

TO-THE-POINT

A Vaccine Provider Newsletter from the Barry-Eaton District Health Department

MPOX VACCINE AVAILABLE AT BEDHD

The warmer months are full of festivals and events that celebrate the LGBTQ+ community. Preparing your patients is important in making sure they stay healthy before, during, and after these celebrations. Recommending the Jynneos vaccine for protection against Mpox is one of those ways. Please inform patients who may be at risk for Mpox that BEDHD carries the Jynneos vaccine and encourage patients to complete the two-dose series for their best protection. The second dose should be given 4 weeks after the first dose. Vaccination is an important tool in stopping the spread of Mpox. The following link from the CDC provides the guidance for those who are recommended to get the vaccine:

cdc.gov/poxvirus/mpox/vaccines/index.html

MCIR FORECASTING ERROR FOR PEDIATRIC PCV

The Michigan Care Improvement Registry (MCIR) is forecasting the incorrect dates for the next PCV dose (accelerated and recommended dates) for those infants that are under the age of 1 year and have received 2 doses on time. A resolution date has not been given. Be sure to consult the childhood immunization schedules if there are any issues or questions that arise. Providers can also utilize the MCIR helpdesk at mdhhs-mcirhelp@michigan.gov for further assistance. Refer to the table below or visit immunize.org/wp-content/uploads/catg.d/p3086.pdf for the correct schedule.

Table 1. Recommended schedule for administering pneumococcal conjugate vaccine (PCV) to all children (healthy and those with risk conditions) age 2 through 23 months

Child's age now	Number of previous PCV13, PCV15 or PCV20 doses	Number PCV15 or PCV20 doses to complete series by age 24 mos*†
2 through 6 months	0	4 doses: 3 doses 8 weeks apart; last dose at age 12-15 months
	1	3 additional doses: 2 doses, 8 weeks apart; last dose at age 12-15 months
	2	2 additional doses: 1 dose 8 weeks after most recent dose; last dose at least 8 weeks later at age 12-15 months
	3	1 additional dose at age 12-15 months
7 through 11 months	0 before age 7 months	3 doses; 2 doses 8 weeks apart; last dose at age 12-15 months
	1 or 2 before age 7 months	2 additional doses: 1 dose 8 weeks after most recent dose; last dose at least 8 weeks later, at age 12-15 months
	3 before age 7 months	1 additional dose at age 12-15 months
	1 at age 7 months or older	2 additional doses; 1 dose 8 weeks after most recent doses; last dose at least 8 weeks later, at age 12-15 months
	2 at age 7 months or older	1 additional dose at least 8 weeks later, at age 12-15 months
12 through 23 months	0 before age 12 months	2 doses: 2 doses 8 weeks apart
	1 before age 12 months	2 additional doses: 1 dose at least 8 weeks after most recent dose; last dose at least 8 weeks later
	2 or 3 before age 12 months	1 additional dose, at least 8 weeks after most recent dose
	1 dose at age 12 months or older	1 additional dose, at least 8 weeks after the most recent dose

*If only PCV13 is available when the child is scheduled to receive PCV, PCV13 may be given as previously recommended.

†Minimum interval between doses: for children younger than age 12 months = 4 weeks; for children age 12 months or older = 8 weeks

QUICK REFERENCE GUIDE UPDATES

The following quick reference guides from [immunize.org](https://www.immunize.org) have been updated:

- [“Meningococcal B Vaccine Recommendations by Age and Risk Factor”](#) - The chart includes the option to use pentavalent MenABCWY (Penbraya, Pfizer) when both MenACWY and Trumenba brand MenB vaccines are indicated at the same visit.
- [“DTaP, Tdap, and Td Catch-Up Vaccination Recommendations by Prior Vaccine History and Age.”](#) - References to the DT vaccine, which is no longer available, were deleted. DT had been used in children younger than age 7 years who had a history of developing encephalopathy within 7 days after DTaP vaccination, not due to another cause. In this rare circumstance, CDC now recommends off-label use of the Td vaccine, licensed for ages 7 years or older, on the same schedules for completing the DTaP series.

UPDATE TO THE INTERIM CLINICAL CONSIDERATIONS FOR USE OF COVID-19 VACCINES

On April 4, 2024, the CDC updated their [Interim Clinical Considerations](#) with new guidance on COVID-19 vaccination and the use of the monoclonal antibody, pemivibart (Pemgarda™), for the pre-exposure prophylaxis of COVID-19 in people who are moderately or severely immunocompromised and meet the FDA-authorized conditions for use. Pemivibart is not authorized for treatment of COVID-19 or for post-exposure prophylaxis. Healthcare providers should consult the [pemivibart EUA fact sheet](#) and [EUA frequently asked questions](#) for the FDA-authorized conditions under which pemivibart may be used. Pemivibart is not a substitute for COVID-19 vaccination. People who are moderately or severely immunocompromised should receive COVID-19 vaccine according to the [recommended schedule](#). Per the pemivibart EUA, administration of pemivibart should be deferred for at least 2 weeks after a dose of COVID-19 vaccine.

RESOURCES

CDC’s 2024 Easy to Read Immunization Schedules for Children:

- [Vaccine Schedule for Children 6 Years or Younger | CDC](#)
- [Vaccine Schedule for Children, 7 to 18 Years Old | CDC](#)
- [Immunization Schedules](#)

Immunize.org corrected PreHevbrio HepB dose volume on two handouts for healthcare providers. The correct volume is 1.0mL.

- [Administering Vaccines: Dose, Route, Site, and Needle Size \(immunize.org\)](#)
- [Administering Vaccines to Adults: Dose, Route, Site, and Needle Size \(immunize.org\)](#)

IMMUNIZATION DASHBOARD

MDHHS Division of Immunizations has added a dashboard to the Community Immunization Report Card website: [County Immunization Report Cards \(michigan.gov\)](#). The dashboard has information on overall Childhood and Adolescent immunization coverage levels.

Barry-Eaton District Health Department

Phone: (517) 541-2641

Fax: (517) 541-2666