

March 21, 2022

# Pennsylvania Immunization Program Newsletter

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## VACCINES FOR CHILDREN PROGRAM

### NATIONAL INFANT IMMUNIZATION WEEK

National Infant Immunization Week (NIIW) is a yearly observance highlighting the importance of protecting children two years and younger from vaccine-preventable diseases (VPDs). This year, in particular, it's critical to ensure that families stay on track for children's routine checkups and recommended vaccinations – while we navigate the after effects of the COVID-19 pandemic.

A [CDC report](#) released in May 2020 found a troubling drop in routine childhood vaccination as a result of families staying at home due to COVID. CDC and the American Academy of Pediatrics (AAP) recommend that children stay on track with their well-child appointments and routine vaccinations even during the pandemic. As in-person learning and play become more common, on-time vaccination is even more urgent to help provide immunity against 14 serious diseases.

**NIIW 2022 is April 24 - 30, 2022**



**National Infant  
Immunization Week**

### 2022 VFC RE-ENROLLMENT

Annual re-enrollment for the Vaccines for Children (VFC) Program will be open from **April 15, 2022 – May 31, 2022**. Additional details and instructions will be shared in the upcoming weeks.

### 2022 YOU CALL THE SHOTS MODULES

**You Call the Shots** training modules for **2022** are available.

- This CDC training includes two mandatory modules, hosted on the CDC's Training and Continuing Education Online (TCEO) page. Other non-mandatory modules are included, and we encourage reviewing them as well.
- Each 'You Call the Shots' module can be accessed directly on its corresponding TCEO page:
  - [You Call the Shots- Module Ten- Storage and Handling - 2022 \(Web-based\)](#)
  - [You Call the Shots- Module Sixteen- Vaccines for Children Program - 2022 \(Web-based\)](#)

For further information, or for help accessing the training, please visit the main [TCEO training page](#).

- All primary and back-up vaccine coordinators must complete both mandatory training modules as a requirement to re-enroll with the VFC Program.
- Please continue to hold off on sending training certificates to the Division of Immunizations. Certificates will be required at re-enrollment and must be submitted with the VFC re-enrollment provider profile.

### INFLUENZA VACCINE

Influenza vaccine for this season is still available. Providers in need of influenza vaccine should place their orders in PA-SIIS utilizing the standard vaccine ordering process. Notification will come when flu vaccine is turned off in SIIS.

## ADULT IMMUNIZATION

### MENINGOCOCCAL DISEASE AND YOUR ADULT PATIENTS

Did you know World Meningitis Day is April 24? In this edition, we will be discussing meningococcal disease, along with some resources providers can use to discuss the importance of vaccinating adults at risk for this highly contagious, and potentially fatal, disease.

The most common causes of meningitis are viral and bacterial infections (and rarely fungal or parasitic infections). For the purpose of vaccination, we will be focusing on bacterial meningitis, and the vaccines that help prevent infection in your patients.

Meningitis is the inflammation of the tissue surrounding the brain and spinal cord: the meninges. Although it often begins with symptoms that resemble influenza or a cold, bacterial meningitis can quickly become serious, even deadly. Anyone can get bacterial meningitis, but the disease is more common in children, teenagers, and those patients with weakened immune systems.

Transmission takes place by direct contact with respiratory secretions or by inhaling large droplets, with the bacteria capable of surviving for hours on some surfaces. Of the five groups that commonly cause the disease (A, C, W, Y, B), three cause most of the disease seen in the United States: B, C, and Y.

Mortality rates for bacterial meningitis are estimated at one in 10 cases, while those who recover often deal with lifelong disabilities such as brain damage or deafness.

According to the CDC's **Enhanced Meningococcal Disease Surveillance Report of 2019**, the Overall Case Fatality Ratio is nearly 10% nationwide.

#### Case Fatality

Serogroup	No. deaths	CFR <sup>†</sup>
B	6	6.1
C	8	9.6
W	3	7.7
Y	8	11.8
NG	5	13.5
Unknown	5	13.9
<b>Overall</b>	<b>35</b>	<b>9.6</b>

Age (years)	No. deaths	CFR <sup>†</sup>
<1	4	12.9
1-4	1	3.3
5-10	1	16.7
11-15	0	0.0
16-23	4	9.5
24-44	4	5.2
45-64	12	14.1
≥65	9	10.5
<b>Overall</b>	<b>35</b>	<b>9.6</b>

Includes all confirmed and probable cases reported from all jurisdictions;  
<sup>†</sup>Case fatality ratio (CFR): deaths per 100 cases with known outcome; 9 (2%) cases with unknown outcome.

