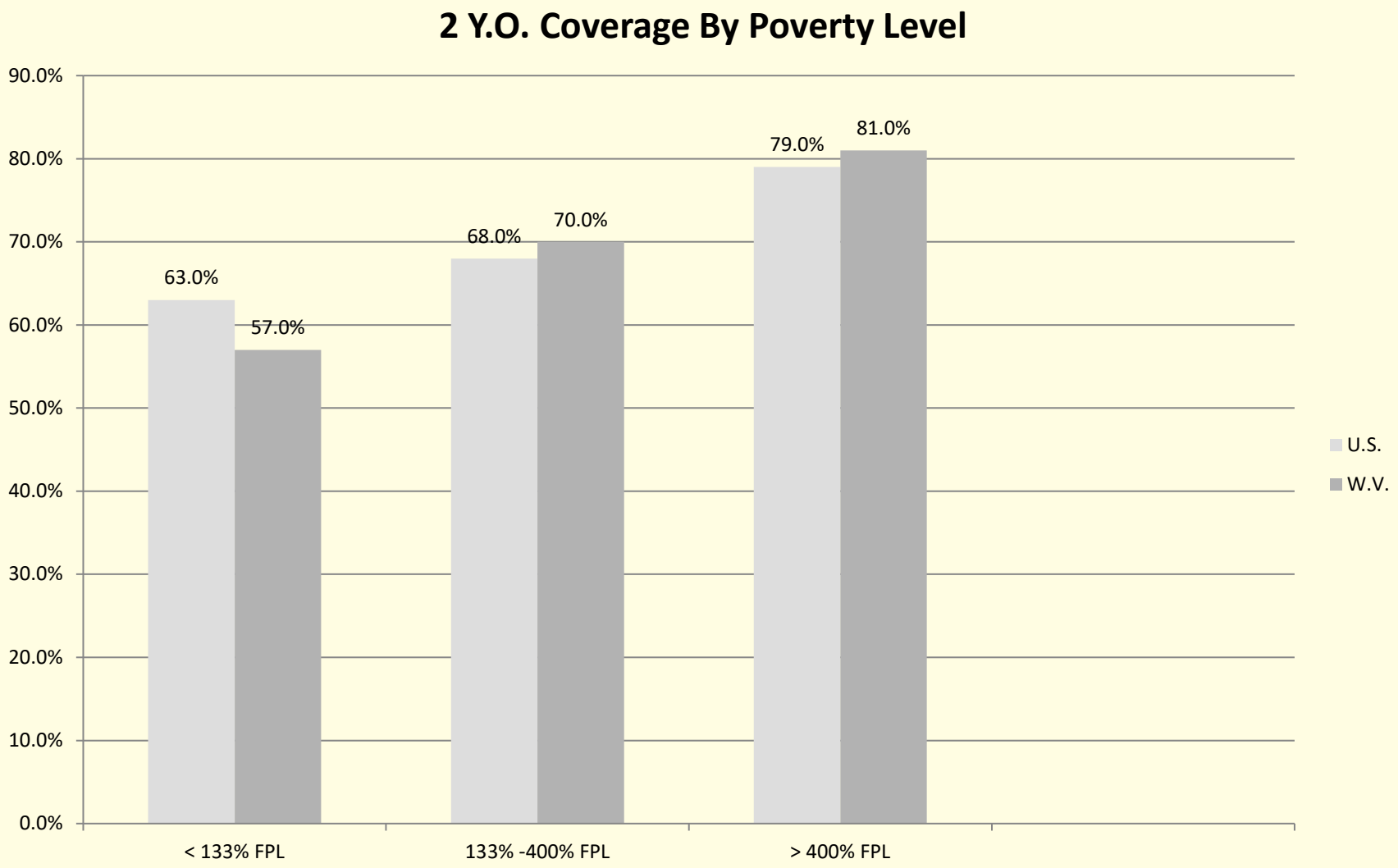
Child Coverage Rates



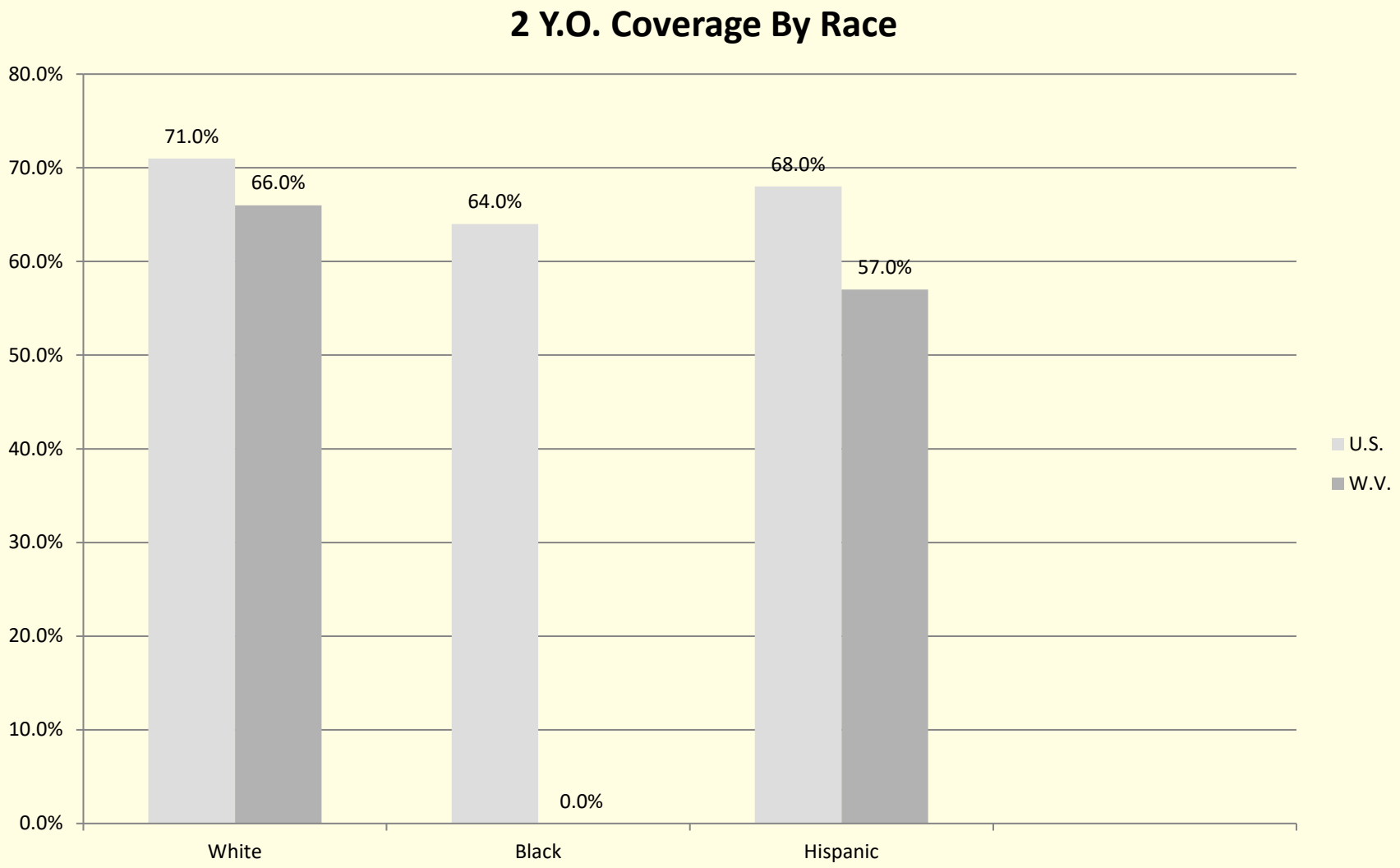
