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Medical Assistants Resources and Training on Immunization

Medical Assistants Resources and Training on Immunization (MARTi) is an organization that provides excellent immunization-related information and links to training opportunities for medical assistants. MARTi just released a newsletter on HPV vaccination that includes basic information and links to additional resources.

MARTi is funded through a cooperative agreement between the Centers for Disease Control and Prevention (CDC) and the Association for Prevention Teaching and Research (APTR). Please visit the MARTi website at <http://www.marti-us.org/> and be sure to recommend this website to the medical assistants you work with and all others who administer vaccines!

Related Links:

- [Human Papillomavirus Vaccine MARTi newsletter](#)
- Subscription page for [email updates](#) from MARTi
- MARTi on [Facebook](#), and [Twitter](#).

Composition of 2015-16 Influenza Vaccine

The U.S. Food and Drug Administration has recommended that the 2015–16 influenza trivalent vaccines used in the United States contain an A/California/7/2009 (H1N1)pdm09-like virus, an A/Switzerland/9715293/2013 (H3N2)-like virus, and a B/Phuket/3073/2013-like (B/Yamagata lineage) virus. It is recommended that quadrivalent vaccines, which have two influenza B viruses, contain the viruses recommended for the trivalent vaccines, as well as a B/Brisbane/60/2008-like (B/Victoria lineage) virus. This represents a change in the influenza A (H3) and influenza B (Yamagata lineage) components compared with the 2014–15 influenza vaccine. These vaccine recommendations were based on several factors, including global influenza virologic and epidemiologic surveillance, genetic characterization, antigenic characterization, antiviral resistance, and the candidate vaccine viruses that are available for production.

Source:

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6421a5.htm?s_cid=mm6421a5_w.

Meningococcal B Vaccine Recommendations Expanded

The July 2015 Oklahoma Immunization Update included a reminder that meningococcal B (MenB) vaccines are recommended only for children at increased risk for meningococcal disease. However, **in June, the Advisory Committee on Immunization Practices (ACIP) voted to recommend that MenB vaccines may be administered to healthy adolescents 16 through 23 years of age with a preferred age of vaccination of 16 through 18.** This permissive recommendation allows clinicians to offer MenB vaccines and enables coverage of MenB vaccines by the Vaccines for Children (VFC) Program and most insurance plans. **MenB vaccine is now available for adolescents 16 through 18 years of age through the VFC Program.**

For a copy of the VFC resolution authorizing use of MenB vaccines for the VFC program click on the following link: <http://www.cdc.gov/vaccines/programs/vfc/downloads/resolutions/2015-06-15-mening.pdf>.

No preference was stated for the use of either of the two currently licensed MenB vaccines, Bexsero or Trumenba. However, because the vaccinees are antigenically different, **the same product should be used to complete the series for each of the vaccines.** Bexsero is a 2-dose series and Trumenba is a 3-dose series.

Additional Guidance on HPV9

The Advisory Committee on Immunization Practices (ACIP) has issued additional guidance for the use of HPV9 vaccine. The guidance addresses issues likely to arise during the transition from HPV4 to HPV9 vaccines. Please note: There is no ACIP recommendation for routine additional HPV9 vaccination of persons who previously completed a series of HPV2 or HPV4 and additional vaccination is not covered by the VFC Program. Please access this guidance at: <http://www.cdc.gov/vaccines/who/teens/downloads/9vHPV-guidance.pdf>.

MedImmune has notified CDC of a shipping delay for FluMist (LAIV) for the 2015-16 season.