### SYMPTOMS

Although symptoms may vary for each individual, those typically associated with meningitis are a sudden high fever, severe headache, and a stiff neck. Symptoms can develop over several hours or a few days, with most patients showing signs of infection within 3 to 7 days.

Common Symptoms of Meningitis				
<b>Fever</b> 	<b>Neck pain</b> 	<b>Drowsiness</b> 	<b>Confusion</b> 	<b>Dislikes bright lights</b> 
<b>Seizures</b> 	<b>Vomiting</b> 	<b>Rash/pale skin</b> 	<b>Muscle/joint pain</b> 	<b>Severe headache</b> 

## COMPLICATIONS

Even with prompt medical attention, meningitis can kill 10% to 15% of those infected. Those patients who survive the disease often face serious and lifelong complications. Some of the devastating outcomes for these patients will involve:

- Hearing loss
- Kidney failure
- Nervous system problems
- Limb amputation/digit loss
- Vision loss in one or both eyes

## ADULT POPULATIONS MOST AT RISK

- **Those in group settings:** College students living in dormitories/shared facilities, prison facilities, military accommodations.
- **Certain medical issues:** HIV infection, asplenia, weakened immune systems.  
According to current evidence, individuals with Sickle cell anemia have more than 300 times greater risk to develop bacterial meningitis (BM) than the general population. There are three primary pathogens responsible for this higher risk: *H. influenzae*, *S. pneumoniae*, and ***N. meningitides***.
- **Age:** Older adults are at increased risk for many pathogens that cause meningitis, including *N. meningitides*.
- **Travelers:** Travelers may be at increased risk for meningococcal disease, caused by *N. meningitidis*, if they travel to certain places. Two areas to note: the meningitis belt in sub-Saharan Africa, particularly during the dry season; Mecca during the annual Hajj and Umrah pilgrimage.
- **Lab workers or caregivers:** Those who work with meningococcal bacteria in a lab setting, or who may be exposed to the disease while providing care.
- **Pay attention to teenagers and young adults not vaccinated for Meningitis B.** Meningitis B vaccine was not available until late in 2014. According to CDC data from 2015 - 2017, more than 60% of meningitis cases in 16 through 23-year-olds were caused by Meningitis B. Teens and young adults (16 through 23 years old) also may receive a MenB vaccine, to help protect against most strains of meningitis B.

## MENINGOCOCCAL VACCINES

There are two vaccines that help protect against the five serogroups that are most common in meningococcal disease: **MenACWY** and **MenB**.

## VACCINES AVAILABLE

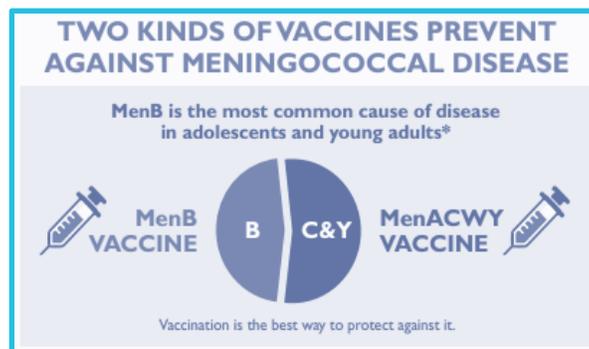
- MenACWY vaccines: **Menactra**, **Menveo**, and **MenQuadfi**  
Teens and young adults (16-23 years old) also may get a MenB vaccine, based on discussions between the patient (and parent, where applicable) and health care provider.
- MenB vaccines: **Bexsero** and **Trumenba**

MenACWY recommended schedule:

- Dose one - all preteens 11-12 years of age
- Booster dose - all teens 16 years of age
- Persons who receive dose one at or after the 16<sup>th</sup> birthday do not need a booster.

The preferred age for MenB Vaccination is 16-18 years of age

- Multiple doses are needed for best protection
- All doses must be the same brand



For more information, please visit CDC’s pink book chapter on [Meningococcal Disease](#) .