Coverage Rates By Insurance Status



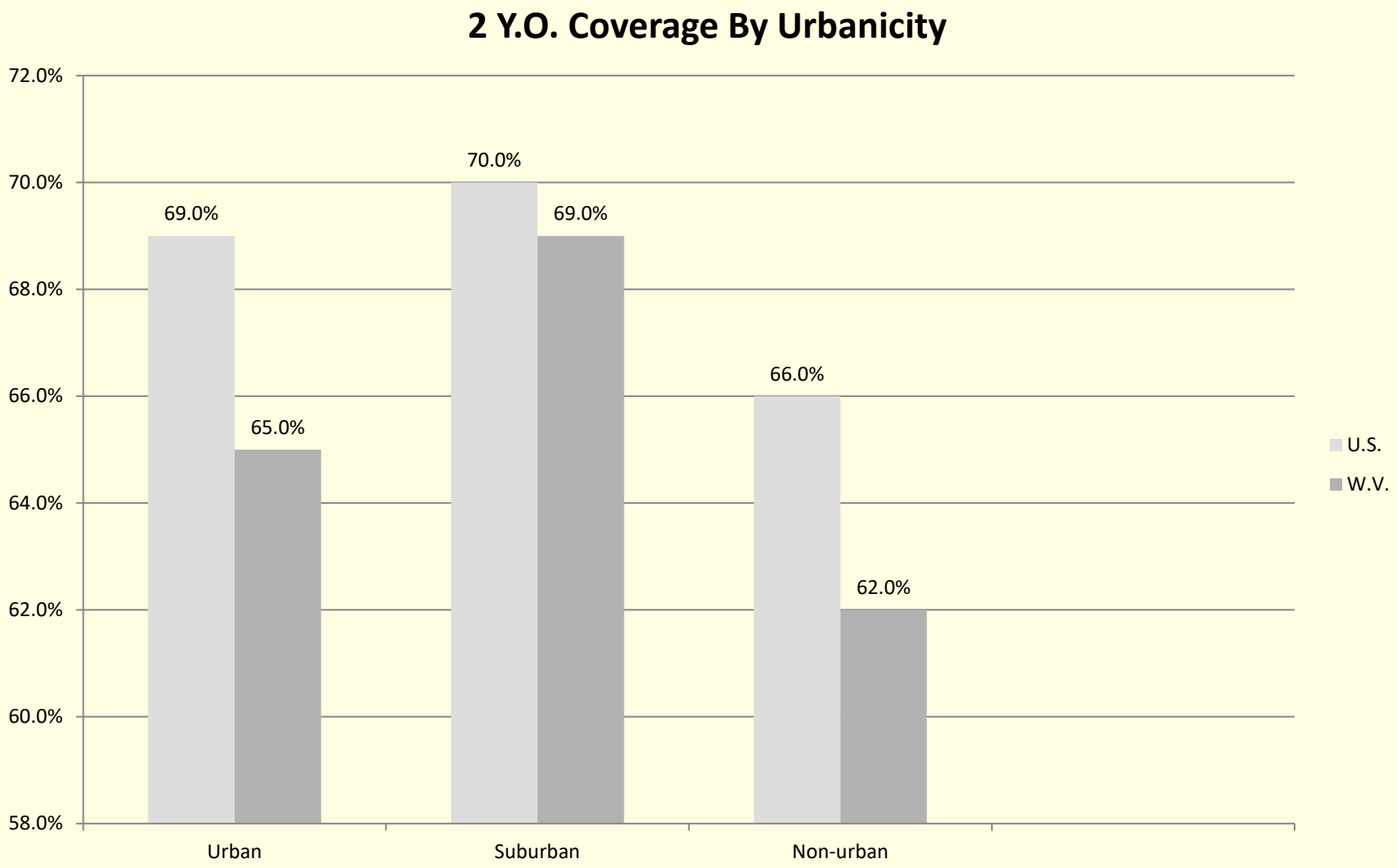
Coverage Rates By Poverty Level



