

PLAYING CATCH-UP: 2021 IMMUNIZATION SCHEDULES

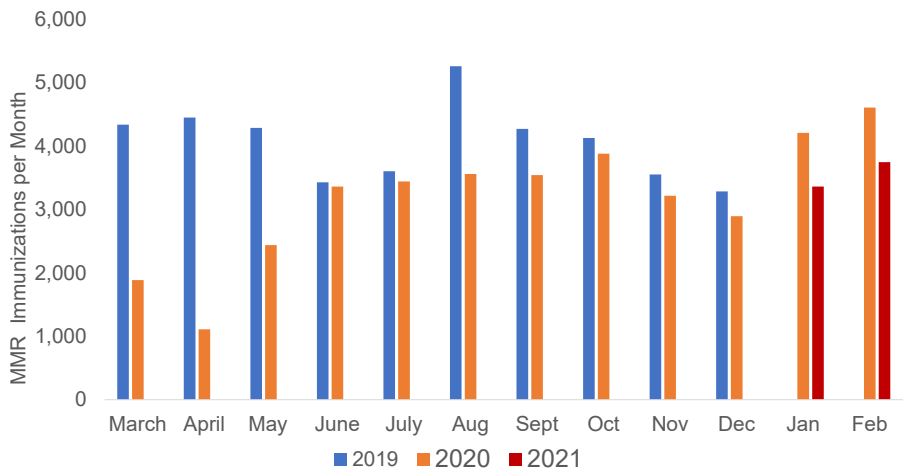
Vaccines have been in the news a lot lately. COVID vaccine is now available to the general population and with it comes the hope for ending the pandemic. Alas, even as COVID reminds us of our vulnerability to communicable diseases, routine vaccination rates in Oregon have plunged, as well-child appointments were canceled or postponed after the declaration of emergency in March 2020.

In a May 2020 survey of [Vaccines for Children \(VFC\)](#) participants in Oregon, found that 95% of clinics changed their immunization practices last spring in response to the pandemic, with 65% reducing or limiting well-child visits, and another 5% cancelling all well-child visits. Fifty percent of respondents reported cancelling or rescheduling vaccination appointments for older children and adolescents and 81% reported having trouble maintaining staffing.

Data from the [ALERT Immunization Information System \(IIS\)](#) show a significant drop in on-time vaccination beginning in March 2020, particularly for older children and adolescents. MMR vaccination among children 2–9 years of age dropped by over 50% in March 2020 compared to the same month in 2019 and in April 2020 dropped by 75% (Figure 1). HPV vaccination dropped by almost 50% in March and dropped by 75% in April compared to April 2019 (Figure 2). Though children can be caught up on missed shots, data from January and February 2021 show that vaccination has not yet recovered to pre-pandemic levels.

Equally concerning is the drop in Tdap (tetanus, diphtheria, and acellular pertussis) vaccination in women of childbearing age. Tdap is recommended for women in the third trimester during every pregnancy to induce pertussis antibodies that can protect the newborn during the first months of life. ALERT IIS has no mechanism for

