Adolescent Immunization Update

Connecticut Immunization Teleconference

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR DISEASE CONTROL AND PREVENTION



Overview

- Burden of vaccine preventable diseases
- Vaccines recommended for adolescents
- Vaccination coverage levels
- Pre-Teen Vaccination Campaign

Comparison of U.S. 20th Century Estimated Annual **Morbidity and Current Reported Morbidity** Vaccine-Preventable Diseases (pre-1990 Vaccines)

Disease	20th Century Annual Morbidity [†]	2005††	Percent Decrease	
Smallpox	48,164	0	100%	
Diphtheria	175,885	0	100%	
Measles	503,282	66	> 99%	
Mumps	152,209	314	> 99%	
Pertussis	147,271	25,616	83%	
Polio (paralytic)	16,316	1*	> 99%	
Rubella	47,745	11	> 99%	
Congenital Rubella Syndrome	823	1	> 99%	
Tetanus	1,314	27	98%	
Haemophilus influenzae	20,000	226**	99%	
[†] Source: CDC. <i>MMWR</i> April 2, 1999 ^{† †} Source: CDC. MMWR. August 1	Numbers in yellow indicate			

* Imported vaccine-associated paralytic polio (VAPP)

** Type b and unknown (< 5 years of age)

at or near record lows in 2005

Comparison of U.S. Pre-Vaccine Era Estimated Annual Morbidity and Current Estimated Morbidity Vaccine-Preventable Diseases (post-1990 Vaccines)

Disease	Pre-Vaccine Era Estimated Annual Morbidity †	2005 Estimated Morbidity †	Percent Decrease
Hepatitis A	117,333	19,183	84%
Hepatitis B (acute)	66,232	15,352	77%
Pneumococcus (invasive)	63,067	40,325	36%
Varicella	4,085,120	817,024	80%

[†] Unpublished CDC data, reported November 2006

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Vaccine 🔻 🛛 Age 🕨	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	24 months	4–6 years	11–12 years	13–14 years	15 years	16–18 years
Hepatitis B ¹	НерВ	He	pB	HepB'	НерВ			HepB Series						
Diphtheria, Tetanus, Pertussis²			DTaP	DTaP	DTaP		DI	TaP		DTaP	Tdap		Tdap	
Haemophilus influenzae typeb³			Hib	Hib	Hib³	н	ib							
Inactivated Poliovirus			IPV	IPV		IP	v			IPV				
Measles, Mumps, Rubella⁴						MI	MR			MMR		M	VIR	
Varicella⁵						8	Varicella				Vari	cella		
NA		<u>Calente de la comp</u>						cines within			MCV4		MCV4	
Meningococcal ⁶								line are for populations	MPS	SV4			MCV4	
Pneumococcal ⁷			PCV	PCV	PCV	P	cv		PCV		PI	PV		
Influenza®						nfluenza	a (Yearly)			Influenza	a (Yearly)	
Hepatitis A ^s									He	pA Seri	es			

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2005, for children through age 18 years. Any dose not administered at the recommended age should be administered at any subsequent visit when indicated and feasible. Indicates age groups that warrant special effort to administer those vaccines not previously administered. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever

any components of the combination are indicated and other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective ACIP statement for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at www.vaers.hhs.gov or by telephone, 800-822-7967.

Range of recommended ages

Catch-up immunization

11–12 year old assessment

Adolescent Vaccination

DEPARTMENT OF HEALTH AND HUMAN SERVICES • CENTERS FOR DISEASE CONTROL AND PREVENTION

Recommended Immunization Schedule for Ages 7–18 Years UNITED STATES • 2007

-			-			
Vaccine ▼ Age ▶	7-10 years	11-12 YEARS	13–14 years	15 years	16–18 years	
Tetanus, Diphtheria, Pertussis ¹	see footnote 1	Tdap		Tdap		Range of recommended ages
Human Papillomavirus²	see footnote 2	HPV (3 doses)	ŀ	IPV Series		Catch-up immunization
Meningococcal ^a	MPSV4	MCV4		MCV4 ³ MCV4		Certain
Pneumococcal ⁴		PPV				high-risk groups
Influenza ⁵		Influenza (Yearly)				
Hepatitis A ⁶		HepA Series				
Hepatitis B ⁷		HepB Series				
Inactivated Poliovirus [®]		IPV Series				
Measles, Mumps, Rubella ⁹		MMR Series				
Varicella ¹⁰		Varicella Series				

