



**Wisconsin
Cancer
Collaborative**
REDUCING THE BURDEN TOGETHER



All About Adolescent Vaccinations

*The latest information on COVID-19, HPV, and
adolescent immunization*

Thursday, June 10, 2020, 10:00-11:00

Who We Are

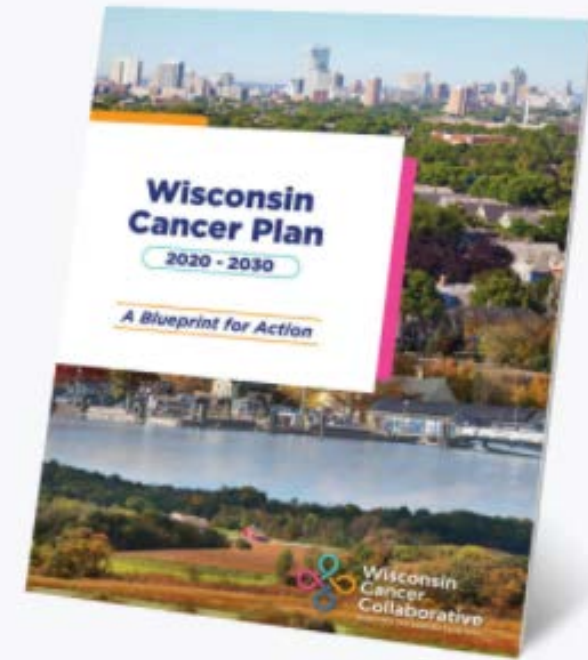
The **Wisconsin Cancer Collaborative** is a statewide coalition of **140 organizations** working together to reduce the burden of cancer **for everyone** in Wisconsin.

Join Us!



www.wicancer.org/join/

Wisconsin Cancer Plan 2020-2030



www.wicancer.org

Agenda

- **Welcome**
- **Intro**
- **Presentation by Dr. Conway**
- **Questions**

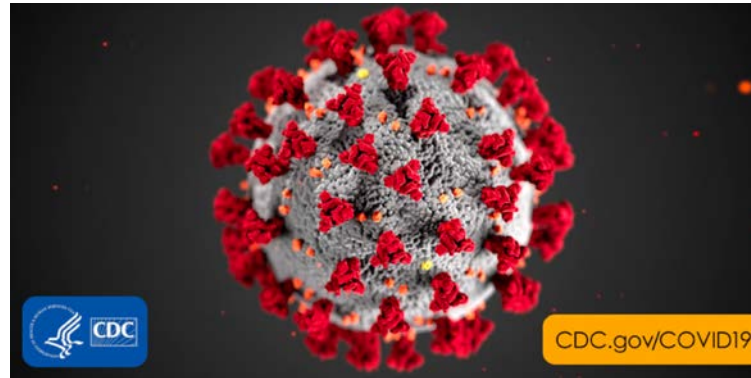




Dr. James Conway

Medical Director for UW Health Immunization Programs

Adolescent Vaccinations: The latest information on COVID-19, HPV, and adolescent immunization



James H. Conway, MD FAAP

Professor of Pediatrics – Division of Infectious Diseases

Medical Director – UW Health Immunization Programs

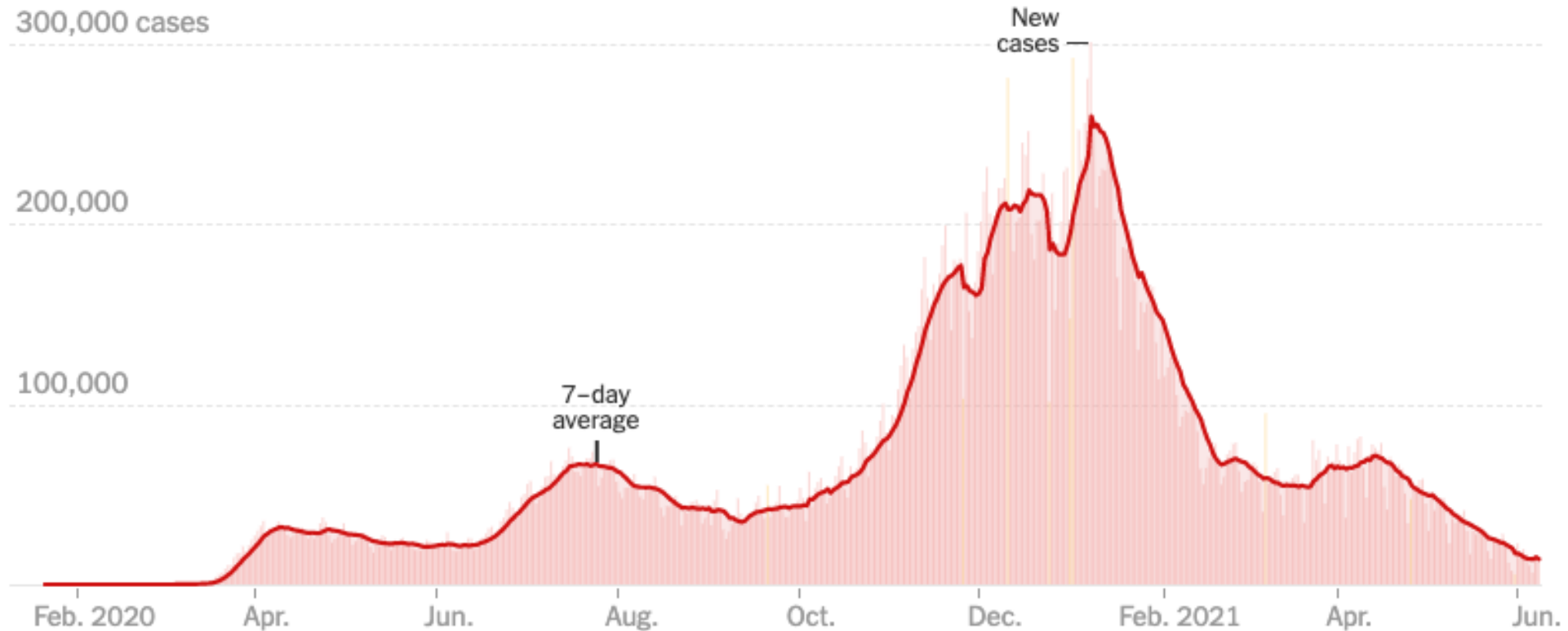
Director, Office of Global Health

Associate Director, Global Health Institute



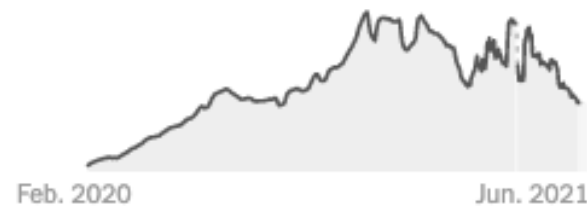
University of Wisconsin
**SCHOOL OF MEDICINE
AND PUBLIC HEALTH**

New reported cases

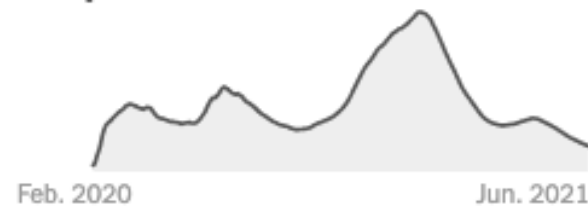


These are days with a reporting anomaly. Read more [here](#).

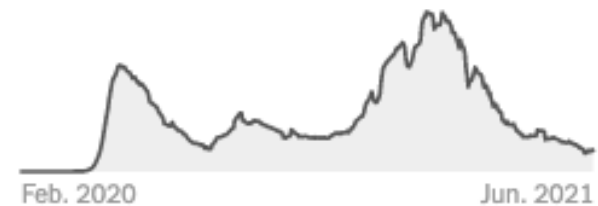
Tests



Hospitalized

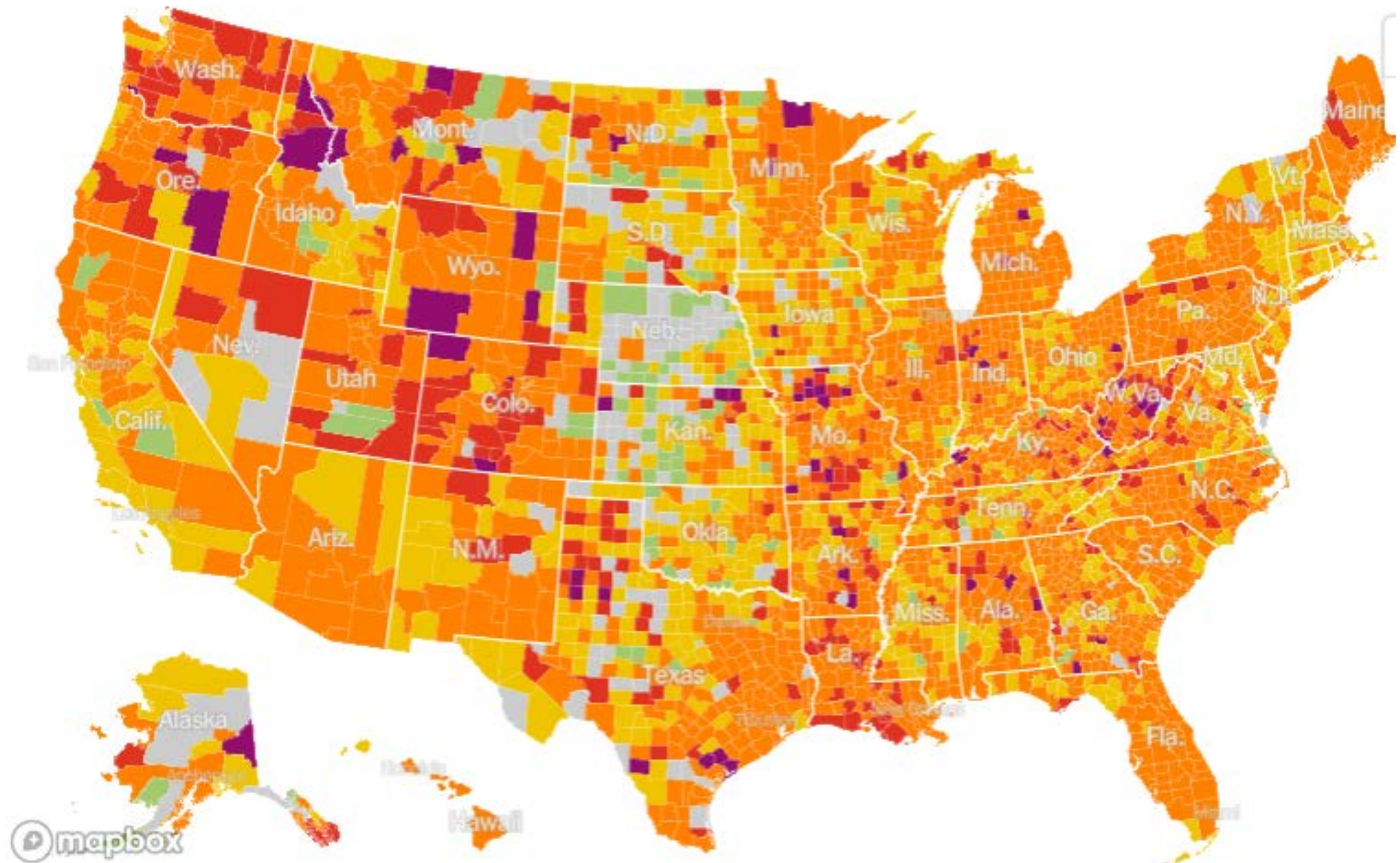


Deaths



Covid-19 risk for unvaccinated people is based on cases and test positivity.

