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**Oklahoma Teen Immunization Levels Show No Improvement**

Results of the 2014 National Immunization Survey – Teen were published on July 31, 2015 in the *MMWR* and are available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6429a3.htm>.

- Compared with 2013 estimates there were no significant changes in Tdap, MCV, and HPV coverage levels in the 2014 survey.
- The increases in HPV coverage for doses 1, 2, and 3 for females and dose 3 for males were not significant.
- The decreases in coverage for HPV doses 1 and 2 for males were not significant.
- Coverage with  $\geq 1$  HPV and  $\geq 3$  HPV doses among females and males continues to be lower than coverage with Tdap, varicella, and MCV. Since 82.6% of Oklahoma adolescents have received one or more doses of Tdap the same percentage of teens could have received one or more doses of HPV and MCV if there were no missed opportunities to vaccinate. Coverage for one or more doses of HPV for females is 65.3% and 43.2% for males.

**Estimated Oklahoma Vaccination Coverage Compared to U.S. Coverage, Teens Aged 13-17 Years, National Immunization Survey-Teen 2013 (revised)\* and 2014**

| Estimates with 95% confidence intervals |                     |                     | HPV                 |                     |                     |                     |                     |                     |
|---|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
|   | $\geq 1$ Tdap       | $\geq 1$ MCV4       | Females             |                     |                     | Males               |                     |                     |
|   |                     |                     | $\geq 1$ dose       | $\geq 2$ doses      | $\geq 3$ doses      | $\geq 1$ dose       | $\geq 2$ doses      | $\geq 3$ doses      |
| <b>Oklahoma</b>                         |                     |                     |                     |                     |                     |                     |                     |                     |
| <b>2013*</b>                            | 76.4% ( $\pm 5.0$ ) | 64.7% ( $\pm 5.4$ ) | 53.1% ( $\pm 8.6$ ) | 45.0% ( $\pm 8.6$ ) | 34.1% ( $\pm 8.1$ ) | 45.2% ( $\pm 7.4$ ) | 31.2% ( $\pm 6.9$ ) | 17.5% ( $\pm 5.7$ ) |
| <b>2014</b>                             | 82.6% ( $\pm 4.7$ ) | 70.8% ( $\pm 5.8$ ) | 65.3% ( $\pm 8.6$ ) | 50.8% ( $\pm 9.3$ ) | 36.4% ( $\pm 9.1$ ) | 43.2% ( $\pm 8.9$ ) | 30.2% ( $\pm 8.2$ ) | 19.9% ( $\pm 7.1$ ) |
| <b>United States</b>                    |                     |                     |                     |                     |                     |                     |                     |                     |
| <b>2013*</b>                            | 84.7%               | 76.6%               | 56.7%               | 46.9%               | 36.8%               | 33.6%               | 22.6%               | 13.4%               |
| <b>2014</b>                             | 87.6%               | 79.3%               | 60.0%**             | 50.3%**             | 39.7%**             | 41.7%**             | 31.4%**             | 21.6%**             |

\*For the purposes of comparability to 2014 estimates, 2013 estimates were revised by retrospectively applying the revised 2014 adequate provider data definition to 2013. See *MMWR* article for more information on the revised adequate provider data definition.

\*\* Statistically significant ( $p < 0.05$ ) increase from revised 2013 estimates.

**2015-16 Influenza Vaccine Recommendations**

“Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices, United States, 2015-16 Influenza Season” was published in the *MMWR* on August 7, 2015 as part of Vol. 63, No.30. These recommendations are available at:

[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6430a3.htm?s\\_cid=mm6430a3\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6430a3.htm?s_cid=mm6430a3_w).

Important changes in the recommendations include:

1. Removal of the 2014-15 preferential recommendation for LAIV for healthy children aged 2 through 8 years. In the absence of data demonstrating consistent greater relative effectiveness of the current quadrivalent formulation of LAIV (live attenuated influenza vaccine, i.e., FluMist) preference for LAIV over IIV inactivated influenza vaccine is no longer

recommended for any age group.

2. Children aged 6 months through 8 years who have previously received  $\geq 2$  doses of influenza vaccine require only 1 dose for the 2015-16 season. The 2 previous doses need not have been given during the same or consecutive seasons.

**CDC Influenza Mobile Application for Clinicians and Health Care Professionals**

The CDC Influenza application for clinicians and other health care professionals makes it easier than ever to find CDC’s latest recommendations and influenza activity updates on your iPad, iPhone, iPad Touch, or Android devices. When your mobile device is connected to the internet, new information and content will update automatically. This is an official application of the Centers for Disease Control and Prevention available at:

<http://www.cdc.gov/flu/apps/cdc-influenza-hcp.html>.

Oklahoma City area Regional Immunization Training will be Oct.8, 2015 from 12:30 to 3:30 at the Rose State College Student Union Building. This training meets the annual VFC education requirement. To register for this training contact your Immunization Field Consultant at your local health department.