WHAT'S HAPPENING WEDNESDAY

Kansas Immunization Program

March 6, 2019

VFC Consultant On-Call

The Consultant On-Call can be reached Monday—Friday, 8:00am—5:00pm at 785-296-5592.

Kansas Department of Health and Environment

The Novavax topline results from Phase 3 PrepareTM trial of ResVax™ for prevention of RSV disease in infants via maternal immunization has been released. Novavax issued the following highlights:

- This is the first RSV vaccine to demonstrate Phase 3 efficacy against RSV-hospitalization.
- Reductions in all-cause hospitalization and all-cause respiratory illness with severe hypoxemia that have major global public health implications.
- The safety and tolerability data were favorable, supporting the concept of maternal immunization.
- Novavax plans to meet with U.S. and European regulatory authorities to discuss path forward for licensure.

Read the full press release.

Vaccinate Your Family: The Next Generation of Every Child By Two (VYF) is pleased to release their third annual State of the ImmUnion (SOTI) report. The 2019 report examines how strong our defenses truly are against vaccine-preventable diseases and what we can do, as public health advocates and legislators, to make our country stronger and more resilient in the face of disease outbreaks and other emerging health threats. VYF also prepared a template fact sheet for the sharing of state-level data and prepared sample media posts. If you are able to complete a fact sheet or media post, please share with Erica DeWald at VYF at erica@vaccineyourfamily.org.

Additional updates have been made to the Kansas Immunization Program (KIP) School Requirements web page including the updated Kansas Certificate of Immunizations, the School Immunization FAQ Document and the Kansas Statutes Related to School Immunizations.

The updated Kansas Certificate of Immunizations will be updated on the Education Library order center and the KSWebIZ within the next couple of weeks. The documents have been sent to vendors to make their updates to those sites. The updates for the School Requirements Cheat Sheet is also in process.

Please see page 4 for additional support in planning for the implementation of the proposed new school vaccine requirements.

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Thanks to all of you who LIKE our page, we are over 600 "Likes." We appreciate all of your support and hard work vaccinating Kansans from vaccine preventable diseases! We can be found by clicking on the Facebook logo or link below. Please make sure and share our posts and like our page while you are there.

https://www.facebook.com/ImmunizeKS/

CDC Request For Measles Outbreak Support

From January 1 to February 21, 2019, 159* people from 10 states (CA, CO, CT, GA, IL, NJ, NY, OR, TX, and WA) have been reported as having measles. Five outbreaks (defined as 3 or more linked cases) have been reported, in Rockland County, New York; Monroe County, New York; New York City; Washington; Texas; and Illinois. Of these outbreaks, 2 outbreaks are ongoing from 2018. The Centers for Disease Control and Prevention (CDC) urges healthcare professionals to ensure that all patients are up to date on measles, mumps, and rubella (MMR) vaccine, including before international travel.

What Should Clinicians Do?

- Discuss the importance of MMR vaccine with parents. Listen and respond to parents' questions. When parents have questions, it does not necessarily mean they won't accept vaccines. Sometimes, they simply want your answers to their questions.

- Ensure all patients are up to date on MMR vaccine.

    - ◊ Children need 2 doses of MMR: one dose at 12-15 months and another dose at 4-6 years.
    - ◊ Before any international travel, infants 6-11 months need 1 dose of MMR vaccine, children 12 months and older need 2 doses separated by at least 28 days, and teenagers and adults who do not have evidence of immunity against measles need 2 doses separated by at least 28 days.

- Consider measles in patients presenting with febrile rash illness and clinically compatible measles symptoms (cough, coryza, and conjunctivitis), and ask patients about recent travel internationally or to domestic venues frequented by international travelers, as well as a history of measles exposures in their communities.

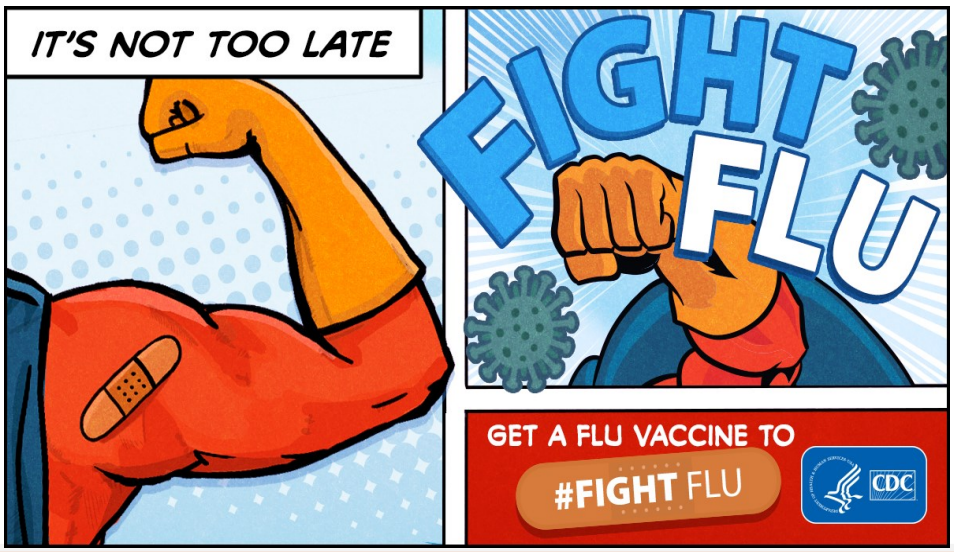
- Promptly isolate patients with suspected measles to avoid disease transmission and immediately report the suspect measles case to the health department.