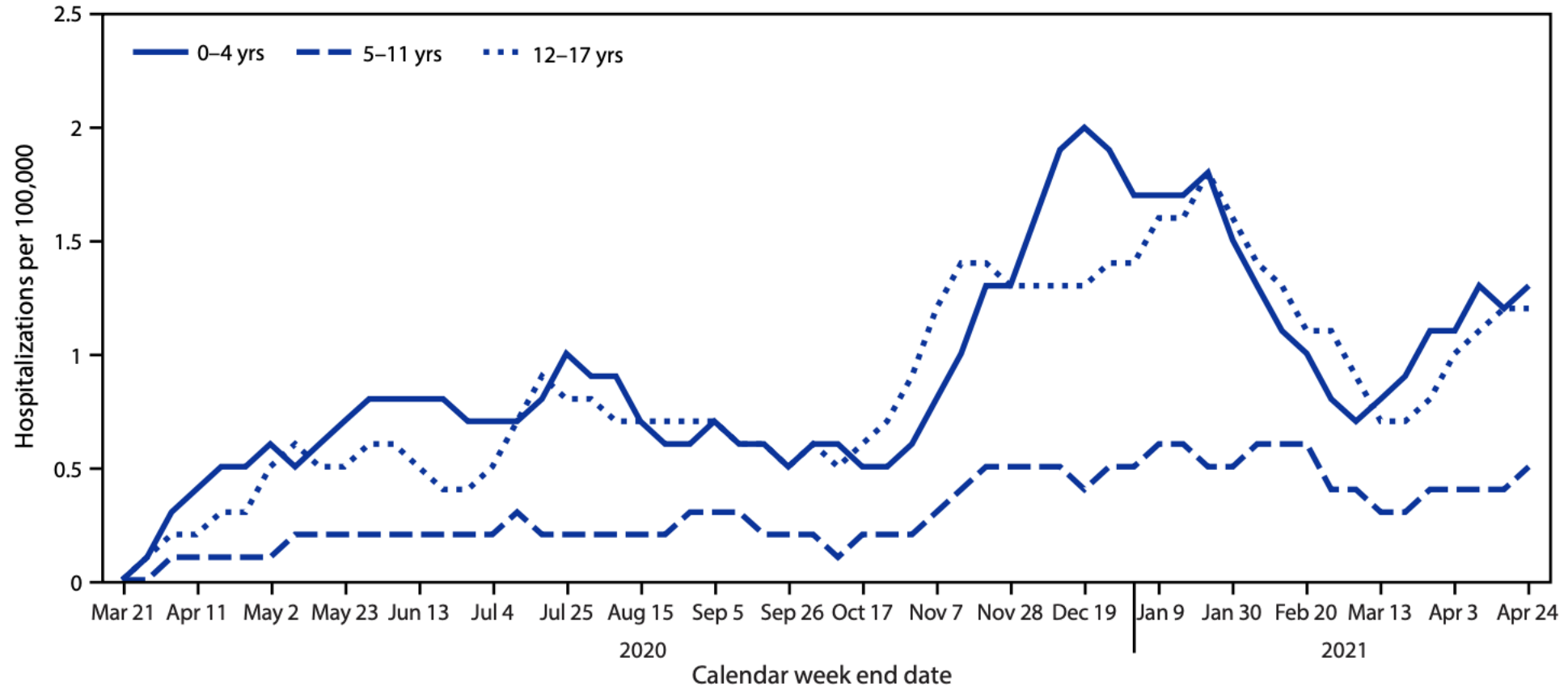
■ LOW ■ MODERATE ■ HIGH ■ VERY HIGH ■ EXTREMELY HIGH



Hospitalization of Adolescents Aged 12–17 Years with Laboratory-Confirmed COVID-19 — COVID-NET, 14 States, March 1, 2020–April 24, 2021

Early Release / June 4, 2021 / 70

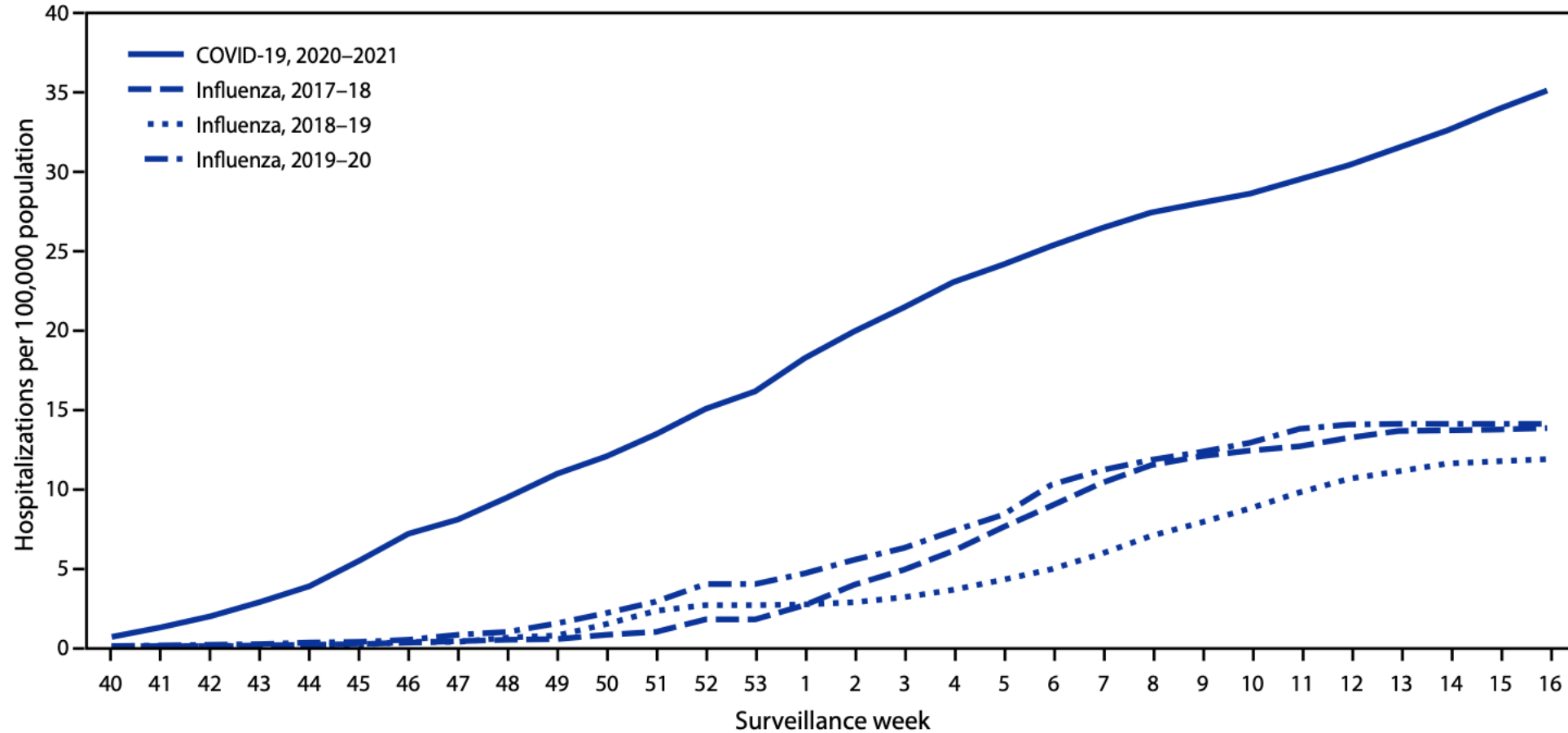
FIGURE 1. Three-week moving average COVID-19-associated hospitalization rates* among children and adolescents aged <18 years, by age group — COVID-NET, 14 states,† March 1, 2020–April 24, 2021



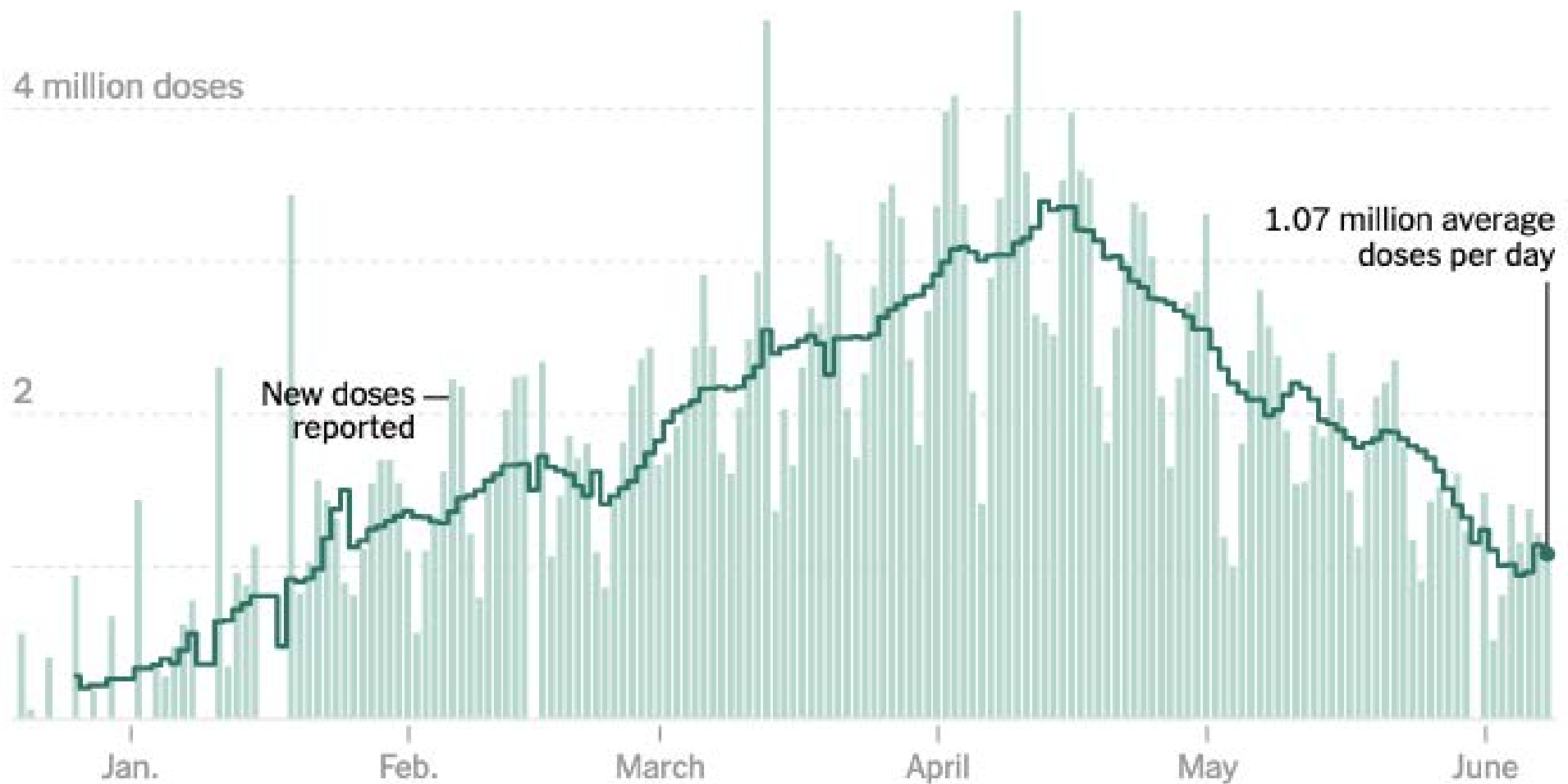
Hospitalization of Adolescents Aged 12–17 Years with Laboratory-Confirmed COVID-19 — COVID-NET, 14 States, March 1, 2020–April 24, 2021

