



*Whatcom County Health Department
Immunization Program
1500 N State Street, Bellingham, WA 98225
676-4593*

NEEDLE POINTS

March, 2011

IN THIS ISSUE

- Whatcom County ARRA Project
- VFC Childhood Program Updates
- Do You Have Missed Opportunities?
- The Fraud Behind the MMR Scare
- Another Anti-vaccine Article Retracted
- Vaccine Success Story - Varicella
- Trivia Corner
- Ask the Immunization Nurse
- Education and Training Opportunities
- Resources Enclosed

Whatcom County ARRA Immunization Project

During 2010, DOH provided federal funds to Whatcom County Health Department for a project to increase immunization rates in Whatcom County for the 24-35 month old child. This included working with VFC providers to improve the accuracy and completeness of immunization records by cleaning-up records in their EMR/paper records and the CHILD Profile Immunization Registry (CPIR). Seventeen practices participated in this project with outstanding success. Some of the accomplishments included:

- The number of complete immunization records for the 24-35 month old increased both in the CPIR and the provider's records. The average percent of 24-35 month olds up-to-date (UTD) on the 4:3:1:3:3:1:4 series increased in the CPIR from 54% to 69.5%, which is an overall increase of 28%!
- One medium size practice increased their UTD immunization rates from 70% to 94%!
- The use of the CPIR increased and many clinics now recognize the value of immunization records in one database. This has encouraged several practices to continue with record clean-up and down loading all their immunizations into the registry.

The registry has finally reached the critical mass where it is a very useful tool for providers, schools, health departments, and patients; both children and adults!

Many thanks go to those who use the CPIR and who participated in this project! Keep up the great work!

VFC Childhood Vaccine Program Updates

Online VFC Ordering Coming

In May we will begin training on vaccine ordering through the CHILD Profile immunization registry. The online ordering will be implemented in July for all Whatcom County VFC providers. Once established it will save steps at the local and state levels and allow for practices to track their order status online.

Save the Date for Immunization Training!

The Whatcom County Health Department (WCHD) immunization nurse consultants will present a two-part training on **May 12 and May 19, 2011** for those who give immunizations. The course is designed to introduce staff to best practices in vaccine administration and management, immunization schedules, storage and handling and includes practice sessions for assessing vaccination needs of several age groups. Registration information will be sent later.

Recent and upcoming changes:

- **The New Tdap Recommendations & the VFC Program:** The VFC Tdap vaccine can now be given to children 7 through 18 years of age. Those 7 through 10 years of age, not fully vaccinated against pertussis, should receive a single dose of Tdap. Those 7 - 10 years never vaccinated against DTaP or who have an unknown vaccination status, should receive a series of 3 vaccinations (#1 Tdap, #2 Td, #3 Td).

- **Changes to the Requirements for School & Childcare:**
 - Beginning July 1, 2011 children in childcare or entering kindergarten will need:
 - A final dose of polio given on or after the 4th birthday regardless of the number of previous doses
 - A 6 month minimum interval between dose #3 and dose #4
 - Children who received 3 or 4 valid doses before 8/7/09 do not need an additional dose
 - Tdap: A recommendation of a 5-year interval between the required Tdap dose for 6th - 10th grade and the previous DTaP, DT or Td remains in effect.
 - School & Childcare Vaccine Required tables: www.doh.wa.gov/cfh/Immunize/schools/vaccine.htm
- **Meningococcal Vaccine:** Consider ordering additional MCV4 vaccine for the booster dose at age 16 years. The peak age for meningococcal disease is 16-21 years of age and MCV4 vaccine wanes within 5 years following vaccination. ACIP recommended the MCV4 vaccine booster dose to provide continuing protection during the peak years of vulnerability.
- **Guillain-Barre Syndrome (GBS) and Menactra:** Previously a history of GBS was considered a precaution for Menactra MCV4 vaccine from Sanofi Pasteur. Studies, since 2005, have shown no evidence of an increased risk of GBS. As a result, ACIP voted to remove GBS as a precaution for use of Menactra in those with a history of GBS.
- **VFC Flu Vaccine for 2011-12:** The Washington State Department of Health (DOH) has prebooked 270,600 additional doses of children's influenza vaccine for 2011-12. So far, there are no challenges with production. If additional vaccine is needed during the season, DOH can place a second pre-book.
 - *For pre-booking options with adult flu vaccine:*
www.doh.wa.gov/cfh/Immunize/documents/fludistprebook.pdf.
- **Pink Books:** New CDC "Pink Books" should arrive in April. One book has been ordered for each practice.