- Obtain specimens for testing from patients with suspected measles, including viral specimens for genotyping, which can help determine the source of the virus. Contact the local health department with questions about submitting specimens for testing.

For more information, including guidelines for patient evaluation, diagnosis and management, visit: https://www.cdc.gov/measles/hcp/index.html

Last year's flu season was severe with an increased number of people contracting influenza and an increased number of deaths, particularly children. The Centers for Disease Control and Prevention (CDC) estimates that 48.8 million people had influenza and there were almost 80,000 influenza related deaths. Every outlet of the media, including television, radio, and news print reported the flu season severity. This year's flu season has been much less publicized. With that said, both the Kansas Department of Health and Environment (KDHE) Influenza Surveillance and the CDC's Situation Update: Summary of Weekly FluView Report are reporting an increase in influenza activity.

Typically, as we enter March, we begin to think of Spring and clinics begin to relax their influenza vaccine recommendations. Influenza is now widespread across the United States, so continue to encourage every unvaccinated patient to receive their flu shot. It's never too late!



The March 21, 2019
Kansas Immunization Program—Knowledge Injection Series
Registration is available by clicking here
This month's topic is
"Vaccine Administration: Make No Mistakes"
presented by JoEllen Wolicki, RN, Nurse Educator, National Center for Immunization and Respiratory Diseases, CDC

Influenza Surveillance March 6, 2019

The Influenza-Like Illness Surveillance Network (ILINet) sites continue to monitor patients for influenza-like illness (ILI) – symptoms include a fever ($\geq$ 100°F) and the presence of a cough and/or sore throat. During the week ending February 23rd, ILINet sites reported 6.0% of visits were due to ILI. Syndromic surveillance indicated 6.2% of visits to emergency departments in Kansas were due to ILI. All data is subject to change. Influenza A/H3 activity has increased in Kansas during the past few weeks. The Kansas Health and Environmental Laboratories (KHEL) has detected A/H3 in 60 specimens, A/H1 in 41 specimens, influenza A (not subtyped) in three specimens and one influenza B (Victoria) specimen. Eighteen influenza outbreaks have been reported to KDHE this season. As a reminder, outbreaks of any disease are reportable and should be reported to the epidemiology hotline at (877) 427-7317. Stay updated on influenza activity at http://www.kdheks.gov/flu/surveillance.htm.

Vax Facts

Gradual Implementation of New Provisional School Immunization Requirements

The two provisional changes that have been added to the school entry requirements for the 2019-2020 year are as follows:

Hepatitis A: Two doses are required. Doses should be given at 12 months with a minimum interval of 6 months between the 1st and 2nd dose.

Meningococcal (Serogroup A,C,W,Y): Two doses required. Doses should be given at entry to 7th grade (11-12 years) and 11th grade (16-18 years). For children 16-18 years, only one dose is required.

To decrease the burden on parents, schools, and vaccine providers with the 2019-2020 school entry requirements for Hepatitis A and Meningococcal ACWY vaccinations, a phased in approach can be applied.

Hepatitis A:

The Hepatitis A vaccine can be phased in according to the graph below. For the 2019-2020 school year, only children in Kindergarten and 1st grade would be required to have the Hepatitis A series. If there is no history of vaccination, the child would need to have **one dose of Hepatitis A at school entry followed by a second dose 6 months later**. For the 2020-2021 school year, children in Kindergarten through third grade would be expected to have the Hepatitis A series following the same criteria above. Each year another two grades are added until the series is implemented among all grades. (see graph A below)

Meningococcal (A,C,W,Y):

The Meningococcal (A,C.W,Y) vaccine can be phased in according to the graph below. For the 2019-2020 school year, only children in 7th and 11th grade would be required to have the Meningococcal (A,C,W,Y) series. If there is no history of vaccination, the child would need to have **one dose of Meningococcal (A,C,W,Y) at school entry.** For 7th graders, they would not need a second dose until the 11th grade. For those in 11th grade, a second dose is not required. For the 2020-2021 school year, children in 7th, 8th, 11th, and 12th grades would be required to have a Meningococcal (A,C,W,Y) at school entry. The 7th and 8th graders would not need a second dose of Meningococcal (A,C,W,Y) until 11th grade. The 11th and 12th graders would not need a second dose. This pattern is followed until the series is implemented among all required grades. (See graph B below)

School Year	Grade Entry Required to be Vaccinated												
	K	1	2	3	4	5	6	7	8	9	10	11	12
2019 - 2020													
2020 – 2021													
2021 – 2022													
2022 – 2023													
2023 – 2024													
2024 - 2025													

Graph A—Hepatitis A Implementation

Graph B—Meningococcal Implementation

School Year	Grade Entry Required to be Vaccinated					
	7	8	9	10	11	12
2019 - 2020						
2020 – 2021						
2021 – 2022						
2022 – 2023						