**PROVIDER RESOURCES, FOR USE IN YOUR PRACTICE TODAY**

**Vaccine Information Statements (VISs) for Meningitis:**

- **Meningococcal ACWY**  
Centers for Disease Control and Prevention webpage for Meningococcal ACWY VIS:  
<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.html>  
Click the following link for a print version of the Meningococcal ACWY VIS:  
<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.pdf>
- **Meningococcal B**  
Centers for Disease Control and Prevention webpage for Meningococcal B VIS:  
<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening-serogroup.html>  
Click the following link for a print version of the Meningococcal B VIS:  
<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening-serogroup.pdf>

**Centers for Disease Control and Prevention Resources:**

- **Meningococcal Page:** <https://www.cdc.gov/meningococcal/clinical-info.html>
- **Meningococcal Vaccination: Information for Healthcare Professionals:**  
<https://www.cdc.gov/vaccines/vpd/mening/hcp/index.html>

**National Foundation for Infectious Diseases Resources:**

- **Meningococcal Disease Awareness: College Student Toolkit:** <https://www.nfid.org/toolkits/meningococcal-disease-college-toolkit/>  
This toolkit was developed as part of an education program to help raise awareness about the importance of meningococcal disease prevention among healthcare professionals, college health administrators, students, and the public.
- **5 Facts about Serogroup B Meningococcal Disease, downloadable flyer:** <https://www.nfid.org/wp-content/uploads/2019/08/meningococcal-infographic.pdf>
- **Meningitis Myths and Facts, along with additional resources for healthcare providers:**  
<https://www.nfid.org/infectious-diseases/meningitis-myths-and-facts/>

## THIMEROSAL IN VACCINES AND AUTISM SPECTRUM DISORDER

### AUTISM AND VACCINATION RISKS: FACTS AND MYTHS

Some people have had concerns that autism spectrum disorder (ASD) might be linked to the vaccines children receive, but studies have shown that there is no link between receiving vaccines and developing ASD. The National Academy of Medicine, formerly known as Institute of Medicine (IOM), reviewed the safety of eight vaccines to children and adults. The review found that with rare exceptions, these vaccines are safe. **Source:** [Adverse Effects of Vaccines: Evidence and Causality \[Institute of Medicine. 2012\]](#)



In the biggest and most recent study, Danish researchers followed over 657,000 children born over the course of 11 years. Researchers compared children who received MMR vaccine with those who hadn't. They found no link between MMR and autism, even in children with risk factors like a family history of autism. **Source:** Measles, Mumps, Rubella Vaccination: A Nationwide Cohort Study. <https://www.acpjournals.org/doi/10.7326/M18-2101>

A CDC study published in 2013 added to the research showing that vaccines do not cause ASD. The study focused on the number of antigens given during the first two years of life. Antigens are substances in vaccines that cause the body's immune system to produce disease-fighting antibodies. The results showed that the total amount of antigen from vaccines received was the same between children with ASD and those that did not have ASD. **Source:** [Increasing exposure to antibody-stimulating proteins and polysaccharides in vaccines is not associated with risk of autism \[J Pediatr. 2013\]](#)

One vaccine ingredient that has been studied specifically is thimerosal. Thimerosal is a mercury-based preservative used to prevent germs (like bacteria and fungi) from contaminating multidose vials of vaccines. Research shows that thimerosal does not cause ASD. In fact, a 2004 scientific review by the IOM concluded that "the evidence favors rejection of a causal relationship between thimerosal-containing vaccines and autism." **Source:** [Immunization Safety Review: Vaccines and Autism \[The National Academies Press. 2004\]](#)

Since 2003, there have been nine CDC-funded or conducted studies that have found no link between thimerosal-containing vaccines and ASD. These studies also found no link between the measles, mumps, and rubella (MMR) vaccine and ASD in children. Learn more about the [CDC Studies on Thimerosal in Vaccines pdf icon\[PDF – 2 pages\]](#).

Even before studies showed that thimerosal was not harmful, there was a national effort to reduce all types of mercury exposures in children. As precaution, thimerosal was removed or reduced to trace amounts in all childhood vaccines between 1999 and 2001. Currently, the only type of vaccine that contain thimerosal are flu vaccines packaged in multidose vials. There are thimerosal-free alternatives available for flu vaccine. For more information, see the [Timeline for Thimerosal in Vaccines](#).

Besides thimerosal, some people have had concerns about other [vaccine ingredients](#) in relation to ASD. However, no links have been found between any vaccine ingredients and ASD.