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2006, for children aged 7–18 years. For additional information see www.cdc.gov/nip/recs/child-schedule.htm. Any dose not administered at the recommended earlier age should be administered at any subsequent visit when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of

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Recommended Vaccines for Adolescents

- Recommended for all adolescents
 - Tetanus diphtheria acellular pertussis (Tdap)
 - Tetravalent meningococcal conjugate vaccine (MCV4)
 - Human Papillomavirus vaccine (HPV)
- Recommended for those not previously vaccinated
 - Hepatitis B
 - Measles-mumps-rubella (MMR) 2nd dose
 - Varicella (or historical or serological immunity)
 - Polio
- Recommended for special target groups at increased risk of infection or complication
 - Influenza
 - Pneumococcal polysaccharide
 - Hepatitis A

Tdap vaccine

- Licensed and recommended in 2005
- Administered as a single dose
- Recommended for all adolescents 11-18 years of age
 - Preferred age is 11-12 years
- If previously vaccinated with Td:
 - Should receive Tdap
 - 5-year interval between Td and Tdap is encouraged

Meningococcal Conjugate vaccine

- Licensed and recommended in 2005
- Administered as a single dose
- Recommended for all adolescents 11-18 years of age
 - Preferred age is 11-12 years
 - College freshman living in dorms

HPV vaccine

- Licensed and recommended June 2006
- Vaccine protects against 4 types of HPV
 - 2 types that cause 70% of cervical cancers
 - 2 types that cause 90% of genital warts
- Administered as a 3 dose schedule
 - 0, 2, 6 months
- Recommended for females 11-12 years
 - Can be given as early as 9 years
 - Should be given to females 13-26 years if not previously vaccinated

Varicella – 2nd dose

- June 2006 ACIP updated recommendation
- Unvaccinated child <13 years
 - 2 doses
 - Recommended interval: 3 months
- Previously vaccinated child with 1 dose
 - Receive 2nd dose
 - 3 month interval between doses

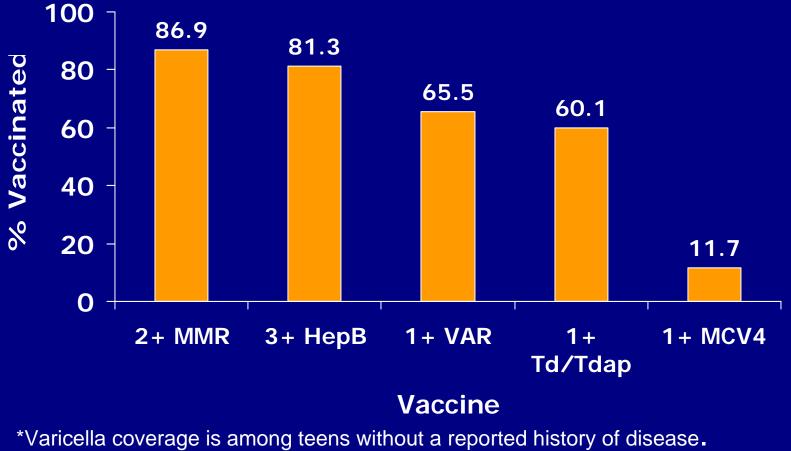
National Immunization Survey Teen Module (NIS-Teen)

- Conducted Oct-Dec 2006
- Uses National Immunization Survey (NIS) sample frame methodology
 - Random digit dial telephone survey
 - National sample of parents of 13-17 year olds (~5000)