Early Release / June 4, 2021 / 70

FIGURE 2. Cumulative rates for COVID-19-associated hospitalizations* compared with influenza-associated hospitalizations† among adolescents aged 12–17 years, by surveillance week[§] — COVID-NET[¶] and FluSurv-NET,^{**} 14 states,^{††} 2017–2021^{§§}



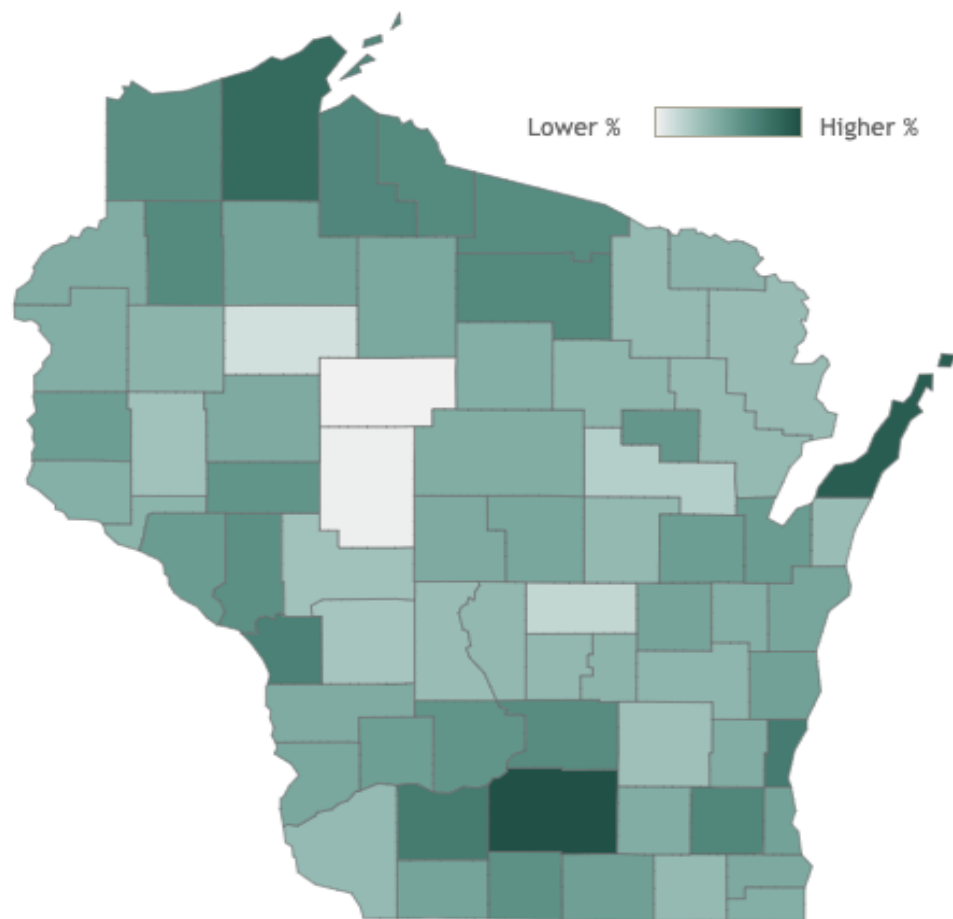
New reported doses administered by day



Source: Centers for Disease Control and Prevention | Note: Line shows a seven-day average. Data not updated on some weekends and holidays. Includes the Johnson & Johnson vaccine as of March 5.

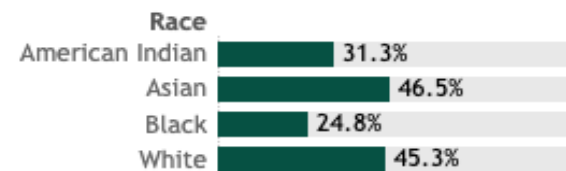
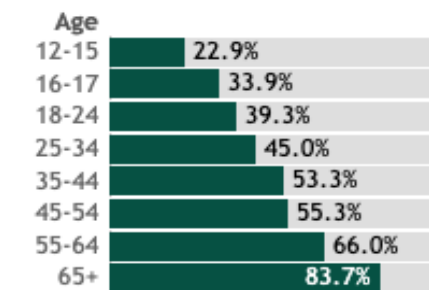
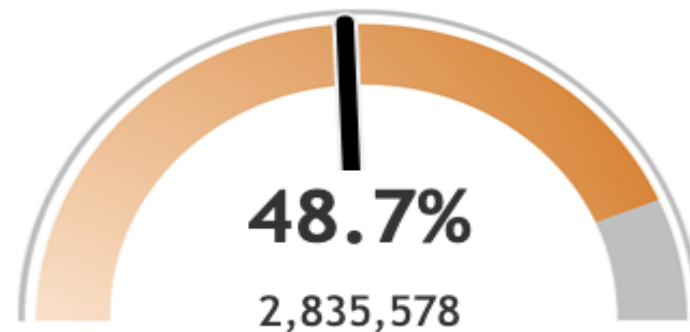
Percent of Wisconsin residents who have received at least one dose by county

Click a county to filter data



Percent of Wisconsin residents who have received at least one dose

The **orange** represents the population for whom the vaccine is authorized.
The **gray** indicates the population under 12 years of age for whom the vaccines are not authorized.



*3.9% of records reported a race of "Other".
*6.5% of records reported an unknown race.

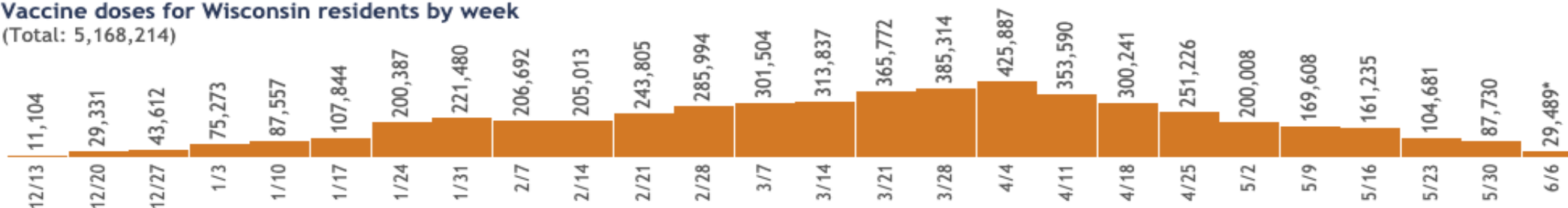


*0.6% of records were reported without sex.

*5.8% of records were reported without ethnicity.

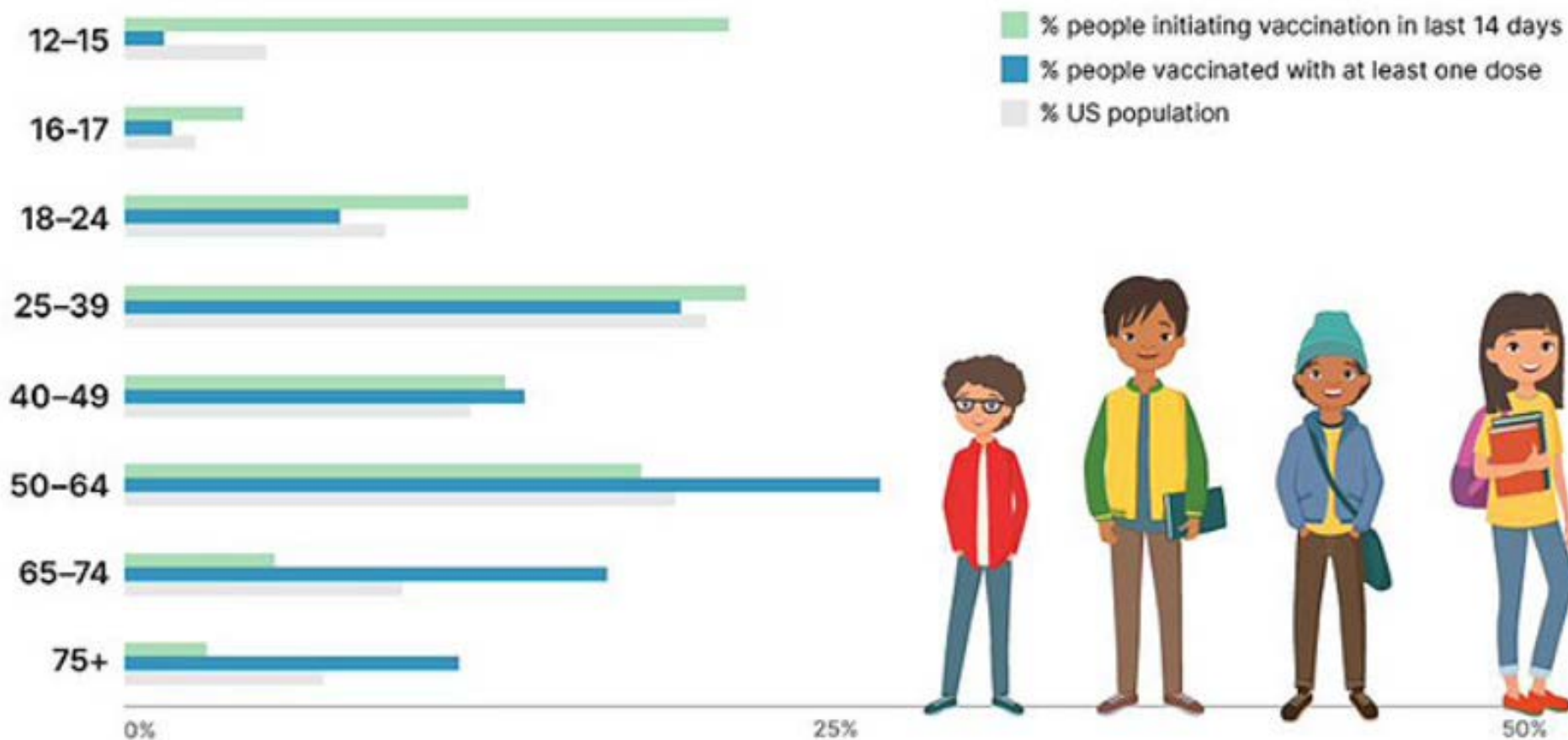
[View more data on racial and ethnic disparities in Wisconsin](#)