**COVID-19 VACCINE PROGRAM****COVID-19 VACCINATION PROVIDER SITE VISITS**

As of January 2022, COVID-19 vaccination provider site visits have commenced. These visits are conducted by the DOH COVID-19 Vaccination Program. They are essential to determine if providers have a clear understanding of the COVID-19 vaccination program requirements. Site visits are a key opportunity to further develop and strengthen relationships with enrolled providers. Site visits will assess COVID-19 vaccination provider adherence to program requirements and recommendations, identify and address areas where providers are doing well, identify and address the educational needs of COVID-19 vaccination providers to help meet program requirements, and ensure that providers understand proper storage and handling requirements.

DOH staff are available to support enrolled COVID-19 vaccination providers, provide technical assistance when needed, and provide resources to assist with accurate vaccine management and administration. Providers will be contacted by e-mail or phone by DOH field staff to schedule site visits.

**CDC'S UPDATED INTERIM CLINICAL CONSIDERATIONS FOR COVID-19 VACCINATION**

Recently, the CDC updated its [interim clinical considerations](#) to reflect the following changes.

- **In the case of moderately or severely immunocompromised patients:**
  - Those individuals who have completed the primary series of an mRNA vaccine (from Pfizer-BioNTech or Moderna) should receive a booster dose of mRNA after three months (instead of five months after the last primary dose).
  - Those who have received a single dose of the Johnson & Johnson COVID-19 vaccine should receive an additional dose of mRNA COVID-19 vaccine and a booster dose (preferably mRNA) for a total of three doses of vaccine.
  - A clarification regarding a current recommendation to confirm that those who have completed their three mRNA vaccine doses should receive a booster dose of the mRNA vaccine-for a total of four doses.
- **In the case of individuals who have received passive COVID-19 antibodies in the past:**
  - The existing guidance has been simplified in that they do not need to wait any period before receiving the COVID-19 vaccine.
- Updated guidance regarding receiving a booster dose if previously vaccinated outside the United States.
- Updated contraindication and precaution section to include history of myocarditis or pericarditis after an mRNA COVID-19 vaccine as a precaution.
- **In the case of those who receive the m-RNA COVID-19 vaccine:**
  - Considerations have been added for an 8-week interval between the first and second doses of an initial mRNA vaccination schedule for some individuals aged 12 years and older, particularly for males aged 12 to 39 years.

**BEST PRACTICE REFRESHER**

**THE GRACE PERIOD**

ACIP recommends that vaccine doses given up to four days before the minimum interval or age be counted as valid.

- It should not be used for scheduling future vaccination visits.
- It can be used for reviewing vaccination records.

**Use of the “Grace Period”**

1. To schedule a future appointment – No
2. When evaluating a vaccination record - Yes
3. Client is in the office or clinic early – Maybe
  - Client/parent is known and dependable – Reschedule
  - Client/parent is unknown or undependable – Vaccinate

**Basic principles**

- The recommended interval or age is preferred.
- The minimum interval can be used to catch up.
- The grace period is last resort.

**KNOW YOUR NURSE!**

**Jennie Harpster Basiago, RN, MSN** is the Community Health Nurse Supervisor overseeing immunization activities in the Southeast and Northeast regions of the state. She joined the Division of Immunizations (DOI) in 2014 as a nursing services consultant with a professional background in emergency room, critical care, occupational health, and case management including clinical nurse specialist experience. In these seven years she has been part of the evolution of DOI including collaborative efforts with health provider organizations emergency preparedness and specialty populations task force service. Her poster presentation on an organizational approach to vaccine storage and handling and vaccine viability preservation was displayed at the national immunization conference. Here is a short Q&A with Jennie!



**Q: Describe the immunization team in three words.**

A: Committed, Collaborative, Compassionate

**Q: What has been your favorite project to date?**

A: I have two.

- Lancaster Emergency Medical Services pilot project to implement catch up immunizations with children identified by Medicaid HMOs & supporting their growth to serve additional at-risk populations across the lifespan.
- Working with hospital health care networks to create a key person responsible for vaccine viability across the organization including cold storage equipment, temperature monitoring, prudent vaccine ordering and other processes and education to improve immunization rates.

**Q: What is one piece of advice that you would like to share with our providers regarding vaccinations?**

A: Give viable vaccine to eligible patients while educating them that they are preventing disease spread in their family and across their community.