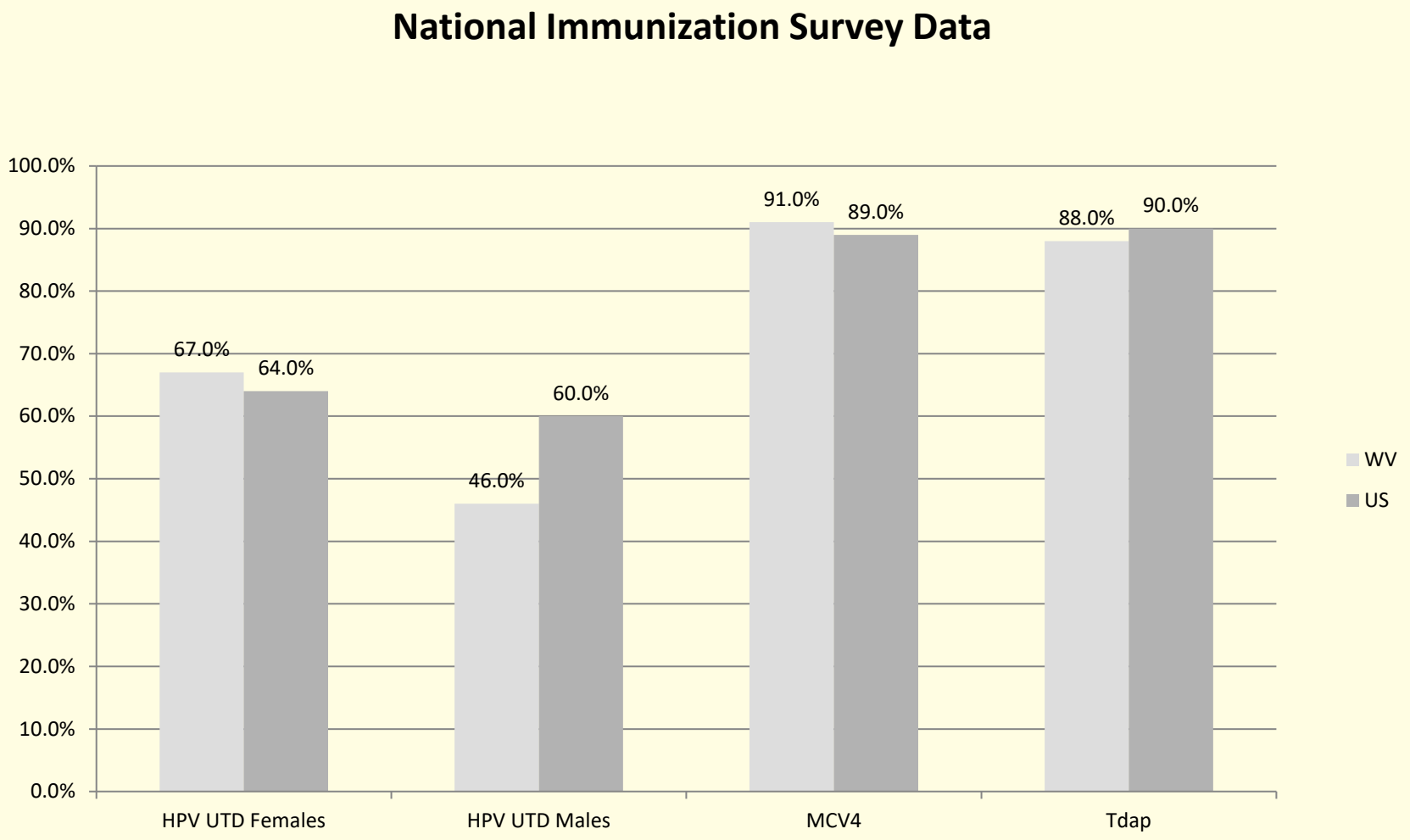
Coverage Rates By Race



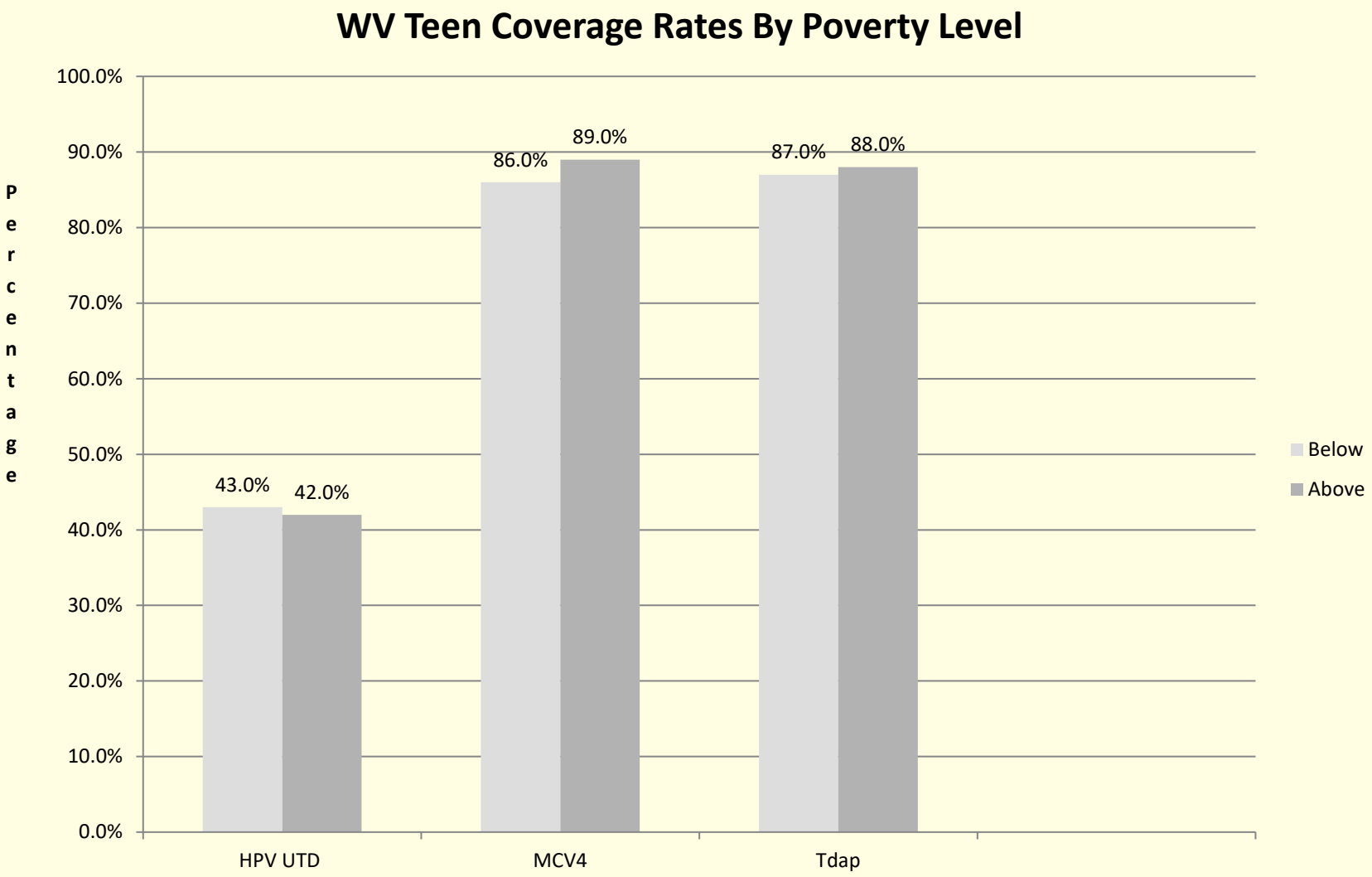