Vaccine doses for Wisconsin residents by week (Total: 5,168,214)



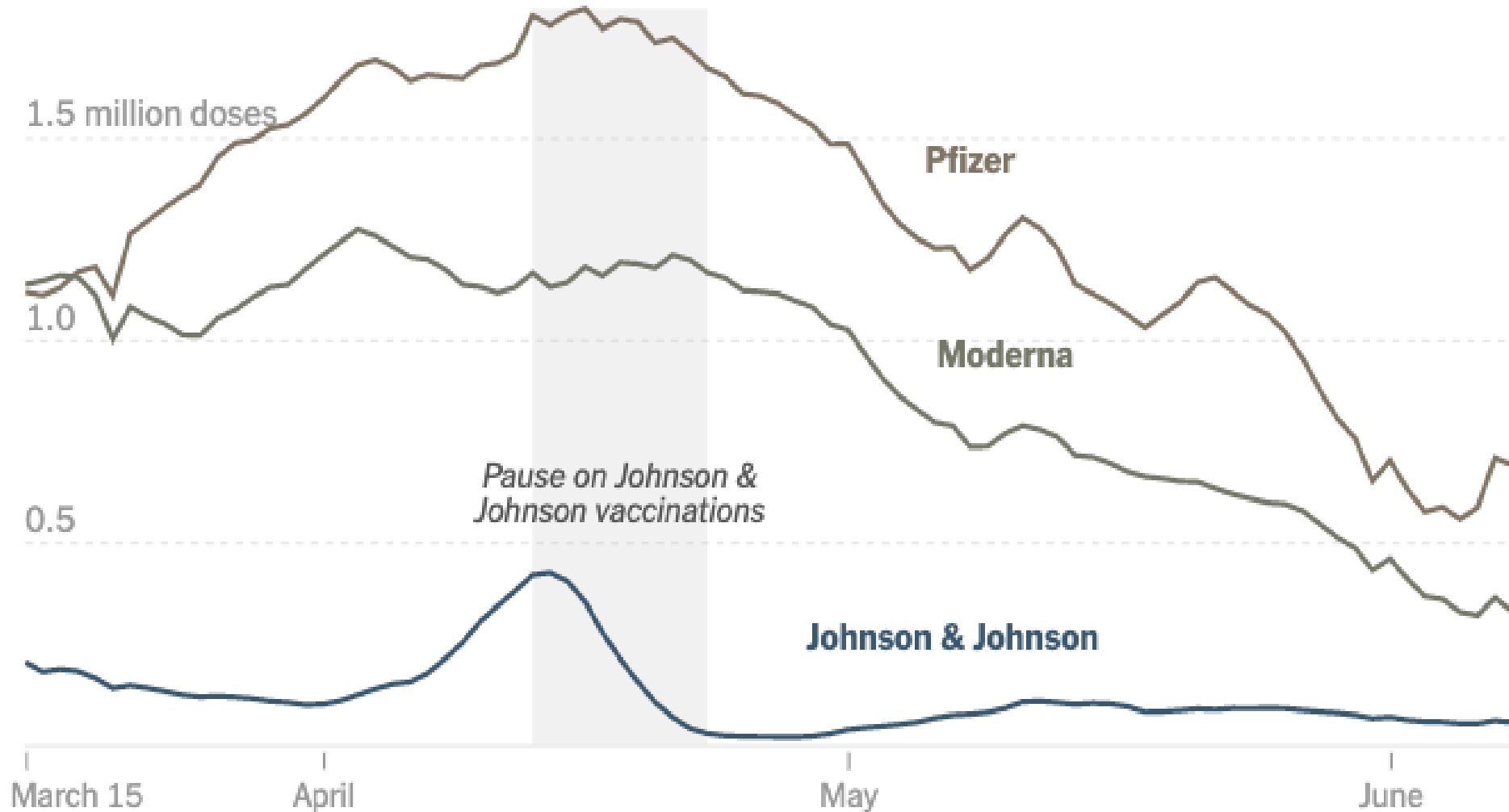
Vaccination Demographics by Age Group

Newly added: 12–15 Age Group



Daily reported doses given by manufacturer

Each line shows the seven-day average.

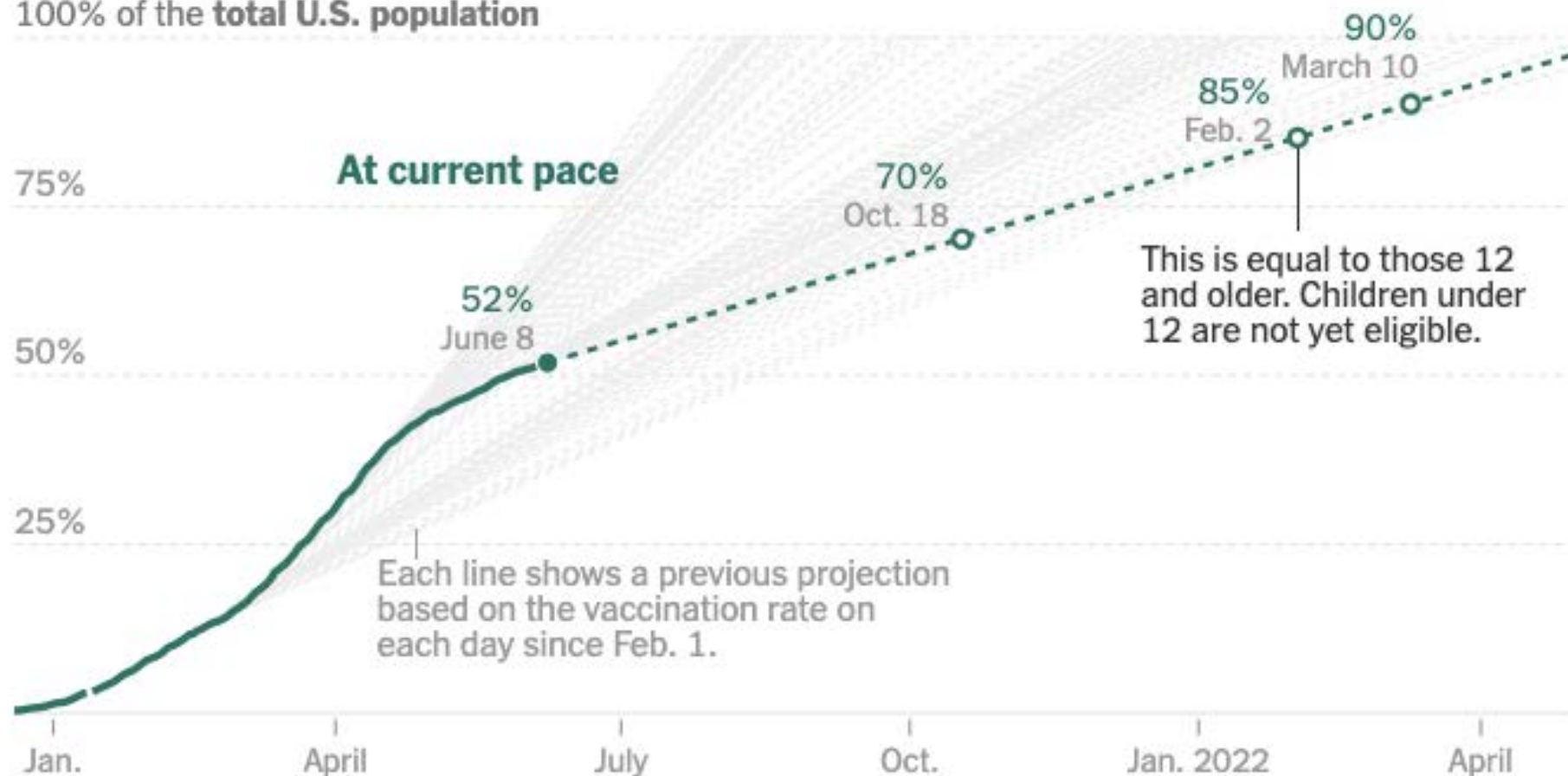


Source: Centers for Disease Control and Prevention

At the current pace of vaccination, most people could get a shot this year. But no vaccine has been authorized for children under 12.

Based on the seven-day average of people receiving a first or single dose each day.

100% of the **total U.S. population**



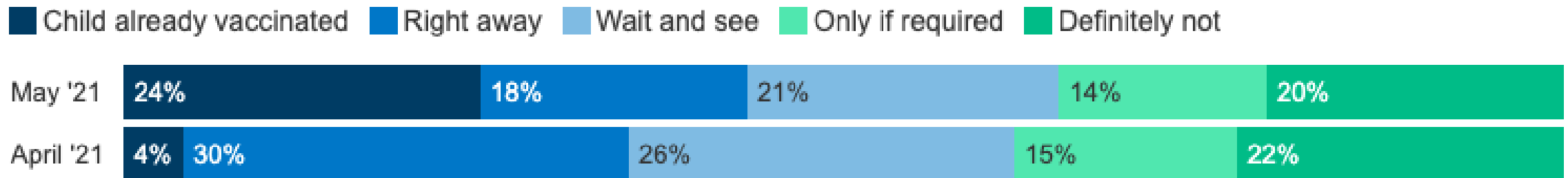
Sources: Centers for Disease Control and Prevention; Andrew Beveridge, SocialExplorer | Note: Total population includes states, territories and three countries with [special agreements](#) with the United States: Palau, Micronesia and the Marshall Islands.

Table 1. Emergency Use Authorizations of COVID-19 Vaccines

Sponsor	Regimen	Indicated Population	Date of EUA
Pfizer	2 doses 3 weeks apart	Individuals ≥16 years of age	December 11, 2020
Moderna	2 doses 4 weeks apart	Adults ≥18 years of age	December 18, 2020
Janssen	Single dose	Adults ≥18 years of age	February 27, 2021
Pfizer (amendment)	2 doses 3 weeks apart	Individuals ≥12 years of age	May 10, 2021

Four In Ten Parents Say Their Adolescent Has Already Received A COVID-19 Vaccine Or Will Do So Right Away

As you may know, the FDA recently authorized the use of the Pfizer COVID-19 vaccine for use in children ages 12 and up. Thinking about your child or children between the ages of 12-17, do you think you will...?

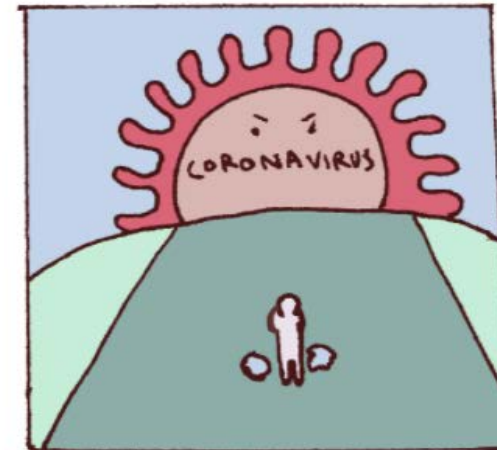
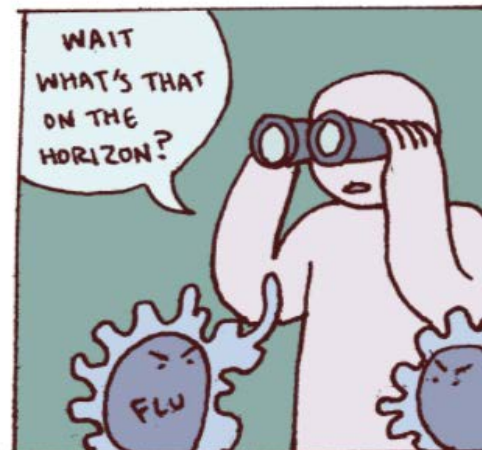


NOTE: Among parents or guardians of children ages 12-17. April 2021 question wording: "Once there is a COVID-19 vaccine authorized and available for your child's age group, do you think you will...?" See topline for full question wording.

