

SPECIAL POINTS OF IN- TEREST:

- VFC Childhood Program Updates 88
- Washington New School Exemption Laws
- Blogs and Social Media
- Vaccine Success Story—Rotavirus
- Measles & International Travel
- Adult Vaccine Updates
- Ask the Immunization Nurse
- Education and Training Opportunities
- Resources Enclosed
- New Program Manager



TRIVIA QUESTION:

What are the three items that are most frequently missed from the vaccine administration record?

VFC Childhood Vaccine Program Updates

Online VFC Ordering Begins in July

A BIG THANK YOU to all our providers who participated in the online vaccine ordering module trainings. July orders will be placed by providers online and reviewed by WCHD staff. If changes are made to your order, we will notify you by email. Please go online to view corrections.

Please use the current "Provider Request for Childhood Vaccines" order form. This form is used as the master record to review orders in Child Profile for typos, missed vaccines, order quantities and delivery days and times. If any discrepancies are found, the order in Child Profile will be adjusted to match the paper order form.

Summer Closure Days

When considering an early closure day, keep in mind any vaccine orders that may be coming in the last half of the month. There are no guarantees that the vaccine will be viable when returned to McKesson or Merck and could result in additional costs. All returned vaccine must be reordered as Merck will not reship orders.

- *If your practice decides to close early and any previously ordered vaccine has not arrived, have someone remain in the office who knows how to receive the vaccine and store it properly.*

Continued on page 4

Washington's New School Immunization Exemption Law

The new immunization exemption law goes into effect **July 22, 2011**. The new law now requires parents or guardians to show proof that they have received information from a healthcare provider on the benefits and risks of immunizations before opting out of school immunization requirements for personal/philosophical reasons. According to a report published by the CDC in June 2011, Washington kindergarteners do not meet state or national goals for any required immunizations at school entry. Washington state has the highest exemption rate in the country at 5.9%, with Whatcom county having one of the highest exemption rates in the state at 9.7%.

Under the revised school immunization exemption law:

- Parents must now get a healthcare provider's signature on the Certificate of Exemption (COE) verifying that they have received benefit/risk information for the immunization(s) they are declining.
- A signed letter from an MD, ND, ARNP, PA or DO can substitute for a signed COE.
- Providers signing the COE in good faith are immune from civil liability.
- Parents/guardians who claim religious exemptions do not need a provider's signature on the COE.
- Copies of the COE and provider letters are acceptable.
- Only applies to exemptions on or after July 22, 2011.

To view the updated COE and samples of complete COEs visit:

<http://www.doh.wa.gov/cfh/immunize/schools/exemption-info.htm>

Blog...

Blog...

Blog...

Trivia Answer:

The title of the vaccine administrator. Make sure your title is part of the record.

The VIS publication date and/or the date the VIS was given.

The address of your clinic.

Blogs and Social Media – Is it time to get on Board?

Blogs and social media outlets have become increasingly popular communication tools. According to the Pew Foundation, 60% of active web users look to blogs and user-generated media as trustworthy sources of information. Blogging is essentially an online conversation, connecting individuals who want to engage and receive immediate feedback.

Over the last few years several pro-vaccine blogs have gained attention:

- Shot of Prevention <http://shotofprevention.com>
- Seattle Mama Doc <http://seattlemamadoc.seattlechildrens.org>
- Autism Science Foundation Blog <http://autismsciencefoundation.wordpress.com>
- Parents of Kids with Infectious Diseases <http://blog.pkids.org/>
- Pediatric Insider <http://pediatricinsider.wordpress.com/>

Vaccine Success Story – Rotavirus

Diarrhea is the second most common cause of fatal childhood disease among children < 5 years of age, causing about 1.34 million deaths per year worldwide. Rotavirus has been responsible for about 1/3 of these deaths. A special supplement of the Pediatric Infectious Disease Journal demonstrates the recent impact of rotavirus vaccines on children's diarrhea in industrialized and developing nations. In the two to three years following the introduction of rotavirus vaccine, countries experienced swift reductions in the numbers of children < 5 years who were hospitalized as a result of acute diarrhea caused by rotavirus.

In one U.S. study, it showed no rotavirus epidemic (rotavirus activity was below the epidemic threshold) during the January-June 2010 season, a finding that has never occurred in the 19 years since beginning the U.S. rotavirus surveillance!

<http://journals.lww.com/pidj/toc/2011/01001>

International Travel and Measles - It's Back!

If you or your patients are planning to travel abroad and any of the travelers have not been vaccinated with measles vaccine, please consider vaccinating. According to a recent MMWR, "During the first 19 weeks of 2011, 118 cases of measles were reported, the highest number reported for this period since 1996. Of the 118 cases, 89% were associated with importation from other countries, including 46 importations (34 among U.S. residents traveling abroad and 12 among foreign visitors). Of the 118, 89% patients were unvaccinated. Forty-seven (40%) patients were hospitalized and nine had pneumonia."