Figure 1. Oregon children age 2–9 years, MMR immunizations by month



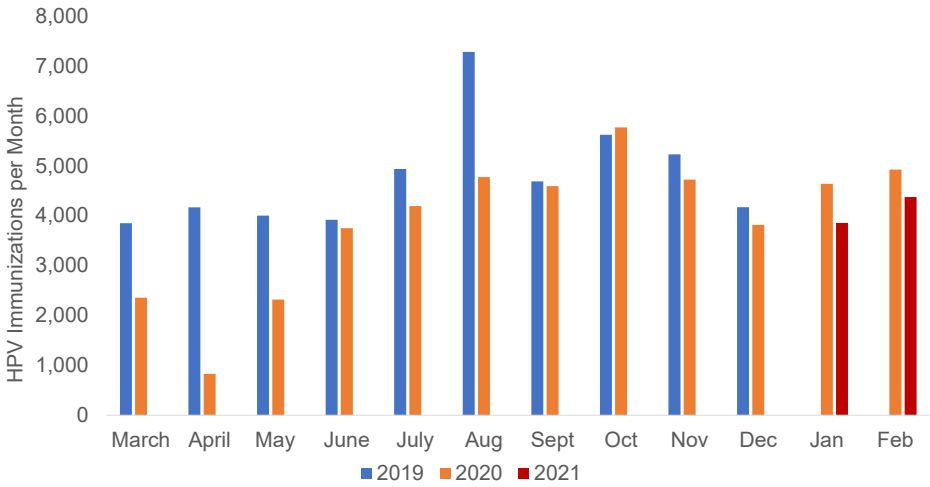
tracking pregnancy, so vaccination of women 18–49 years of age is used as a proxy for Tdap during pregnancy. Data shows a drop in Tdap vaccination in January and February 2021 compared to the same months in 2020 (Figure 3).

Fear not. Tools built into ALERT IIS can facilitate patient recall and get us back on track. With ALERT, practices can produce a customizable recall report, using vaccines that are due, past due, or both. Clinics can call back patients in specific age ranges, or get

a large report representing their whole practice. You can even print standard recall letters from ALERT, or customize with your own text and print on your own letterhead. A 20-minute reminder/recall reports training is available [here](#) on YouTube.

The Advisory Committee on Immunization Practices (ACIP) [2021 Recommended Immunization Schedule for Children and Adolescents](#) and the [2021 Recommended Immunization Schedule for Adults](#) were published in the Morbidity and Mortality Weekly Report on

Figure 2. Oregon HPV immunizations for adolescents age 9–13 by month



February 12, 2021. The new schedule includes recommendations for two newly available vaccines.

VAXELIS™

Vaxelis is a combination vaccine that protects against diphtheria, tetanus, pertussis, polio, *Haemophilus influenzae* type B, and hepatitis B. (Wow!) It can be used in infants at age 2, 4 and 6 months. It provides the full series of hepatitis B vaccine and primary series of the other antigens. Additional booster doses of DTaP are needed at 12–15 months and 4 years; an additional polio dose is needed at 4 years; and, an additional dose of Hib vaccine should be given at 12–15 months. Vaxelis is manufactured by Sanofi and is distributed by Merck. It should be available for ordering through the Vaccines for Children (VFC) Program in June.

MENQUADFI™

MenQuadfi is a quadrivalent, meningococcal vaccine containing protection against the A, C, Y and W strains of meningococcus. It is licensed as a single dose for persons ≥2 years of age, with a booster dose for persons at continued risk of meningococcus. The ACIP recommendations allow use of MenQuadfi interchangeably with other licensed brands of quadrivalent meningococcal vaccine. MenQuadfi, manufactured by Sanofi, should be available for ordering through the VFC Program in May.

COVID-19

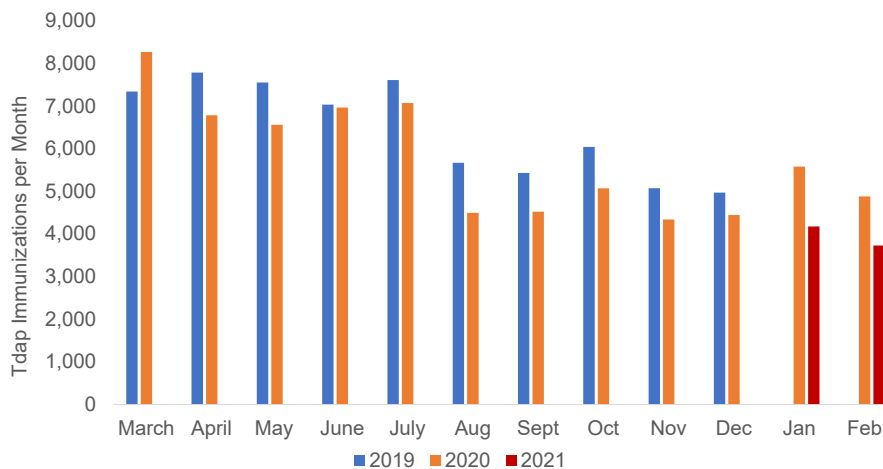
ACIP recommends that COVID-19 vaccine be administered in accordance with the emergency use authorization published by the [U.S. Food and Drug Administration](#).