Questions & Answers from the Washington Vaccine Association (WVA) Website:

- *If a payer denies the charges of a DBA submission, do we bill the payer again?*
No, the WVA receives the explanation of payments made, not the providers who administered the vaccine. If the payments is denied, the provider does not need to bill again; such payment denials are considered "leakage."
- *Will providers receive notification when WVA receives payments from insurers? If we don't, my billing system will show unpaid claims.*
No, you won't receive notification, but the DBA shouldn't show up as accounts receivable in your system.

Do You Have Missed Vaccination Opportunities?

Most provider practices are extremely busy and struggle with doing "one more thing". But, what if you had an easy tool to assess all children for missing immunizations? Practices that use the CHILD Profile registry forecast tool on every patient at every visit, including walk-ins, can significantly reduce missed opportunities.

The forecast tool can easily be printed by a clerk or receptionist for the nurse or medical assistant. To view only what is past due, print the vaccination forecast page. To view the vaccines that have been administered *and* the forecast tool, print the view/add or the summary page.

As an example of how missed opportunities can affect your practice, families, school or childcare, here is a comment from one of the local school nurses:

"I wanted to let you know about an immunization situation that has come up several times this year. Many children who didn't get their 4th dose of Hib during the period of time when there was a shortage are still missing the last dose (providers aren't catching this when children return for subsequent well child exams). Our parents are frustrated that we're asking them to make a special visit just to get this immunization."

By consistently using the CHILD Profile forecast tool it can save time, improve immunization rates and reduce the burden of vaccine preventable diseases.

The Fraud Behind the MMR Scare

In February 2010, Lancet retracted Andrew Wakefield's 1998 article purporting a link between autism and MMR vaccine due to ethical violations and undeclared financial conflicts of interest. Now, after extensive investigation, the British Medical Journal (BMJ) has published a series of articles by investigative journalist, Brian Deer, that clearly document how Wakefield's study was actually an elaborate fraud.

Keys Points to the findings:

- Wakefield altered information from patient's medical records to support his claim that MMR vaccine caused autism
- Five of the 12 children had developmental problems before vaccination with MMR and 3 never had autism
- No studies have been able to replicate the results
- Wakefield failed to disclose serious financial conflicts of interest including:
 - Payments from lawyers building a case against vaccine manufacturers
 - Attempting to profit by patenting tests for "vaccine-induced diseases" and his own "safe vaccines"
- Wakefield's medical license was revoked for 30 ethics violations including a callous disregard for the suffering of his test patients

Editorial: <http://www.bmj.com/content/342/bmj.d22.full>

Part 1: <http://www.bmj.com/content/342/bmj.c5347.full>

Part 2: <http://www.bmj.com/content/342/bmj.c5258.full>

Part 3: <http://www.bmj.com/content/342/bmj.c7001.full>

Responding to parents concerns regarding autism and vaccines- 4 Step CASE Framework:

- Corroborate: Acknowledge the parents' concern and find some point on which you can agree. Set the tone for a respectful, successful talk
- About Me: Describe what you have done to build your knowledge base and expertise
- Science: Describe what the science says
- Explain/Advise: Give your advice to the patient, based on science

*From a webcast presentation in Dec. 2010 by Alison Singer with the Autism Science Foundation

<http://www.blip.tv/file/4550897> (or) <http://www.albany.edu/sph/cphce/phlchron.shtml>

Another Anti-Vaccine Article Retracted

"Deadly Immunity," a 2005 exposé story by Robert F. Kennedy Jr., was retracted by Salon, an online news and entertainment website. In the article, Kennedy wrote about thimerosal in vaccines until 2001 being dangerous and was convinced of the connection to the epidemic of childhood neurological disorders. Since the report was published, Salon has issued 5 corrections and with recent criticism of Kennedy's premise, has decided to remove the report and issue a retraction.

http://www.salon.com/about/inside_salon/2011/01/16/dangerous_immunity/index.html

Vaccine Success Story - Varicella

Routine vaccination against chickenpox disease began in 1995, with yearly infection rates falling by 80 to 90 percent over the next decade. In a recently released CDC study, researchers found that between 2000 and 2006, chickenpox-related hospitalizations fell by 71 percent over the study period. It was estimated that varicella vaccination prevented a total of 50,000 hospitalizations between 2000 and 2006!