Born between 10/7/88 – 2/7/94

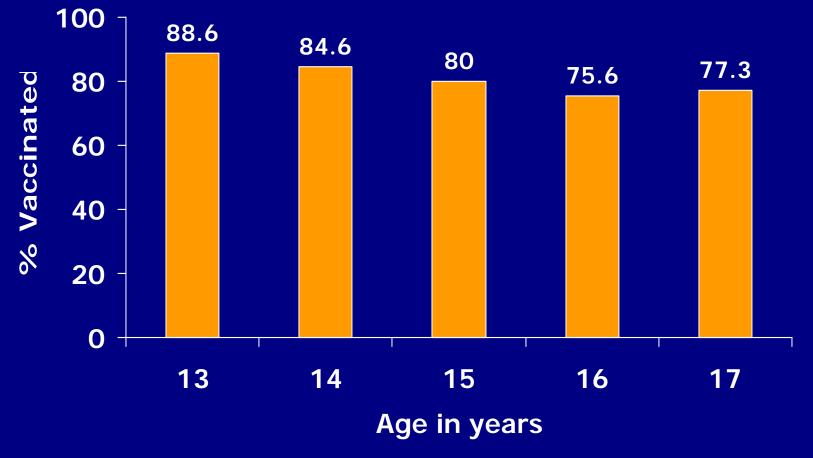
 Provider record check for verification of immunizations

Estimated vaccination coverage levels among adolescents 13-17 years of age, 2006 NIS-Teen



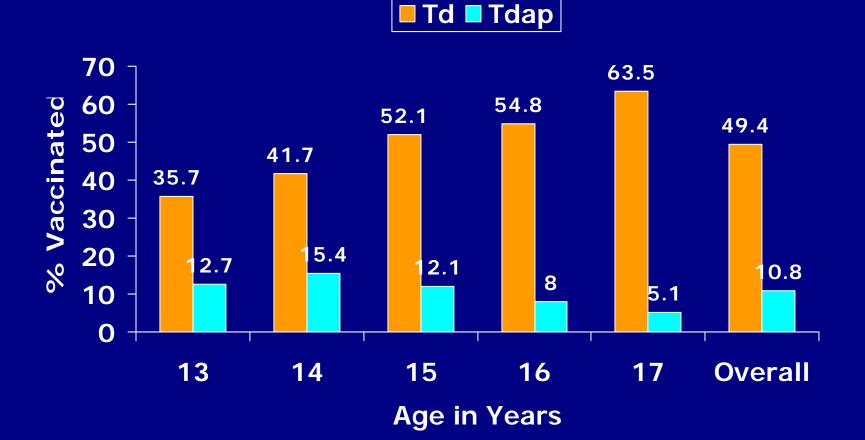
MMWR. 2007;56:885-888.

Estimated vaccination coverage levels for 3+ Hepatitis B by age, 2006 NIS-Teen



MMWR. 2007;56:885-888.

Estimated vaccination coverage levels of Td/Tdap by age, 2006 NIS-Teen



MMWR. 2007;56:885-888.

Strategies to Improve Coverage

- Evidenced based strategies
 - Patient reminder/recall
 - Provider reminder/recall
 - Assessment and feedback (AFIX)
 - Standing orders
- Standards for vaccination
 - Vaccinate at the earliest opportunity
 - Assess vaccination status at every opportunity
 - Administer all indicated vaccines during the same visit

Missed opportunities for Td vaccination among insured adolescents 11-17 years of age*

Type of Healthcare Visit	Eligible for Td at time of visit	Received Td	Missed Opportunities for Td
Hospitalization	449	2%	98%
Emergency Department	3,560	5%	95%
Outpatient - Preventive	22,299	53%	47%
Outpatient - Vaccine only	7,404	29%	71%
Outpatient - Non-preventive	70,027	4%	96%
TOTAL	103,739	16%	84%

*Courtesy of Dr. Grace Lee; preliminary results (not yet published)

CDC Pre-Teen Vaccination Campaign

- Launched Aug 1, 2007
 - National Immunization Awareness
 Month
- Purpose: motivate parents to get their pre-teens vaccinated and promote the 11-12 year old preventive healthcare visit

CDC Pre-Teen Vaccination Campaign

- Posters and flyers
 - English and Spanish
 - General vaccines and HPV specific
- Free materials for download at:

http://www.cdc.gov/vaccines/specgrps/preteensadol/07gallery/default.htm Do you have an 11 or 12 year old? If yes, help prepare your child for the adolescent years ahead.