That's it for major changes in immunization schedules for 2021. That, of course, shouldn't deter you from perusing the most recent version of the childhood and adult schedules. In addition, CDC has published catch-up guides for kids who have fallen behind. For some vaccines like MMR, catch-up requires the same number of doses and the same spacing as routine vaccination. Other vaccines, like DTaP, Hib and PCV13, can be more complicated. These guides are available at www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html#guidance.

FOR MORE INFORMATION

If you have any questions about the 2021 immunization schedules,

Figure 3. Tdap immunization among women of child-bearing age in Oregon



please contact Amanda Timmons at amanda.j.timmons@state.or.us.

High-Consequence Pathogens: Recognizing Them and Preventing Spread

We live in a Global Village. Severe, infectious pathogens are often a plane ride away. We owe it to ourselves, our patients, and our community to recognize them and respond effectively.

Since 2015, Oregon has experienced two outbreaks of meningococemia large enough to spur vaccination campaigns and four measles outbreaks involving one or more generations of transmission. The better we can do, as clinicians, at recognizing when ill, febrile patients might have these conditions and promptly initiate isolation, the smaller and fewer such outbreaks will be.

Currently, there are Ebola outbreaks in regions of Guinea and the Democratic Republic of Congo (DRC), both of which began in February. As of April 6, in the [N'Zérékoré Prefecture of Guinea](#) near the Liberian border, Guinea reports 23 cases and 12 deaths. In [North Kivu Province in DRC](#) near the Ugandan and Rwandan borders, there have been 12 cases and 6 deaths.

Though the risk of Ebola arriving in Oregon remains low, it is not zero. Further, many other infectious diseases with presenting symptoms that overlap with Ebola disease might affect U.S.-bound international travelers. The differential diagnosis of a febrile illness after travel to the affected regions of DRC and Guinea includes influenza, COVID-19, malaria, and typhoid fever, among other illnesses of public health importance.

Risk factors for Ebola infection include traveling to an Ebola-affected region within DRC or Guinea, particularly if there is related Ebola exposure, such as taking care of an ill patient or a sick loved one or attending an Ebola victim's funeral. Ebola symptoms include fever, headache, abdominal pain, nausea, vomiting, diarrhea, muscle aches, and unexplained bleeding. Of note, persons who have not yet developed symptoms are not contagious for EVD.

To recognize patients with potential high-consequence pathogen infections early and avoid further transmission, hospitals, emergency departments, and clinics should ask patients with signs or symptoms of acute, possibly infectious febrile illness about any recent international travel. OHA is not requesting screening of all patients for travel to affected countries at this time. Even so, awareness of international travel in acutely ill patients can provide clues as to differential diagnosis and potential need for prompt isolation.

OHA encourages all Oregon hospitals to develop and exercise systems to identify, isolate, and provide initial care and assessment of a suspected EVD patient. Facility response plans that incorporate the [identify, isolate, and inform](#) guidance from CDC can go a long way in recognizing and isolating patients with possible high-consequence infections and preventing spread within the facility.

Providers should immediately notify their [Local Public Health Authority](#) of any such patient. If local public health is not available, please call the OHA on-call epidemiologist at 971-673-1111.

FOR MORE INFORMATION

- [OHA Ebola Virus Disease](#)
- [CDC Ebola Virus Disease](#)
- [WHO Ebola Virus Disease](#)



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You can get this document in other languages, large print, braille or a format you prefer. Contact the Public Health Division at 971-673-1222. We accept all relay calls or you can dial 711. for TTY.