Massachusetts Department of Public Health
Bureau of Infectious Disease and Laboratory Sciences

MDPH Update

6-1-2017
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MA Department of Public Health

Outline

- Adult Immunization Rates (Handout)
- Tdap Vaccine Recommendations
- MenB Vaccine Recommendations
- Checklist of Best Practices for Clinics Held at Satellite, Temporary, Off-site Locations & Pledge

Tdap Vaccine Recommendations for Pregnant Women

- **Pregnant women** should receive 1 dose of Tdap during each pregnancy, **preferably during the early part of gestational weeks 27–36**, regardless of prior history of receiving Tdap.

Background

- Infants of Tdap vaccinated mothers born with significantly higher anti-pertussis antibodies compared to infants of unvaccinated mothers.
- Within the 27-36 weeks administration “window”
  - Concentrations of anti-pertussis antibodies in infant cord blood were higher when mothers were vaccinated earlier
  - Longer exposure to vaccine allows for higher vaccine induced antibody levels produced by mother and transferred to infant

Maternal Tdap Vaccine Protects Infants during First Year of Life (n=146,981)

- Highly protective against infant pertussis during the first 2 months of life (91%)
- More effective than postpartum Tdap in preventing pertussis in infants ≤ 8wks (85%)
- Maternal Tdap continues to provide significant additional protection over 1st year of life (69%), even after a child is immunized.
- Children with maternal Tdap are better protected at each level of DTaP administered.
- Maternal Tdap does **not** interfere with infant DTaP.

This study strongly supports the current recommendation to administer Tdap during each pregnancy.

Pediatrics. 2017;139(5):e20164091

MenB-FHbp (Trumenba) Recommendations

Those at High Risk (Category A)

- **Those ≥ 10 years and older who are at increased risk, e.g., asplenia, sickle cell, complement deficiency, taking eculizumab (Soliris), microbiologists, outbreaks, should receive:**
  - **2-dose series of Bexsero (MenB-4C) at 0, ≥1 month apart; OR**
  - **3-dose series of Trumenba (MenB-FHbp) at 0, 1–2, and 6 months.**
    - **If 2nd dose of Trumenba given ≥6 months after the 1st dose, the 3rd dose not needed.**

MMWR 2017;66(No.19):509-51.

MenB-FHbp (Trumenba) Recommendations, cont.

Clinical Discretion (Category B)

- **Young adults age 16–23 (preferred age 16–18) healthy and not at increased risk for serogroup B meningococcal disease may receive either:**
  - **2-dose series of Bexsero (MenB-4C) at 0, ≥ 1 month; OR**
  - **New • 2-dose series of Trumenba (MenB-FHbp) at 0 and 6 months.**
    - **If the second dose of Trumenba is given at an interval of <6 months a third dose should be given ≥4 months after the first dose.**

Remember, the schedule for the Bexsero (MenB-4C) formulation is unchanged. A 2-dose series (0, ≥1 month) is recommended for those at high risk and clinical discretion.

National Adult and Influenza Immunization Summit

Checklist of Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-site Locations

OVERVIEW OF THIS DO

This checklist is a step-b
satellite, temporary, or
best practices for vacci
This checklist outlines C
effectiveness. **A clinic c**
TIME a vaccination clin
should be kept on file b

INSTRUCTIONS

1. A staff member wh
(This individual is re
2. Review this checkli
the clinic will be he
3. **Critical guidelines f**
check "NO" in ONE
your organization's
proceeding with th
move forward with
4. Contact your organ
transported, stored
information was pr
marked as "NO" on
5. This checklist shoul
www.cdc.gov/vacci
vaccines, consult th
6. **This checklist appli**
7. Sign and date the c
(*If more than one c*
complete only the s
8. Attach the staff sig
supervisor was ove
accountability

BEFORE THE CLINIC (Please review and answer each row before the clinic starts.)

VACCINE SHIPMENT

YES	NO	N.A.	
☐	☐	■	Vaccine was shipped directly to the facility/clinic site, where adequate storage is available. (*Direct shipment is preferred for cold chain integrity.*)

VACCINE TRANSPORT (If it was not possible to ship vaccines directly to the facility/clinic site)

YES	NO	N.A.	
☐	☐ STOP	☐	**Vaccines were transported using a portable vaccine refrigerator or qualified container and pack-out** designed t transport vaccines within the temperature range recommended by the manufacturers (i.e., between 2-8° Celsius or 36-46° Fahrenheit for ALL refrigerated vaccines). *See page 55 of CDC's Vaccine and Storage and Handling Toolkit for definitions of qualified containers and pack-outs:* www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf.
☐	☐ STOP	☐	The person transporting the vaccines confirmed that manufacturer instructions for packing configuration and proper conditioning of coolants were followed. (*Your qualified container and pack-out should have come with packing instructions. If not, contact the company to obtain instructions on proper packing procedures.)*
☐	☐	☐	The person transporting the vaccines confirmed that all vaccines were transported in the passenger compartmen of vehicle (NOT in vehicle trunk).
☐	☐ STOP	☐	A digital data logger with a buffered probe (placed directly with vaccines) with a current and valid Certificate of Calibration Testing was used to monitor vaccine temperature during transport.
☐	☐	☐	The amount of vaccine transported was limited to the amount needed for the workday.

VACCINE STORAGE AND HANDLING (upon arrival at facility/clinic)

YES	NO	N.A.	
☐	☐ STOP	☐	If vaccines were shipped, the shipment arrived within the appropriate time frame (according to manufacturer or distributor guidelines) and in good condition.
☐	☐ STOP	☐	If vaccines were shipped, the cold chain monitor (CCM) was checked (if available) upon arrival at the facility/clinic, and there was no indication of a temperature excursion during transit. CCMs are stored in a

rectly

Checklist and Pledge can be found at:
https://www.izsummitpartners.org/naiis-workgroups/influenza-workgroup/off-site-clinic-resources/

MDPH Immunization Program Contact Information

Immunization Program Main Number

For questions about immunization recommendations, disease reporting, etc.

- **Phone:** 617-983-6800
- **Fax:** 617-983-6840
- **Website:** www.mass.gov/dph/imm

MIIS Help Desk

- **Phone:** 617-983-4335
- **Fax:** 617-983-4301
- **Email:** miishelpdesk@state.ma.us
- **Websites:** www.contactmiis.info | www.mass.gov/dph/miis

MDPH Vaccine Unit

- **Phone:** 617-983-6828
- **Fax:** 617-983-6924
- **Email:** dph-vaccine-management@state.ma.us
- **Website:** www.mass.gov/dph/imm (click on Vaccine Management)