- **Because measles is endemic in many parts of the world, all international travelers should be up-to-date on their vaccinations and U.S. children who are traveling or living abroad should be vaccinated at an earlier age against measles.**

Accelerated ACIP Dosing Schedule for MMR vaccination for children traveling or living abroad:

- Children 6 months through 11 months old* should receive 1 dose of MMR vaccine.
- Children 12 months and older should receive one dose followed by a 2nd dose separated by at least 28 days.

*Immune response to MMR given before 12 months varies. This early dose will not be considered a valid dose, and needs to be repeated at 12 months of age if 28 days have passed. These children will receive a total of 3 MMR doses.

www.cdc.gov/mmwr/preview/mmwrhtml/mm6020a7.htm

wwwnc.cdc.gov/travel/yellowbook/2010/chapter-2/measles.htm

Adult Vaccine Updates

- In February 2011, the Advisory Committee for Immunization Practice (ACIP) voted to recommend a single dose of Tdap for all previously unvaccinated healthcare personnel regardless of age and type of patient contact. To view the provisional ACIP recommendations visit: <http://www.cdc.gov/vaccines/recs/provisional/downloads/use-of-Tdap-in-hcp.pdf> The scheduled date of publication in the MMWR is the fall of 2011.
- *The IAC recently revised “Healthcare Personnel Vaccination Recommendations” to reflect the expanded use of Tdap, www.immunize.org/catg.d/p2017.pdf*
- In March 2011, the FDA approved Zostavax vaccine for use in adults 50 – 59 years of age for the prevention of herpes zoster (shingles). Zostavax was originally approved in 2006 for use in adults 60 years and older. In the United States, shingles annually affects approximately 200,000 adults ages 50 – 59 years. To view the updated package insert go to: www.fda.gov/downloads/BiologicsBloodVaccines/Approved-Products/UCM132831.pdf.
- In May 2011, the FDA approved Sanofi Pasteur’s Fluzone Intradermal, an influenza vaccine licensed for use in adults 18 – 64 years. The microinject system uses an ultra-thin needle of 0.06 inches (1.5mm) in length, is supplied as a single, preservative-free dose in a prefilled syringe. The product will be available to healthcare providers in the U.S. for the 2011 – 2012 influenza season. To read the FDA approval letter go to: www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm255160.htm
- To read the Fluzone Intradermal fact sheet, go to: http://multivu.prnewswire.com/mnr/sanofipasteur/49833/docs/49833-Fluzone_ID_Fact_Sheet.pdf

Zostavax
Is now
approved
for adults
50-59 years.

Ask the Immunization Nurse

What are the new recommendations for using Tdap vaccine in children 7-10 years of age?

In January, ACIP published recommendations for use of Tdap in children 7-10 years of age who didn’t complete a series of pertussis-containing vaccine before their 7th birthday and for children who were never vaccinated with DTaP. These children should receive a single dose of Tdap. If a tetanus “series” is needed, complete the series with Td.

Has the minimum interval between Td and Tdap changed?

Yes. Tdap can be given, regardless of the interval since the last dose of Td.

It is no longer necessary to wait 2-5 years to give Tdap following a dose of Td vaccine.

Do I need to clean the stopper of the vaccine vial with alcohol after removing the protective cap?

The vaccine manufacturers do not guarantee the tops of unused vials to be sterile.

Therefore, using a sterile alcohol pad to swab the stopper helps to assure aseptic technique.

Is it alright to use a non-sterile cotton ball to clean the stopper or should I use a pre-packaged sterile alcohol prep pad?

Cotton balls and alcohol are not sterile once they are opened.

It is recommended to use a pre-packaged sterile alcohol prep pad to maintain aseptic technique.



- **Frozen Vaccine Storage, Transporting and Shipping Update:**
Merck no longer recommends transporting Varicella and shingles vaccines using dry ice. Using dry ice may subject the vaccines to temperatures colder than the recommended -58 degrees F. Merck now ships both vaccines with six frozen gel packs as the refrigerant. The shipping containers are designed to maintain proper temperatures for three days. If you receive the container after this, store the vaccine, mark “DO NOT USE” and call the WCHD for guidance. You may still use the VaxiPac to transport Varicella.
- **Important Product Quality Alert from Merck:**
In a recent letter, Merck announced that some of the vaccines they manufacture may contain brown particles in the vial presentations only. The rate is less than 1 in 6 million vials. These particles are from the plastic caps used to cover the empty vials during shipment to Merck. During the sterilization process, the particles discolor and adhere to the inside of the vials. There is no impact to the vaccine with regard to sterility or potency, however, the particles may lead to injection site reactions. Please inspect all vials prior to use.
 - *If you receive a vial containing particles, set the vial aside and call Merck at (800) 444-2080.*
<https://www.merckvaccines.com/Professional-Resources/Documents/announcements/FINAL-DEAR-HCP-LETTER.051811.pdf>
- **Medicine (Acetaminophen or Ibuprofen) to Reduce Pain and Fever with Vaccines:** From the CDC’s General Recommendations on Immunization, “Evidence does not support use of antipyretics before or at the time of vaccination; however, they can be used for the treatment of fever and local discomfort that might occur following vaccination. Studies of children with previous febrile seizures have not demonstrated antipyretics to be effective in the prevention of febrile seizures”.
- **Updated HPV VIS’s (Gardasil & Cervarix):**
Minor changes were made to reflect the approval of Gardasil for the prevention of anal cancer. Although uncommon, HPV is associated with approximately 90% of anal cancers, 5,300 each year in the U.S., with women diagnosed more often than men.
- Coming this fall, the 4th Annual Provider Awards Dinner sponsored by Whatcom County Health Department and Sanofi Pateur.