SOURCE: KFF COVID-19 Vaccine Monitor (May 18-25, 2021) • [Download PNG](#)

On the horizon....

- Novavax & Sanofi/GSK protein subunit vaccines (spike glycoprotein) progressing – likely EUA submission 3rd Q 2021
- Janssen progressing with 12-17yo studies
- Moderna submission for EUA 12-17yo pending (June 2021)
- Pfizer & Moderna currently doing ‘dose finding’ for 6m-11yo
 - Will be followed by larger safety/immunogenicity trials
 - Anticipate 5-11yo data fall 2021
- Moderna & Pfizer in process of ‘rolling submission’ for full BLA
 - Seeking ‘priority review’ by FDA
 - Decision pending (but likely)



COVID-19 vaccination of persons with underlying medical conditions

- Any currently authorized COVID-19 vaccine can be administered to persons with underlying medical conditions who have no contraindications to vaccination, including:
 - Immunocompromised persons
 - People with autoimmune conditions
 - People with history of Guillain-Barré syndrome, Bell's palsy, dermal filler use
- Clinical trials demonstrate similar safety and efficacy profiles in persons with underlying medical conditions, including those that place them at increased risk for severe COVID-19, compared to persons without comorbidities

Vaccine Efficacy – Cancer Patients

- Israel – 102 cancer patients undergoing therapy, received BNT162b2 mRNA vaccine
 - 90% of cancer patients seropositive after 2nd dose (compared to 100% in controls)
 - **JAMA ONCOLOGY** May 28, 2021 A Massarweh et al
- Israel – 167 CLL patients receiving BNT162b2 mRNA vaccine – antibodies measured
 - Overall response rate 39.5%
 - 79.2% response rate for patients in remission
 - 16% in patients on treatment, 55.2% in treatment naïve
 - **BLOOD** April 16, 2021 Y Herishanu et al.

Vaccine Efficacy – Solid Organ Transplants

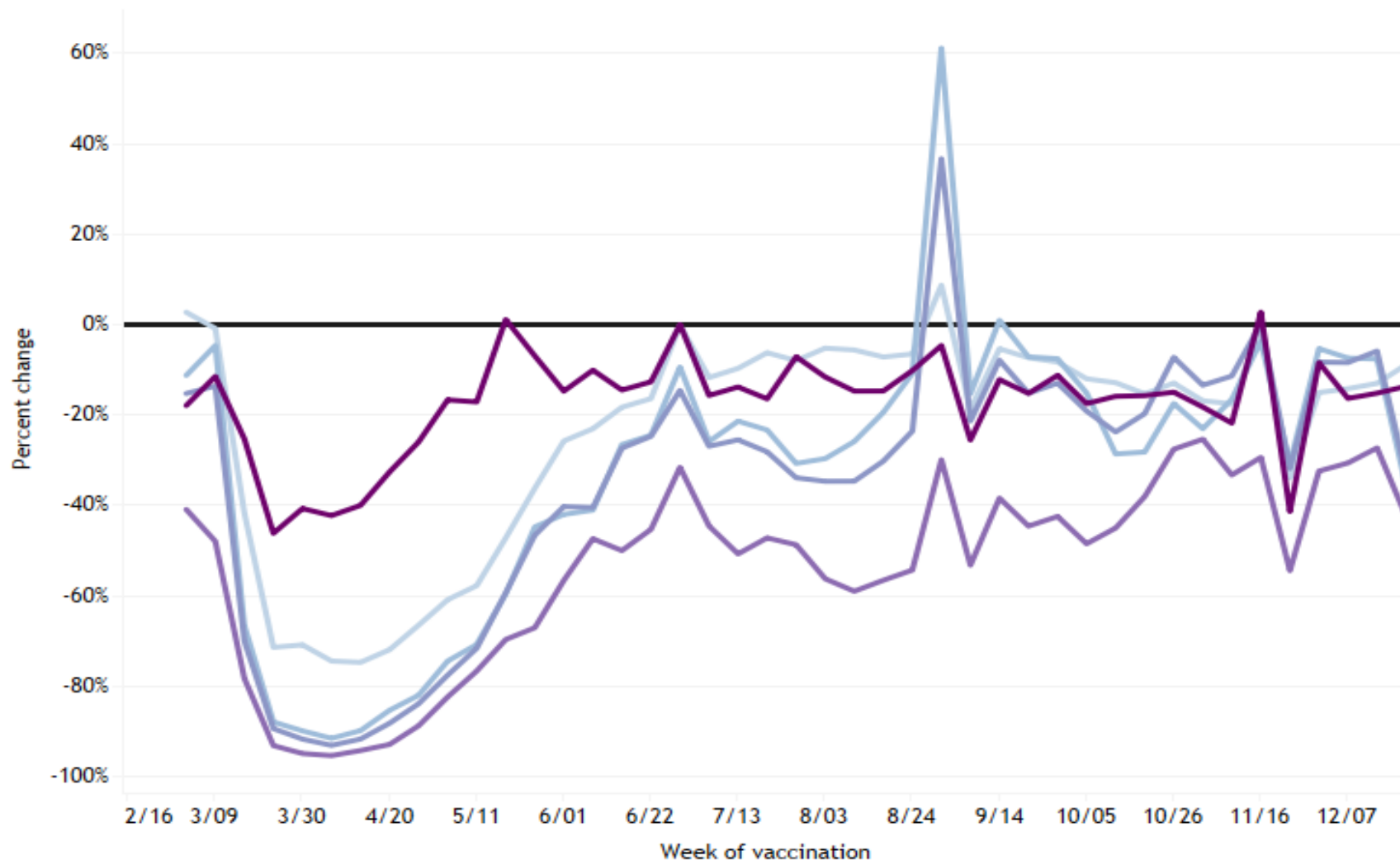
- Received mRNA vaccines (about 50:50 Pfizer:Moderna)
- Only 17% had positive antibody after dose #1
- 54% had positive antibodies after dose #2
- Non-response closely correlated with antimetabolite treatment (mycophenolate or azathioprine)
- **JAMA** May 5, 2021 B Boyarsky et al.

Cautionary Statements

- *MOST* commercial assays for SARS-CoV2 antibodies detect *nucleocapsid antibody* (NOT spike glycoprotein)
- Vaccines induce only spike glycoprotein antibodies
- T/B cell memory immunity appears to be important.
- No particular level of antibodies currently correlates with immunity
- Currently NO recommendations for boosters in *any* populations
- Ultimately boosters *may* be needed – unclear whether vaccines will need to be updated or whether current vaccines are adequate for boosting (preliminary data suggests they are)

- Age Group
- 0 - 24 months old
 - 5 - 6 years old
 - 5 - 18 years old
 - 13 - 18 years old
 - 19 years and older

Percent change in non-influenza vaccinations administered across age groups in Wisconsin

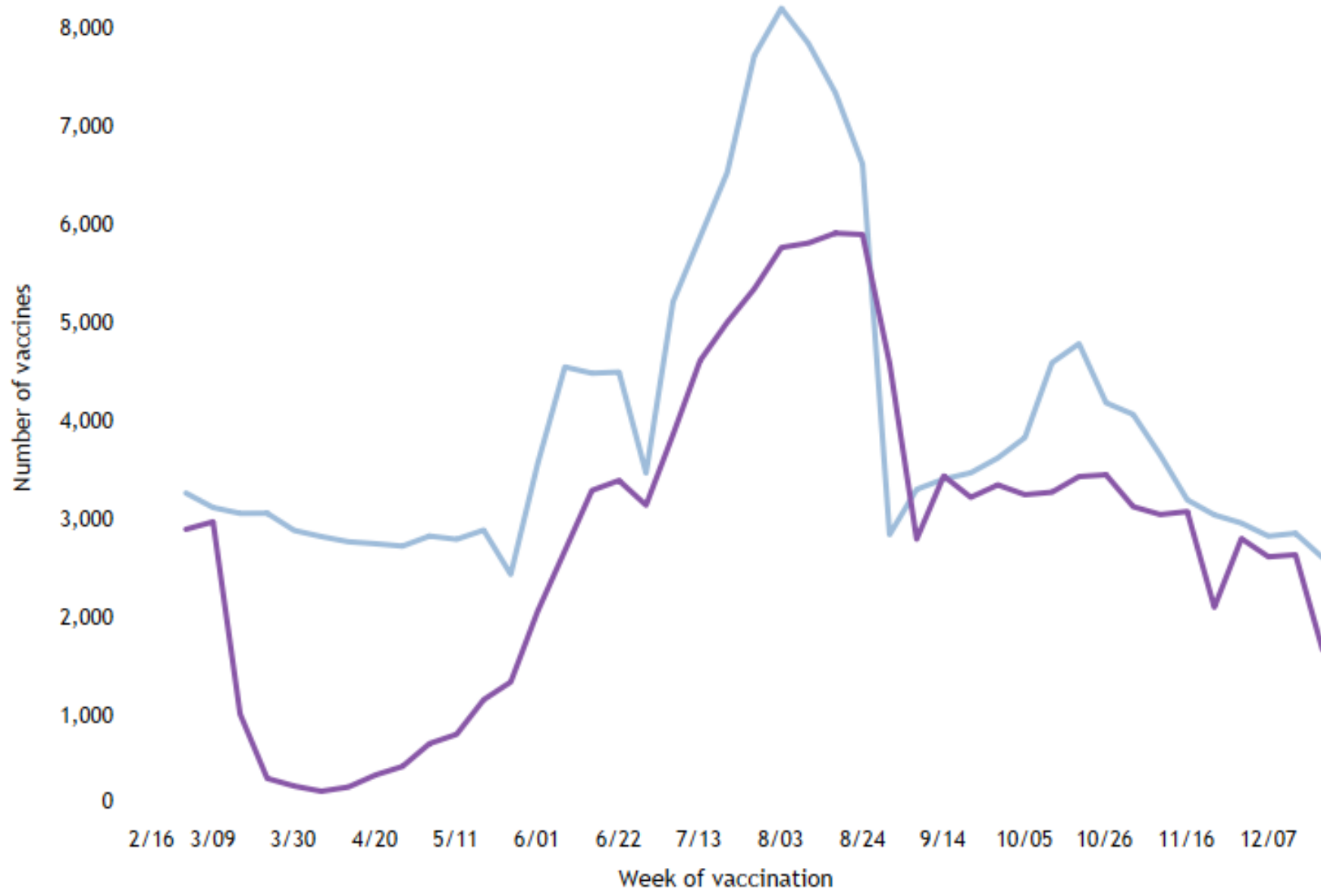


Percent change describes by what percent the number of immunizations administered this year has changed compared to the five-year average (2015-2019.) A negative percent change, means the number of immunizations this year was lower than the five-year average, whereas a positive percent change means the number of immunizations this year was higher.