"I recommend that all 11 and 12 year olds get a dheck-up to monitor their growth, talk about their development, and get updated on their vaccines."



Now is the perfect time to vaccinate your child against serious diseases like meningits, tetanus, cervical cancer, and whooping cough.

Schedule a pre-teen check-up today!

For more information on saccines, ask your child's healthcare previder or call 800-CDC-INF0 (800-232-4636) Writelitz www.ede.gov/wealees/pretees/



Como padre o madre, usted siempre ha apoyado a su hija.

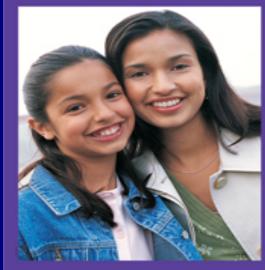


Cuando tenía 3 años, usted estaba allí para vendarle la rodilla.

> Cuando tenía Saños, usted estaba allí para ayudarle a pronunciar las palabras difíciles.



Ahora es el momento de proteger a su hija preadolescente contra el cáncer del cuello del útero.



- El cáncer del cuello del útero es causado por un virus común llamado el virus del papiloma humano (HPV, por sus siglas en inglés).
- En el 2007, cerca de 11.000 mujeres en los Estados Unidos serán diagnosticadas con cáncer del cuello del átero y aproximadamente 3.600 morirán a causa del mismo.
- Ahora hay una vacuna disponible que protege contra el HPV. Esta vacuna puede prevenir la mayoría de los cánceres del cuello del útero.
- Los estudios han demostrado que la vacuna es segura y muy eficaz.
- Los médicos recomiendan la vacuna contra el HPV para todas las niñas de 11 y 12 años de edad. Si a su hija no le pusieron la vacuna cuando tenía 11 ó 12 años, haga una cita para que se la pongan ahora.

PARA GETENER INÁS INFORMACIÓN SOBRE LAS VACUNAS, CONSULTE CON EL MÉDICO DE SU HUA, LUARE GRATIS AL TELÉFONO 5 600-232 4436 O VISITE EL SITIO VIEL «WELAGE (EN/VACIONE) (Priton)



Flyers for parents

Questions and answers for parents about pre-teen vaccines

Vaccines are not just for infants. As children get older, the immunity provided by childhood vaccines can wear off. Children are also at risk of new diseases as they enter their pre-teen years. For these reasons, they need vaccinations too. Doctors recommend pre-teens get several vaccines at their 11 or 12 year old check-up.

Q; What vaccines do pre-teens need?

- A.: * Tetanus-diphthenia-acelluar pertusais vaccine (Tdapi.
 - Meningococcal conjugate vaccine (MCV4).
 Human papillomavirus (MPV) vaccine.
 - also known as the "cervical cancer vaccine."

The Totap and MCN4 vaccines are recommended for all pre-treams. The HPV vaccine is only recommended for gris. Pre-treams should get the following staconations if they did not receive them during childhood: Hepstitis B, varicella (chickenposi), polis, and measure-murps-rubella (MMR). Pre-treams who were vaccinated against chickenpox as infants should receive a locator shot now.

Q; Why are these vaccines necessary?

A: These vaccrises prevent serious, sometimes IN-Envedening diseases, immunity from some childhood vaccrises can decrease over time, so people need to get another dose of the vaccrise during their pre-teen years. Also, as children move into advietoence, they are at greater risk of catching certain diseases, the meningits and HPA.

Q: When should pre-teens be vaccinated?

A: Pre-teens can receive all of these vaccines during their 11 or 12 year old check-up. If your child messed that check-up, ask your child's dector alcult getting the vaccines how.

Ask your child's doctor about these vaccines today.

Q; Are these vaccines safe and effective?