**CONTACT US**

For all general concerns and questions please call our main line at **888-646-6864**. For program specific inquiries, you can also send us an email to following resource accounts:

**VFC:** [ra-pavfc@pa.gov](mailto:ra-pavfc@pa.gov)

**Adolescent & Adult:** [ra-dhimmunize@pa.gov](mailto:ra-dhimmunize@pa.gov)

**COVID:** [ra-dhccovidvax@pa.gov](mailto:ra-dhccovidvax@pa.gov)

**PA SIIS:** [ra-dhpasiis@pa.gov](mailto:ra-dhpasiis@pa.gov)

If you have questions or follow up related to a site visit, please contact the field staff member that conducted the visit. Contact information of the field staffs can be found in the table below:

<i>Region</i>	<i>Staff's Name</i>	<i>Email</i>	<i>Phone</i>
<i>Northwest</i>	Connie Moose	<a href="mailto:cmoose@pa.gov">cmoose@pa.gov</a>	717-307-5257
	Wynne Dunkle	<a href="mailto:wydunkle@pa.gov">wydunkle@pa.gov</a>	717-319-9064
	Jenna Zuzek	<a href="mailto:jzuzek@pa.gov">jzuzek@pa.gov</a>	814-494-7704
<i>Southwest</i>	Shawn Baer	<a href="mailto:shbaer@pa.gov">shbaer@pa.gov</a>	717-395-2885
	Connie Douglas	<a href="mailto:codouglas@pa.gov">codouglas@pa.gov</a>	717-395-3774
	Coleen Rush	<a href="mailto:crush@pa.gov">crush@pa.gov</a>	724-967-6049
	Lauren Risser (COVID)	<a href="mailto:larisser@pa.gov">larisser@pa.gov</a>	412-773-0653
<i>Northcentral</i>	Robin Harp	<a href="mailto:rharp@pa.gov">rharp@pa.gov</a>	570-327-3400
	Shannon Garey (COVID)	<a href="mailto:sgarey@pa.gov">sgarey@pa.gov</a>	570-436-0981
<i>Southcentral</i>	Diana Kint	<a href="mailto:dikint@pa.gov">dikint@pa.gov</a>	717-562-1499
	Hayley Eager	<a href="mailto:heager@pa.gov">heager@pa.gov</a>	717-395-6381
	Dana Shope	<a href="mailto:danshope@pa.gov">danshope@pa.gov</a>	717-395-6215
	Johnny Raynor	<a href="mailto:joraynor@pa.gov">joraynor@pa.gov</a>	717-395-1586
	Alpha Burke (COVID)	<a href="mailto:c-alburke@pa.gov">c-alburke@pa.gov</a>	717-887-0597
<i>Northeast</i>	Bill Court	<a href="mailto:wcourt@pa.gov">wcourt@pa.gov</a>	717-439-5911
	Joe Shamonsky	<a href="mailto:jshamonsky@pa.gov">jshamonsky@pa.gov</a>	717-319-4713
	Lisa Myers	<a href="mailto:lmmyers@pa.gov">lmmyers@pa.gov</a>	717-409-2912
	Tamara Higgins-Cain	<a href="mailto:thigginsca@pa.gov">thigginsca@pa.gov</a>	717-395-3474
	Marie DeLuca (COVID)	<a href="mailto:c-mdeluca@pa.gov">c-mdeluca@pa.gov</a>	570-814-6534
<i>Southeast</i>	Duane Daniels	<a href="mailto:dudaniels@pa.gov">dudaniels@pa.gov</a>	717-395-4185
	Beth Smith	<a href="mailto:bethasmith@pa.gov">bethasmith@pa.gov</a>	717-395-6450
	Latanya Cooper (COVID)	<a href="mailto:c-lacooper@pa.gov">c-lacooper@pa.gov</a>	267-288-3300

## UPCOMING EVENTS

The Division of Immunizations of Pennsylvania Department of Health invites you to the following events:

**Webinar: “Promoting Adolescent Access to Immunizations”.**

CEUs credit are available for RNs.

**Wednesday, March 23, 2022, at 1:00 pm**

Register today contacting Jennifer M. Torres Del Valle, MPH, MA, Public Health Program Administrator at: [jtorresdel@pa.gov](mailto:jtorresdel@pa.gov)



**Pennsylvania COVID-19 Vaccine Program: All-Provider Call**

**Thursday, April 21, 2022, at 10:30 am**

Register here: <https://register.gotowebinar.com/#register/8246837907658205964>