Age Group

- 0 - 24 months old
- 5 - 6 years old
- 5 - 18 years old
- 13 - 18 years old
- 19 years and older

Routinely administered vaccinations in persons aged 13 - 18 years old in 2020 versus the 2015-2019 average.



Age Group

- 0 - 24 months old
- 5 - 6 years old
- 5 - 18 years old
- 13 - 18 years old
- 19 years and older

Routinely administered vaccinations in persons aged 5 - 18 years old in 2020 versus the 2015-2019 average.

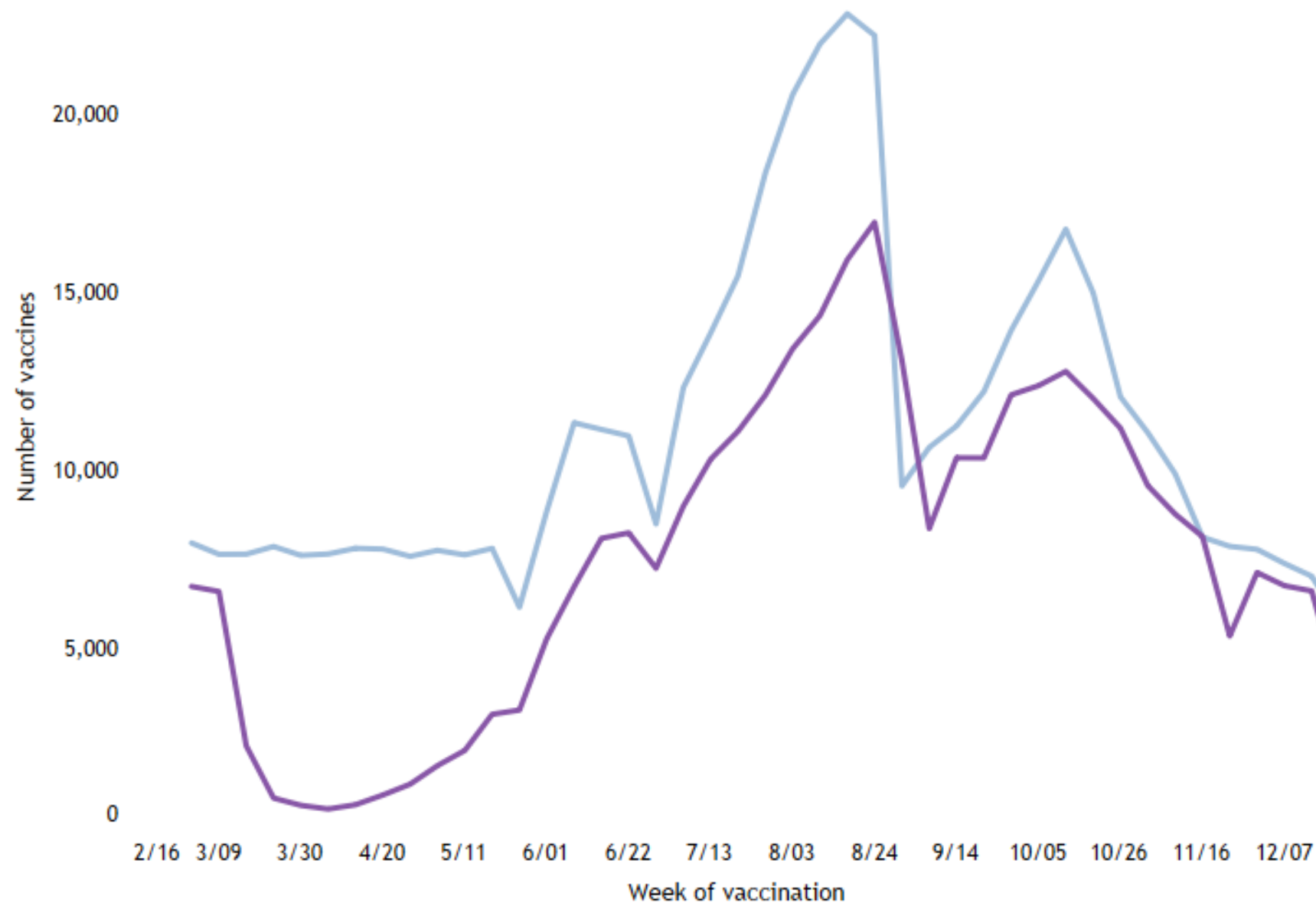


Table 1

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2021

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the gray bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2). School entry and adolescent vaccine age groups are shaded in gray.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs	
Hepatitis B (HepB)	1 st dose	← 2 nd dose →		← 3 rd dose →														
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 st dose	2 nd dose	See Notes													
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1 st dose	2 nd dose	3 rd dose	← 4 th dose →				5 th dose								
Haemophilus influenzae type b (Hib)			1 st dose	2 nd dose	See Notes	← 3 rd or 4 th dose, See Notes →												
Pneumococcal conjugate (PCV13)			1 st dose	2 nd dose	3 rd dose	← 4 th dose →												
Inactivated poliovirus (IPV <18 yrs)			1 st dose	2 nd dose	← 3 rd dose →					4 th dose								
Influenza (IIV)	Annual vaccination 1 or 2 doses										Annual vaccination 1 dose only							
or											or							
Influenza (LAIV4)											Annual vaccination 1 or 2 doses			Annual vaccination 1 dose only				
Measles, mumps, rubella (MMR)					See Notes	← 1 st dose →				2 nd dose								
Varicella (VAR)						← 1 st dose →				2 nd dose								
Hepatitis A (HepA)					See Notes	2-dose series, See Notes												
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)																Tdap		
Human papillomavirus (HPV)														*	See Notes			
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)			See Notes											1 st dose		2 nd dose		
Meningococcal B															See Notes			
Pneumococcal polysaccharide (PPSV23)												See Notes						

Range of recommended ages for all children

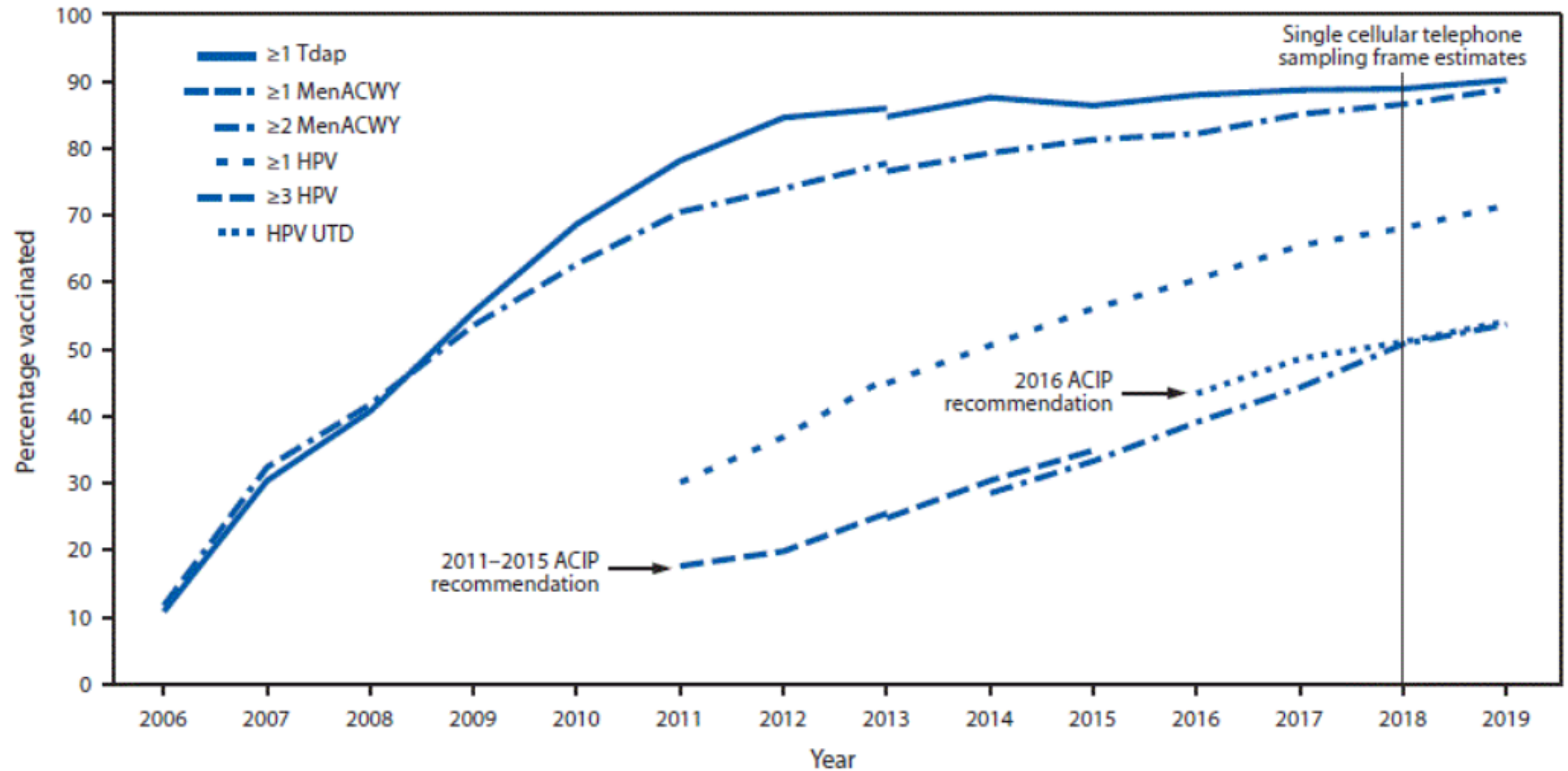
Range of recommended ages for catch-up immunization

Range of recommended ages for certain high-risk groups

Recommended based on shared clinical decision-making or *can be used in this age group