Coverage Rates by Urbanicity



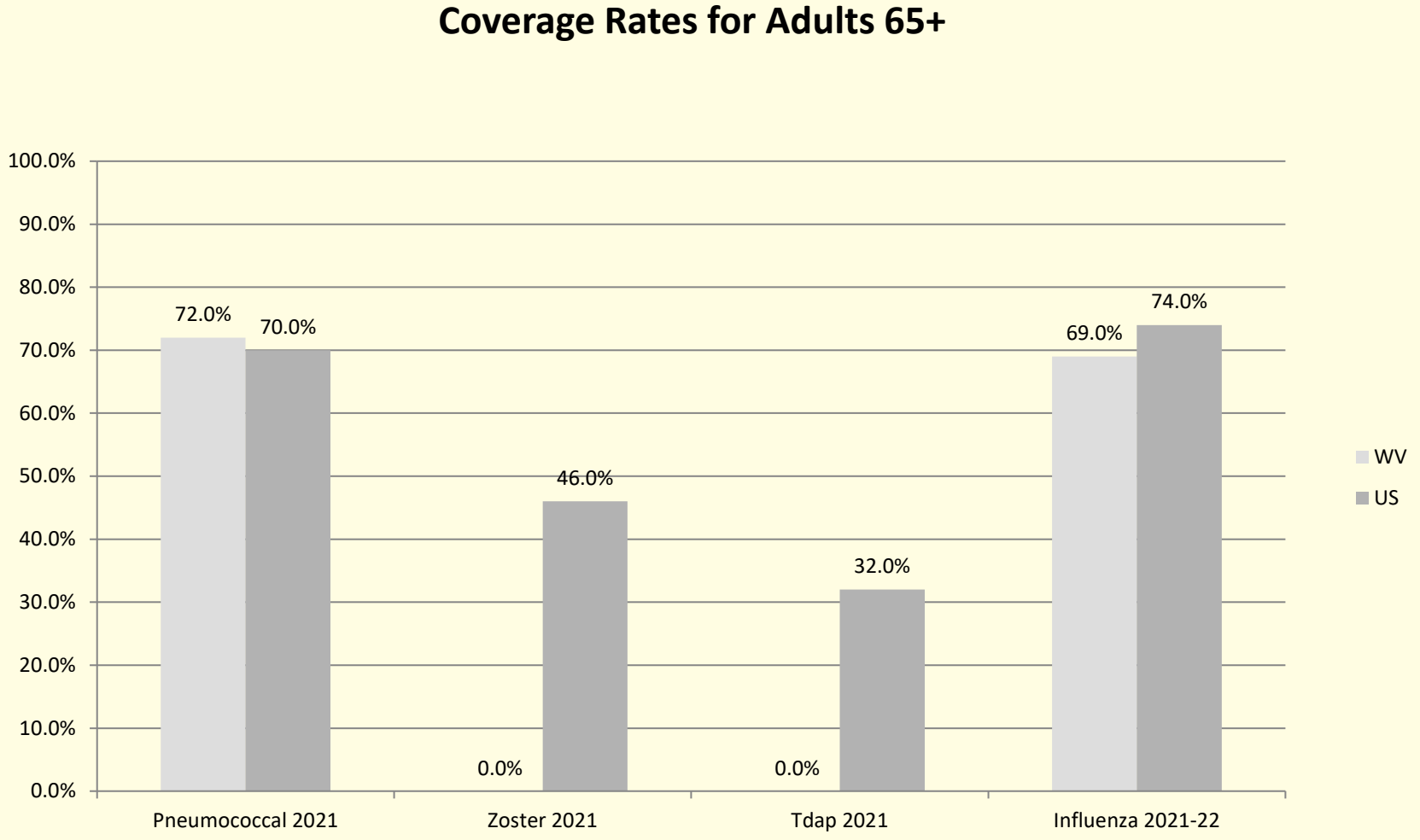
Teen Coverage Rates (13-17 Years)



Teen Coverage Rates By Poverty Level



Adult Coverage Rates (≥ 65 Years)



Vaccine Safety

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Why is Vaccine Safety increasing in Importance?

