

TO-THE-POINT

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

HPV COMMUNICATION SKILLS WITH TRAINING AVAILABLE WITH CME CREDITS

MDHHS Division of Immunization is partnering with the Academy of Pediatrics (AAP) Pediatric Research in Office Settings (PROS) program on a project to increase human papillomavirus (HPV) vaccine uptake among youth in Michigan. Vaccine hesitancy, in particular hesitancy around the human papillomavirus (HPV) vaccine, has increased over the past four years. To help address this issue, a FREE 3-module **HPV Communications Skills Training** for clinicians and other health professionals is being offered.

A recent study demonstrated the AAP PROS-developed **HPV Communication Skills Training** was effective at increasing HPV vaccination. The training includes the following three modules:

- [HPV Communication Skills Training Module 1: An Effective Approach](#)
- [HPV Communication Skills Training Module 2: Your Confident Recommendation](#)
- [HPV Communication Skills Training Module 3: Talking with Parents Who Hesitate](#)

Pediatricians, Physician Assistants, Nurse Practitioners, Registered Nurses, and Family Medicine physicians who complete the training may be eligible to receive **2.25 CME credits**. See the linked FAQ for more information on this training: [Michigan Title V-AAP PROS-HPV Vaccination Project FAQ.docx](#).

PREVENT SHOULDER INJURIES FROM VACCINATION

In a [new report](#), the National Academies of Sciences, Engineering, and Medicine reviewed evidence for potential shoulder injuries from intramuscular vaccination. The Vaccine Injury Compensation Program (VICP) commissioned the report.

The report finds that vaccination may cause four specific shoulder injuries:

- Acute subacromial/subdeltoid bursitis caused by direct injection of a vaccine into the bursa
- Acute rotator cuff tendinopathy caused by direct injection into or adjacent to a tendon
- Bone injury caused by direct injection into or adjacent to bone
- Axial or radial nerve injury due to direct injection into or adjacent to the nerve

Evidence suggests that intramuscular vaccination does not cause chronic rotator cuff disease. [Immunize.org](#) offers resources to train staff on vaccine administration, including proper placement of deltoid vaccination to avoid shoulder injury related to vaccine administration (SIRVA).

- [How to Administer Intramuscular and Subcutaneous](#)
- [How to Administer Multiple Intramuscular Vaccines](#)

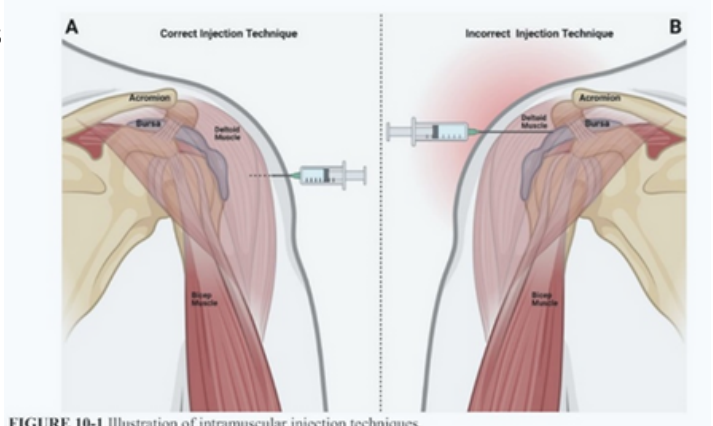


FIGURE 10-1 Illustration of intramuscular injection techniques.

GUIDANCE ON USE OF PENBRAYA (MENABCWY) VACCINE

On April 18, 2024, the Morbidity and Mortality Weekly Report (MMWR) titled “[Use of the Pfizer Pentavalent Meningococcal Vaccine Among Persons Aged ≥10 Years: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023 | MMWR \(cdc.gov\)](#)” was published. The MDHHS Division of Immunization has provided these additional clinical points:

- Penbraya is a pentavalent vaccine made up of a MenACWY component and a MenB component:
 - The MenACWY component is Nimenrix™ (MenACWY-TT).
 - The MenB component is Trumenba® (MenB-FHbp).
- **Penbraya may be administered only if both** a quadrivalent meningococcal conjugate vaccine (MenACWY) and meningococcal B vaccine (MenB) are indicated at the same visit.
- If Penbraya is used, which includes Trumenba®, then administer:
 - Trumenba® for additional MenB dose(s) when MenACWY is not indicated. MenB vaccines are not interchangeable.
 - *For example:* Healthy adolescents and young adults aged 16–23 years who receive one dose of Penbraya based on shared clinical decision-making should complete the MenB series with a dose of Trumenba (MenB-FHbp) six months after the pentavalent vaccine dose was administered.
- At this time, Penbraya is not recommended:
 - For the 11 to 12-year-old dose (only need MenACWY).
 - For the second MenB dose.

CDC offers additional guidance: [Meningococcal Vaccine Recommendations | CDC](#)

MENINGOCOCCAL ADOLESCENT VACCINATION RATES

According to the County Report Cards [attached to newsletter], adolescent vaccination rates for meningococcal vaccines fall short of ideal levels.

Summer months, sports physicals, and well-child appointments offer an opportunity to ensure all adolescent patients, are up-to-date on all ACIP recommended immunizations.

Adolescent Meningococcal Vaccination Coverage Rates

Region	MenACWY 1+ dose (13-17yrs)		MenACWY Completion (17 years)		MenB 1+ dose (16-18yrs)	
	Coverage	Rank (out of 84 MI counties)	Coverage	Rank (out of 84 MI counties)	Coverage	Rank (out of 84 MI counties)
Barry County	81.5%	14th	46.6%	18th	31.0%	19th
Eaton County	79.4%	33rd	43.0%	39th	25.0%	52nd

Data from [County Immunization Report Cards \(michigan.gov\)](#)

RESOURCES

Avian Influenza resources:

- [MDARD - Avian Influenza \(Bird Flu\) \(michigan.gov\)](#)

Updated Handouts for Healthcare Providers:

- [Vaccine Preparation and Administration](#)
- [Routine Recommendations for Meningococcal Vaccines](#)
- [Vaccine Storage and Handling Table](#)

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