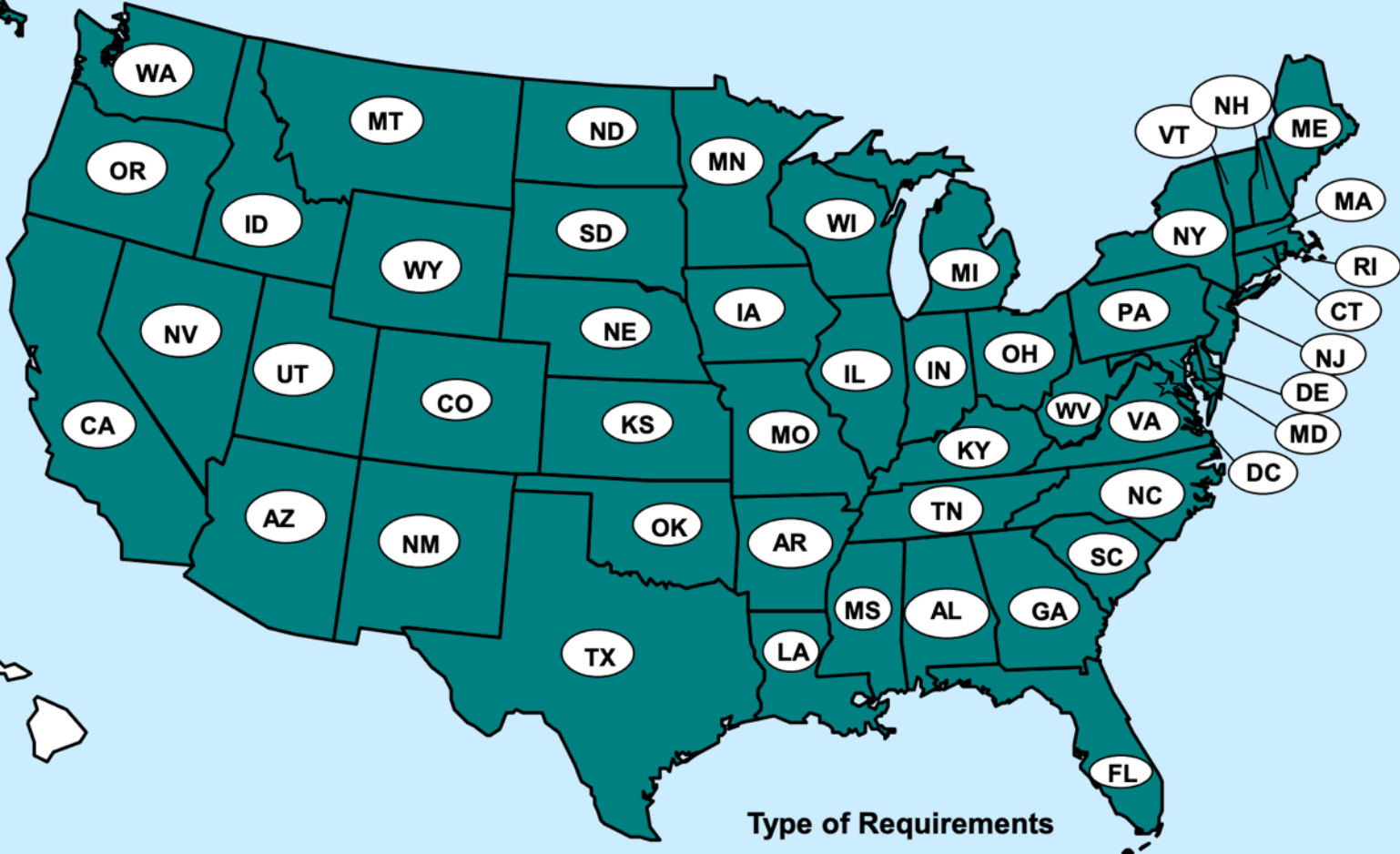
No recommendation/ not applicable

FIGURE. Estimated vaccination coverage with selected vaccines and doses* among adolescents aged 13–17 years, by survey year and Advisory Committee on Immunization Practices (ACIP) recommendations† — National Immunization Survey-Teen (NIS-Teen)^{§,¶} — United States, 2006–2019