While most cases of chickenpox just make people feel miserable, some develop serious complications including skin infections, dehydration, pneumonia or even encephalitis. Educate parents that complications can occur.

Teens and adults who have had only one dose should receive a second dose. Remember to check your patient's records, as this dose is often missed because only one dose was originally recommended.

<http://www.reuters.com/article/2011/01/03/us-vaccine-chickenpox-idUSTRE70231X20110103?pageNumber=1>

Trivia Corner

Which vaccine-preventable disease is not affected by herd immunity?

Tetanus is not affected by herd immunity because it is not passed from one person to another. C. tetani spores are widely distributed in soil and in the intestines and feces of animals. Manure treated soil may

contain large numbers of spores. Spores can also be found on skin surfaces and in contaminated heroin. For this reason, your risk of disease remains the same no matter how many around you are immunized.

Ask the Immunization Nurse

Can a tuberculin skin test be given with the MMR vaccine?

Yes. A tuberculin skin test (TST) can be administered at the same time. However, if an MMR vaccine was given recently, the TST should be delayed at least 4 weeks. TST has no effect on the response to MMR vaccination, but measles vaccine (and possibly other live virus vaccines) may transiently suppress the response to TST in a person infected with *Mycobacterium tuberculosis*.

Does the four-day grace period include the minimum interval between live virus vaccines?

According to the ACIP general recommendations, the four-day grace period can be applied to any vaccine including the interval between two doses of the *same* live virus vaccine (MMR dose #1 and #2). However, it does not apply to the interval between doses of 2 *different* live vaccines (MMR and Varicella) or to the rabies vaccine.

We mistakenly gave a father-to-be a Td instead of Tdap. How soon after the Td dose can we give him the dose of Tdap he needs?

For those who have not previously received Tdap vaccine, Tdap can be administered regardless of the interval since the last Td. As soon as the error is realized, the Tdap dose should be administered.

Education and Training Opportunities

“Bringing Immunity to Every Community”, New Online Continuing Education Course

This course provides real-life scenarios that will assist healthcare professionals as they interact with patients who have questions and concerns about vaccine safety and efficacy. www.yourcesource.com/ecbt

New Book, “How the Anti-Vaccine Movement Threatens Us All” by Dr. Paul Offit

Just published, Dr. Offit dismantles false claims, misinformation, faulty research and anti-vaccine fear mongering. The book can be ordered through Amazon or through a local bookstore.

History of Vaccines Website - Created by College of Physicians of Philadelphia

The website provides a chronicle of the history of vaccination, from pre-Jenner variolation practices to cutting-edge approaches to new vaccines and vaccine delivery. If you like history, including famous people, you may like this site: <http://www.historyofvaccines.org/content/timelines/all>

Newly revised from the Immunization Action Coalition (IAC)

“Quick Chart of Vaccine-Preventable Terms in Multiple Languages” A reference chart to help decipher immunization records from other countries: www.immunize.org/catg.d/p5122.pdf

Tips on Interpreting Mexico’s Immunization Card

Binational Resource: www.cdc.gov/vaccines/recs/schedules/downloads/child/binational-schedule-pr.pdf

Resources Enclosed - Please Update in Your WCHD Immunization Binder!

- Hepatitis A & B Vaccines, Be sure your patient gets the correct dose! 7j
- Are you 11 - 19 years old? 7mi
- Vaccines Required for School Attendance, Grades K-12 8a
- Vaccines Required for Childcare/Preschool Attendance 8b
- Healthcare Personnel Vaccination Recommendations 9d
- Vaccination for Adults, You’re Never too old to get immunized! 9fi
- Guide to Contraindications and Precautions to commonly Used Vaccines 11c
- Guide to Contraindications and Precautions to commonly Used Vaccines in Adults 11d
- Quick Chart of Vaccine-Preventable Disease Terms in Multiple Languages
- Bi-national Immunization Guide: Mexico to USA

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER WHATCOM COUNTY