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

- *Are vaccine reimbursements being affected by limits on preventative care benefits?*
“Now that insurers pay the cost of state-supplied vaccines for privately insured children, those costs are being applied to the preventative care benefit. Some parents are finding that their child’s preventative care benefit is exhausted after two or three office visits in which vaccines are administered.”

These children may then qualify to receive vaccines as “underinsured”. A provision in the new health care law, which begins with the plan’s first renewal date after Sept. 23rd, 2010, requires health plans to cover immunization without imposing cost-sharing measures. Have patients check with their insurers at renewal.

Education and Training Opportunities

CDC “Epidemiology and Prevention of Vaccine-Preventable Diseases” 2-day Pink Book Course

This will be the first time that CDC has presented a “live” course in Washington State! The course will be held September 27th and 28th in Tacoma, WA. Register now to learn current recommendations and have your questions answered by the CDC national vaccine experts.

Register at: <http://cdc2day.eventbrite.com> Continuing education credits will be available.

New Book, “Vaccines and Your Child – Separating Fact from Fiction” by Dr. Paul Offit & Charlotte Moser

This book answers questions parents may have about how vaccines work, how they are made and how they are tested. The authors separate feared and unfounded risks from real risks. The book can be ordered online or through a local bookstore.

Archived Webinar on Addressing Parents’ Concerns About Vaccines” by Dr. Gary Marshall

This webinar which originally aired March 9th, offers detailed insight into vaccine hesitancy.

http://www.albany.edu/sph/cphce/nursetip_webinar_march9.shtml

Newly Updated and Revised “CDC Information for International Travel” (the Yellow Book)

This resource, which is updated every 2 years, provides travel health and vaccine recommendations plus other features that help international travelers prepare for trips abroad.

<http://wwwnc.cdc.gov/travel/page/yellowbook-2012-home.htm>



Resources Enclosed – Please Update in Your WCHD Immunization Binder!

- Don't Be Guilty of These Errors in Vaccine Storage and Handling 4b
- Checklist for Safe Vaccine Storage and Handling 4c
- It's federal law! 6a
- Summary of Recommendations for Child/Teen Immunization 7d
- Recommended & Minimum Ages & Intervals Between Doses of Routinely Recommended Vaccines 7e
- Summary of Recommendations for Adult Immunization 9b
- Do I need any vaccinations today? 9fii
- Vaccines with Diluents: How to Use Them 10ii
- Medical Management of Vaccine Reactions in Adult Patients 13e
- Medical Management of Vaccine Reactions in Children and teens 13f
- Vaccine Handling Tips
- When Do Children and Teens Need Vaccinations?
- 2011 Recommended Immunizations for Children 7 Through 18 Years Old
- HPV VIS's: Cervarix and Gardasil
- Meningococcus: What you should know
- Tdap: What you should know

Whatcom County Immunization Program has a new Program Manager!

“It is outrageous that children and adults get sick and die from vaccine preventable diseases in the United States.”

--Dr. German Gonzalez, MD, MPH



Earlier this month the Immunization Program welcomed our new Manager, German Gonzalez, MD, MPH. Prior to moving to Whatcom County, Dr. Gonzalez was the Infectious Diseases and Epidemiology Unit Director and Medical Epidemiologist for the North Central Health District in Georgia. Dr. Gonzalez, a trained trauma surgeon and native of Columbia, South America earned his medical degree from the National University of Columbia. Once stateside, he received his Master of Public Health from Emory University. Dr. Gonzalez has over 10 years of public health experience with special interest in syndromic surveillance, infectious diseases, Electronic Medical Records, Health Information Exchange, agents for bioterrorism, disaster epidemiology, and public health practice. We are excited to work with Dr. Gonzalez and share his enthusiasm for public health!

WHATCOM COUNTY HEALTH DEPARTMENT



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WERE ON THE WEB

<http://www.whatcomcounty.us/health/community/immunizations/immunizations.jsp>

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER WHATCOM COUNTY