Tetanus, Diphtheria, Pertussis Mandates for Secondary Schools

October 2018

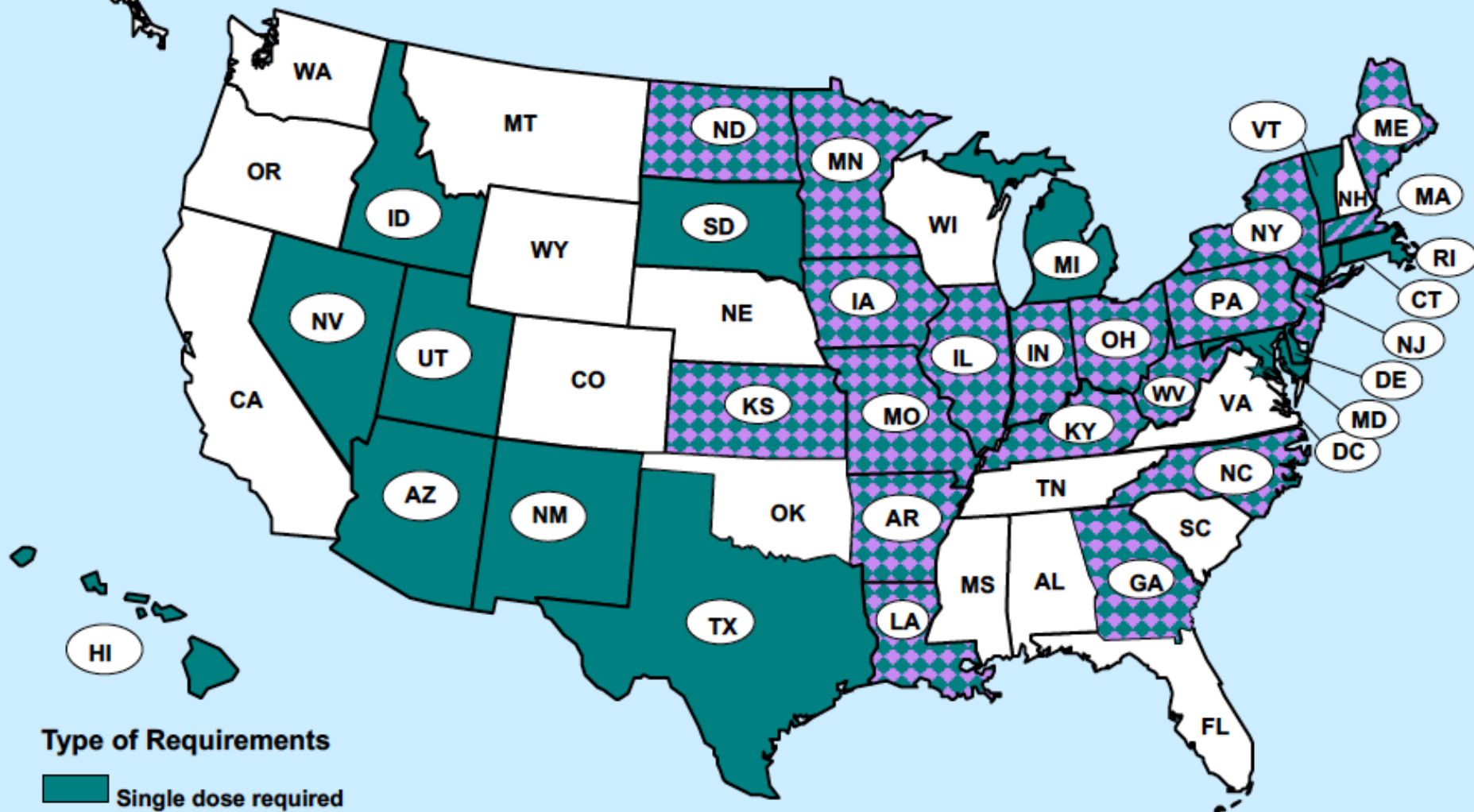


Type of Requirements
■ Tdap
□ No Td or Tdap requirement





Meningococcal ACWY Vaccine Mandates for Elementary and Secondary Schools

November 2019

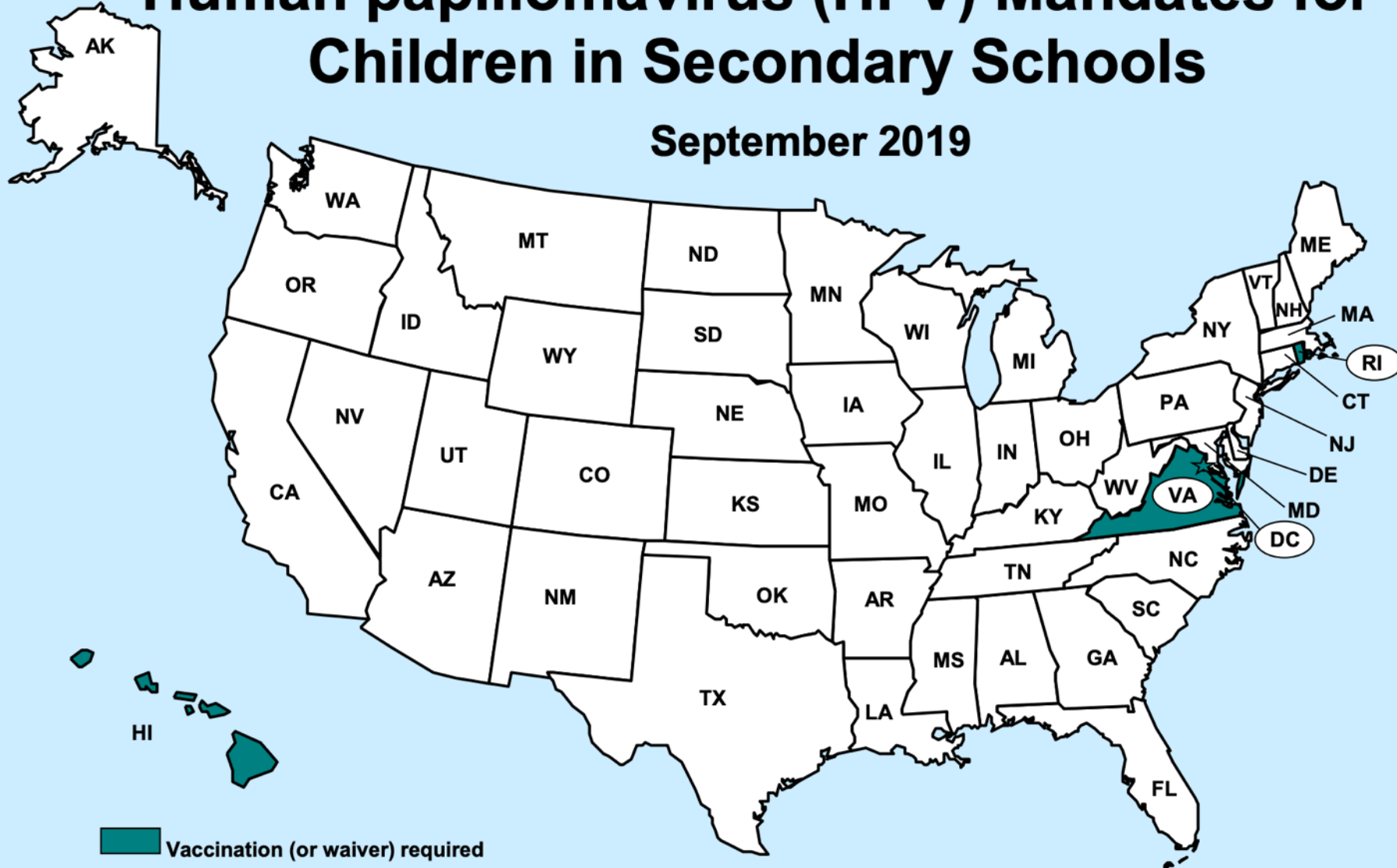


Type of Requirements

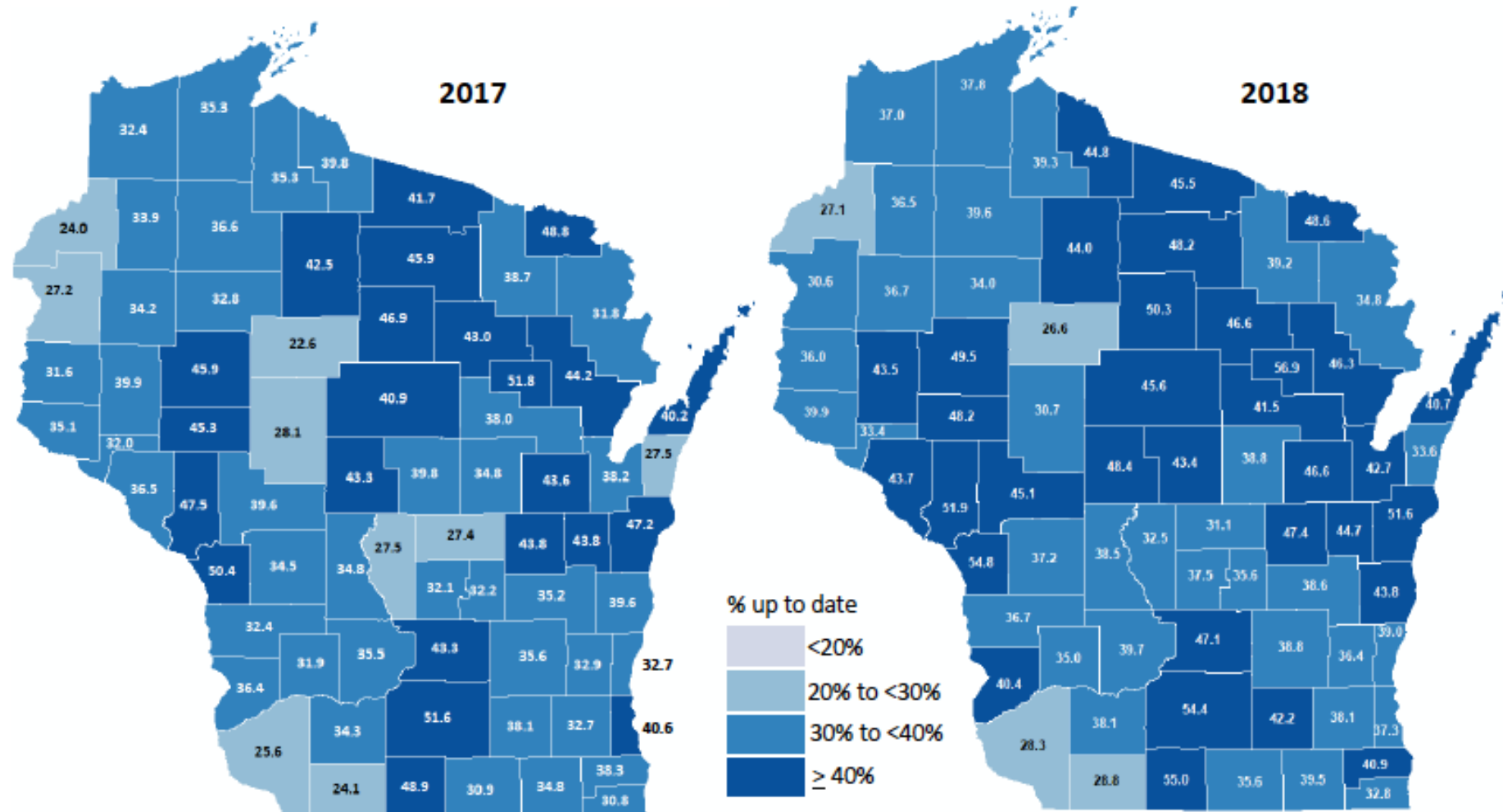
-  Single dose required
-  Two doses required

Human papillomavirus (HPV) Mandates for Children in Secondary Schools

September 2019



Percent of adolescents aged 13-18 who are up-to-date* with the human papillomavirus (HPV) vaccine, 2017 and 2018



*2 or 3 doses depending on age at vaccine series initiation. The Advisory Committee on Immunization Practices changed their HPV recommendation in October 2017 from a 3 dose series to either a 2 or 3 dose series depending on age at vaccine series initiation. Prior to 2017, HPV complete rates reflect a 3 dose series.

Birth range, 2017 assessment: January 1 1999 to December 31 2004

Birth range, 2018 assessment: January 1 2000 to December 31 2005

Prepared by the Wisconsin Immunization Program, Division of Public Health, April 2019

Data source: Wisconsin Immunization Registry

In the U.S., hospitalizations are rising in areas with low vaccination rates.

Health officials worry that Covid-19 hospitalization rates could increase among the unvaccinated as variants of the virus spread.

- All oncology patients should be vaccinated
- Pre-transplant vaccination for SOT encouraged whenever feasible
- Encourage vaccination of household members & caregivers
- Continue adherence to protective measures including masking & social distancing regardless of vaccine status





Thank you

Спасибо

감사합니다

Tak

Dziękuję

Dziękuję

Ευχαριστώ

Kiitos

有り難う

شكرا

有り難う

Obrigado

谢谢

Hvala

Terima kasih

Tack

תודה

Merci

Danke

ขอบคุณ

Kiito

Grazie

Thank you

Gracias

謝謝

Спасибѣ

射謝

ありがとう

감사합니다

شكرا

謝謝

Dankon

Mulțumesc

Спасибѣ

Спасибо

Děkuju

Obrigo

unte

Хвала

Благодаря

Asante

Teşekkür ederim

kon

謝謝

شكرا لك

ありがとう

Köszönöm

Obrigo

有り難う

شكرا لك

有り難う

Terima kasih

Teşekkür

Questions? Comments?

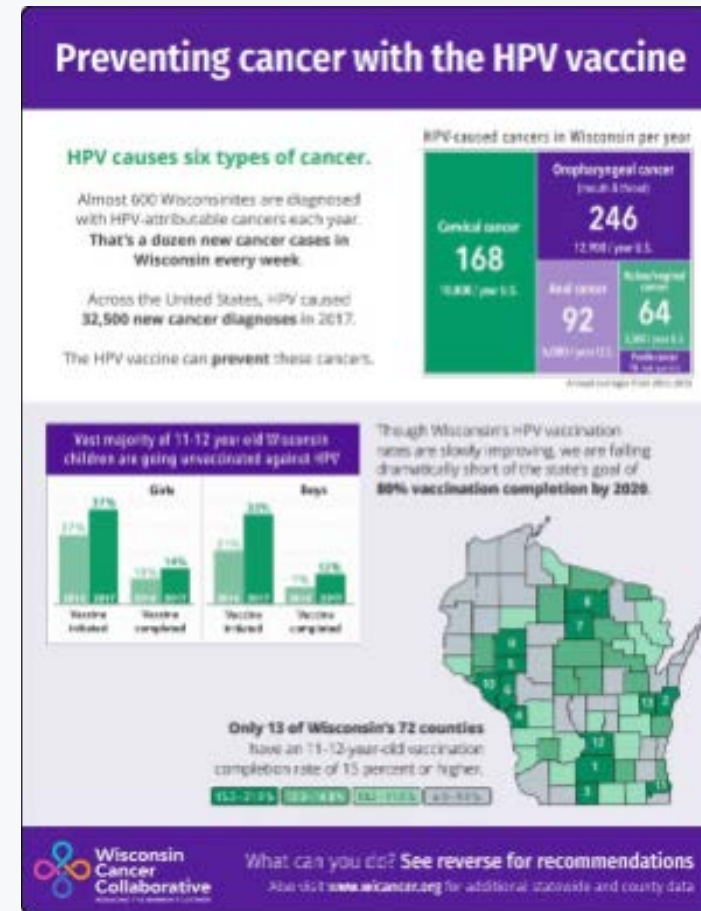
Please take our poll! Will pop up on your screens shortly.



Stay tuned for resources you can use!

Resources – HPV Vaccine Sheet

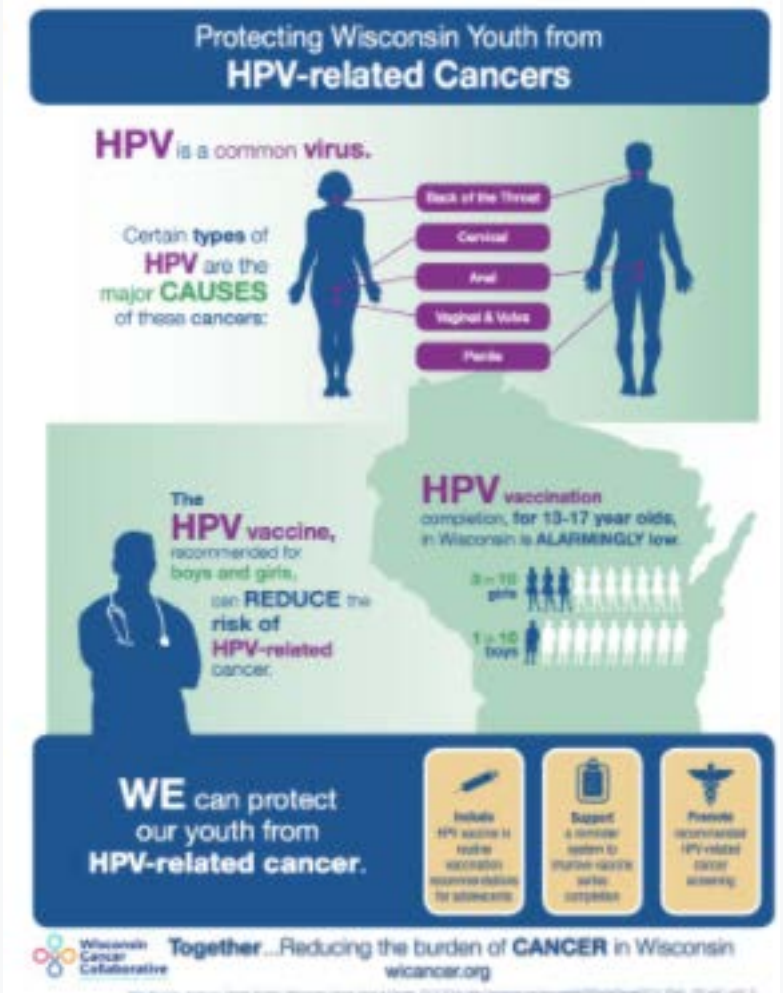
Helpful snapshot of HPV in Wisconsin and the action steps you can take to make a difference



Resources – HPV Infographic

Use our Infographics Series to illustrate cancer prevention and detection strategies in easy-to-understand ways.

Download and share with partners, community members, and decision makers.



<https://wicancer.org/resource/hpv-vaccine-infographic/>

Resources – HPV Issue Brief

This Issue Brief examines statewide HPV-related cancer trends, offers strategies to prevent cancers by increasing HPV vaccination rates in girls and boys across Wisconsin, and explores how the COVID pandemic has affected HPV vaccine access and uptake.



Save the date! – July Networking Webinar

July's webinar will feature **Courtney Harris of Covering Wisconsin.**

Join us to learn more about

- Local marketplace enrollment
- American Rescue Plan changes
- The resources available through Covering Wisconsin and the Wisconsin Cancer Collaborative



10:00-11:00



Register here: <https://wicancer.org/events/webinars/>

Thank you!

Thank you for joining!
Stay well!