A.: All of these vaccines have been widely studied and are safe and effective. Pre-teens may experience mild side effects such as redness and scorress where they git the injection. These vaccines are recommended by the American Academy for Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention.

Q; Can I get help paying for vaccines?

A: For families with health insurance, all or most of the cost of veccenes is usually covered, Children age 18 and younger may be eligible to get veccenes for free through the Veccenes for Children (VFC) program if they ars: Medicaid eligible; uninsured; or American Indian or Alaska Native. Doctors can charge a fee to give each shot. However, VFC vaccines cannot be denied to an eligible child if the family cannot afford the fee. To learn more about the VFC program, vest the vectoris of www.cdd.gov/ vaccines/programs/vfc/ or contact your State VFC Coordinator. A list of VFC Coordinators is available at www.cdc.gov/vaccines/programs/ vfc/poortacts.htm.

> For more information on vaccines, ask your child's healthcare provider or call 800-CDC-INITO (500-232-4536) Wolula: www.cdc.gov/vaccines.jpreteen/



Flyers for parents

Information for **parents** about pre-teen vaccines

As kids get older, protection provided by some childhood vaccines can begin to A wear off. Kids can also develop risks for more diseases as they get older. Help your child transition into adolescence is a healthy way by staying up-to-date on pre-teen vaccines. Doctors recommend that all 11 and 12 year olds get the Tdap and Meningecoccal vaccines. 11 and 12 year old girls should also get the human papillomavirus (HPV) vaccine.

Recommended vaccines and the diseases they prevent

Human Papillomavirus (HPV)

- Disease HPV is a common whys. HPV is most common in people in their teens and early 20s. It is the major cause of cervical tancer in women.
- Nappling 1979 vaccine protects against the types of HPV that most commonly cause cervical cancer and genital worts. This vaccine is recommended for 11 and 13 year old gets, kneally gets should get 3 doses of this vaccine before their first. sexual contact when they could be exposed to HPV. If your teenage daughter missed getting the uscoine when she was 11 or 12, ask her doctor about getting & now.

Meningococcal Disease (a common cause of meningitis)

- Disease Menergroups menergits is a very serious infection of the lowing around the brain and spinal cord. It can cause death. Maningococcal toootstream infection cancause toes of an arm or leg and even death.
- Vaccine Meningococcal conjugate vaccine (MCV4) protects against these infections. Prelaters should receive a single shot of this vaccrie during their 11 or 12 year old check-up. If your teenager missed getting the vacone at his/her check-up, adv. the doctor about getting it now.

Pertussis (Whopping Cough)

- Disease Whooping cough is highly contagious with prolonged cough. If it is transmitted to infants, it may be life-threatening.
- Vaccine Tetanus-dipitcheria applutar percussis vaccine (Tdap) is an improvement to the old Td booster because it adds protection from whooping cough while abili maintaining protection from tetanus and diphtheria. Pre-teens should receive a single shot of Tdap at their 11 or 12 year old check-up.

Check with your phild's ductor to make sure easy phild lise's relating any desce of these childhood vacaines.

- Incution B.
- States Let cause liking inhome, list damage, but falses, cannot, and deaths.
- Measure, Mumps and Ruberta
- Disease' Mittorically frame and among the most mations estima provide discover.
- Protect
- Disease Highly conteglious; it causes having spreations, but can also trained the state and death.

Variable (Chickergood)

- Disastal Highly conference it causes rank, defining lower and fereds It can load to access also infordiants, scars, presentants, brain tionage, and death.

Getting your oblid maximum is an ine your and incorporates. For tamilies, with bright impropers, all or most of the cost of variables is prophy constant. Oxiden age 18 and younger may be wighte to get sections for live through the Numbers for Children (MC) program 2 likes are: Medicand eligible; printing will be been in an industry balance. Souther, that there a live to per each dot. Rowsen WC excises cannot be denied to an eligible (Add If the bardy-pressil afford for her, to have more about the HC program, with the website of press ads.got/'sambous/'programs/'ds/' or contact post-State WC Coordinates & Set of WC Coordination is available of even adu. ges/mechanic/programs/whi/contacts.htm.

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