- Public confidence in vaccine safety is critical
- Higher than ever standard of safety for vaccines
- Recipients are generally healthy vs. consumers of other pharmaceuticals
- As disease risks decrease, attention on vaccine risks increase
- Vaccinations universally recommended and mandated
- Lower risk tolerance means adverse reactions must be investigated thoroughly

Prelicensure Vaccine Safety Studies

- **Three phase process of trials in humans**
- **Performed first in the laboratory, then with animals, finally with humans**
- **Common reactions are identified**
- **Vaccines are tested in thousands of persons before being licensed**

Postlicensure Surveillance

- **Identify rare reactions**
- **Monitor increases in known reactions**
- **Identify risk factors for reactions**
- **Identify vaccine lots with unusual rates or types of events**
- **Identify signals that portend an increased chance of an adverse event**

Vaccine Safety Datalink Program (VSD)

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What is the VSD?

- **Large database which links vaccination and health records**
- **Detects adverse events following vaccination in near real time so the public can be informed quickly of possible risks**
- **An active surveillance system**
- **Populated by 13 large Health Maintenance Organizations**
- **Crucial to vaccine safety monitoring**

Objectives of the VSD

- **To conduct research on important vaccine safety questions in large populations**
- **To conduct vaccine safety studies that come from questions or concerns in the medical literature or from other vaccine safety systems, like VAERS**
- **To monitor possible adverse events when new vaccines are licensed or when there are new vaccine recommendations**
- **To provide information to committees who make recommendations for the nation**

VAERS

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Vaccine Adverse Event Reporting System (VAERS)

- **VAERS is often misunderstood**
- **Passive reporting system administered by the CDC and FDA**
- **A VAERS report is only that – it does not establish causation, and is not in itself establishment of any fact or event**
- **Receives approximately 15,000 (non-COVID-19) reports per year**
- **May be reported to the Division of Immunization Services or if administered in an LHD or directly to VAERS**

VAERS

- **VAERS helps to detect:**
  - **New or rare events**
  - **Increases in rates of known side effects**
  - **Patient risk factors**

- **VAERS signals confirmed through additional studies**

- **Not all reported vaccine reactions causally related to vaccine**

Vaccine Adverse Events (VAE)

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Classification of VAEs

- **Vaccine-induced**
- **Vaccine-potentiated**
- **Programmatic Error (Provider's Role)**
- **Coincidental**

Role of the Provider In VAE

- **Store and administer vaccines properly**
- **Adhere to guidelines for timing and spacing of vaccines**
- **Observation of contraindications and precautions**
- **Management of side effects**
- **Report suspected VAEs to VAERS**
- **Communicate vaccine benefits/risks**

Contraindication vs. Precaution

Contraindication:

A condition in a recipient that increases the chance of a serious adverse event

Precaution:

A condition that might increase the chance or severity of an adverse event or compromise the ability of the vaccine to produce immunity

Contraindications and Precautions

Two conditions considered permanent contraindications to a vaccination

- **Severe (anaphylactic) allergic reaction to a vaccine component or following a prior dose of vaccine**
- **Encephalopathy not due to another identifiable cause within 7 days of vaccination**

Temporary Contraindications

There are two <u>temporary contraindications</u> to vaccination with *live-virus* vaccines:

- **Pregnancy**
- **Immunosuppression**

Examples of Invalid Contraindications

- **Minor illness**
- **Mild/moderate local reaction or fever following a prior dose**
- **Disease exposure or convalescence**
- **Pregnancy or immunosuppression in the household**
- **Premature birth**
- **Breastfeeding**
- **Allergies to products not in the vaccine**
- **Family history (unrelated to immunosuppression)**

Vaccine Injury Compensation Program

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National Childhood Vaccine Injury Act 1986 created the National Vaccine Injury Compensation Program (VICP)

- **Ensures adequate supply of vaccines**
- **Ensures stability with vaccine costs**
- **Maintains an accessible and efficient forum for individuals found to be injured by certain vaccines**

NOTE:

VICP is a no-fault alternative to the traditional tort system for resolving vaccine claims that provides compensation to people found injured by certain vaccines.

***The burden of proof is lighter than traditional court and is based upon a preponderance of evidence*.**

Thank You

Jeff Neccuzi

VFC Coordinator and Vaccine Manager

Division of Immunization Services

Bureau for Public Health

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Jeffrey.j.Neccuzi@wv.gov

https://oeps.wv.gov/immunizations