



Vaxx Facts



National Infant
Immunization Week

Childhood Vaccinations and COVID-19

The COVID-19 pandemic is rapidly evolving and will continue to affect communities across North Carolina and the U.S. in different ways. Strategies being used to slow the spread of disease in communities include: postponing or cancelling elective and non-urgent procedures; and using telemedicine instead of in-person appointments for routine medical visits.

Ensuring the delivery of newborns and well-child care visits, including childhood immunization, requires different strategies. Examples include:

- Scheduling well visits in the morning and sick visits in the afternoon.
- Physically separating patients, such as placing patients with sick visits in different areas of the clinic or another location away from patients with well visits.
- Collaborating with other providers in the community to identify separate locations for holding child well visits.

For additional COVID-19-related strategies being used by healthcare providers visit the [COVID-19 Clinical Guidance Q&A](#) maintained by the American Academy of Pediatrics.

Current circumstances related to COVID-19 may temporarily impact the capability of some providers to perform well child visits, including the administration of immunizations, for some patients in their practice.

If a practice can provide only limited well child visits, healthcare providers are encouraged to prioritize newborn care and vaccination of infants and young children, through 24 months of age, when possible. Visit the [CDC's website](#) for additional information.

Events and Observations

National Infant Immunization Week (NIIW) is April 25-May 2. NIIW focuses on the positive impact of vaccination on the lives of infants and children. Healthcare professionals are on the front lines of the fight against vaccine-preventable diseases.

The Centers for Disease Control and Prevention (CDC) estimates that routine immunization of children born between 1994 and 2018 will prevent an estimated 419 million illnesses, 26.8 million hospitalizations and 936,000 early deaths over their lifetimes. In addition, this is estimated to produce a net savings of \$406 billion in direct costs and \$1.88 trillion in total economic impact.

Vaccination coverage among children remains high in the U.S. But, misinformation can put communities at risk. When misleading information spreads, vaccination coverage can fall and increase the risk for outbreaks of vaccine-preventable diseases.

For example, from Jan. 1 to Dec. 31, 2019, over 1,200 individual cases of measles were confirmed in 31 states. This is the highest number of measles cases reported in the U.S. since 1992.

National Infant Immunization Week is a great time to share information about the importance of childhood immunization, and:

- Highlight the dangers of vaccine-preventable diseases, especially to infants and young children.
- Educate parents and caregivers about the importance and benefits of vaccination in protecting their children, starting from birth, against vaccine-preventable diseases.
- Encourage better communication about vaccination between parents and healthcare professionals.

For more information that your practice can use on National Infant Immunization Week, including printable resources, social

media messages and much more, visit www.cdc.gov/vaccines/events/niw/ed-resources.html.



Meningococcal Conjugate

Vaccine Update

Effective August 1, 2020, a booster dose to protect against meningococcal disease is required for North Carolina adolescents entering the 12th grade or by 17 years of age, whichever comes first.

The meningococcal conjugate vaccine protects against meningococcal disease, an uncommon, but dangerous infection that often strikes without warning. About 1 of every 10 people who gets the disease dies from it. The vaccine is effective at preventing infection from four types of meningococcal disease common in the United States.

Bacteria that cause this infection can spread when people have close or lengthy contact with someone's saliva, such as through kissing or coughing or sharing drinking cups or utensils, especially if they are living in the same place.

Meningococcal disease can become very serious, very quickly. The meningococcal vaccine is the best way to protect teens from getting meningococcal disease.

[Click here](#) for more information on the latest [meningococcal conjugate vaccine recommendations](#) from the Centers for Disease Control and Prevention's [Advisory Committee on Immunization Practices \(ACIP\)](#) website.

Click [here](#) for the English-language version of the new meningococcal conjugate vaccine fact sheet from the

NC Immunization Branch. A Spanish-language version is also available [here](#).

NOTE: If the first dose of meningococcal conjugate vaccine is administered on or after the 16th birthday, the booster dose is not required.



Human Papillomavirus

Human Papillomavirus (HPV) is a very common virus that is usually spread through sexual contact. Most of the time HPV has no symptoms so people do not know they have it. There are more than 150 related viruses in the overall HPV group, and approximately 40 types of genital HPV. Some types can cause cervical cancer in women and can also cause other kinds of cancer in both men and women. Other types can cause genital warts in both males and females.

The HPV vaccine works by preventing the most common types of HPV that cause cervical cancer and genital warts. It is given on a two-dose, or three-dose schedule depending on age.

In 2016, the Centers for Disease Control and Prevention (CDC) [updated Human Papillomavirus vaccination recommendations](#) regarding dosing schedules. The CDC now recommends two doses of HPV vaccine for people starting the vaccination series before their 15th birthday.

Children and adults aged 9 through 26 years.

HPV vaccination is routinely recommended at age 11 or 12 years old; vaccination can be given starting at 9 years of age. Catch-up HPV vaccination is recommended for all people through age 26, who are not adequately vaccinated.

What is the recommended 2-dose HPV vaccination schedule?

For girls and boys starting the vaccination series before their 15th birthday, the recommended schedule is 2 doses of the HPV vaccine. The second dose should be given 6-12 months after the first dose.

Who should still receive a 3-dose schedule?

CDC continues to recommend a 3-dose schedule for people starting the HPV vaccination series on or after their 15th birthday, and for people with certain immunocompromising conditions. The second dose should be given 1–2 months after the first dose, and the third dose should be given 6 months after the first dose.

Catch-up Vaccination

Catch-up HPV vaccination is not recommended for all adults aged >26 years. Instead, shared clinical decision-making regarding HPV vaccination is recommended for some adults aged 27 through 45 years who are not adequately vaccinated. Click [here](#) for additional information on the HPV vaccination for adults aged 27 through 45 years. HPV vaccines are not licensed for use in adults aged >45 years.

Click [here](#) for additional vaccine information and answers to frequently asked questions about HPV from the CDC.



Clinician's Corner

The following is a primer with links to additional information on best practices for administering intramuscular immunizations to people of all ages.

The Advisory Committee on Immunization Practices (ACIP) recommends all intramuscular vaccine injections be administered at a 90-degree angle to the skin. Aspiration is not recommended. The preferred site is the anterolateral aspect of the thigh or the deltoid muscle of the arm, depending on the patient's age.

For all intramuscular injections, the needle should be long enough to reach the muscle mass and prevent vaccine from seeping into subcutaneous tissue, but not so long as to involve underlying nerves, blood vessels or bone. Vaccinators should be familiar with the anatomy of the area into which they are injecting vaccine.

[Click here](#) for additional guidance on best practices for vaccine administration from the Advisory Committee on Immunization Practices (ACIP).

For more information or a handout to post in your clinic area, please click [here](#). CDC recommends using a [skills checklist](#) to ensure competency.



Continuing Education

Need help obtaining your certificate for the required annual training modules? Click [here](#) for a step by step guide from the Centers for Disease Control and Prevention (CDC).

Modules required for the primary vaccine coordinator and back-up coordinator are [You Call the Shots: Storage and Handling](#) and [You Call the Shots: Vaccines for Children](#). Due to COVID-19-related impacts, North Carolina Immunization Program (NCIP) Regional Trainings will be delayed.

Therefore, the North Carolina Immunization Branch strongly recommends that anyone administering vaccines complete both modules online to fulfill the annual requirement.

Want more educational opportunities for your practice? The CDC offers a [free email subscription service](#), making it easy for you to learn more about different topics.



Vaccine Storage and Handling

Take the following quiz to check your knowledge of proper vaccine storage and handling procedures.

1. Cold Chain Flow – maintaining proper temperatures along the way. Number in correct order the “chain” of responsibility:

- Vaccine Storage & Handling at Provider Facility
- Vaccine Shipping to Distributor; Distributor to Provider
- Vaccine Arrival at Provider Facility
- Vaccine Manufacturer
- Vaccine Administration

2. Which of the following should be used to maintain stable temperatures in a refrigerator?

- Ice packs
- Unopened water bottles
- Any type of non-carbonated cans or bottles
- Empty boxes of vaccine to take up any extra space

3. What type of storage unit is most recommended by the CDC for the storage of vaccines?

4. (True/False): A “Dorm Style” unit may only be used for the temporary storage of vaccine.



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Answers:
 1. 4,2,3,1,5
 2. Unopened water bottles
 3. Stand-alone single units or pharmaceutical/purpose-built units
 4. False