



Whatcom County Health Department
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NEEDLE POINTS

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Coming Soon - The 3rd Annual Provider Award Dinner!

The Whatcom County Health Department, in collaboration with Sanofi Pasteur, will host an educational dinner in October to highlight awards for outstanding vaccine practices. All vaccine coordinators, physicians and clinic staff are invited. We look forward to celebrating your dedication and commitment to immunizing the children in our community! Invitations will be sent shortly.

Influenza Vaccine is Here - Vaccinate Your Patients and Staff Now

As all people age 6 months and older are now recommended to receive annual influenza vaccination, offering flu vaccine at every opportunity, for every patient is essential. Studies have shown that a healthcare provider recommendation makes the difference in patients getting vaccinated. Remember to vaccinate yourself and other staff and tell your patients, "I got vaccinated. You should too."

Should I wait until October or November to vaccinate my elderly or medically frail patients?

CDC recommends that seasonal influenza vaccine be administered to all age groups once the vaccine is available. Previously doctors had been encouraged to wait until later in the flu season because it was thought that vaccination sooner might cause them to have less protection by January and February. Carolyn Bridges, MD, associate director for science in the CDC's influenza division, said that the protection offered by the vaccine begins to wane after one year but works just fine until then. Bridges also noted "there's no evidence that waiting until October or November is beneficial at all in terms of effectiveness."

Why should pregnant women get the flu vaccine?

Women are at increased risk of suffering complications and hospitalization if they become ill with influenza while pregnant because of decreased immunity and lung volume and increased blood volume which may lead to increased fluid in the lungs.

The enclosed flyer provides information on receiving immunizations before, during, and after pregnancy.

http://www.cdc.gov/vaccines/pubs/downloads/f_preg_chart.pdf

The Washington Vaccine Association (WVA) and Dosage Based Assessments

The WVA was created to monitor and collect payments from health plans to fund the purchase of children's vaccine for families with private insurance. This has allowed Washington State to continue functioning as a "universal coverage" state for children's vaccines. All providers should be submitting a dosage based assessment form ("DBA form") for privately insured children for the vaccines administered. Usually this is done through your billing department. For training, questions or to report problems, contact WVA.

Where can practices go for training and additional information?

Washington Vaccine Association (WVA) website and training: www.wavaccine.org

- Toll free phone: 888-928-2224
- Fax: 888-928-2242

- For questions or to provide feedback: info@wavaccine.org
- Sign up for WVA e-mail list to receive direct communication: www.wavaccine.org

Your contracted health plans may be able to help. Health Plan contact and other information is available at: www.doh.wa.gov/cfh/Immunize/providers/universal.htm

VFC Childhood Vaccine Program Specifics

- **Polio Vaccine (IPV):** ACIP recommends that the final dose of the 4 dose IPV series should be administered at age ≥ 4 years regardless of the number of previous doses. However, school requirements for IPV have not yet changed. A child is still in compliance with 4 doses given before the age of 4 years as long as the minimum age and space between doses was followed.
 - **NOTE:** CHILD Profile is calculating and forecasting based on the new requirements as follows: The children that started the series prior to 8-7-09 will be forecasted for the old schedule - those that started the series 8-7-09 or later will be forecasted for the new recommendations (final dose at age ≥ 4 years).
- **Rotavirus Vaccine (RV5 & RV1):** In response to reported cases of vaccine-acquired rotavirus infection in infants with severe combined immunodeficiency (SKID) following rotavirus vaccine administration, both Merck and GSK have revised their package inserts. SKID includes a group of rare, life-threatening disorders caused by at least 15 different single gene defects with 40 to 100 cases per year in the U.S. ACIP now recommends that Rotavirus vaccine is contraindicated in infants diagnosed with SKID.
- **Hepatitis A Vaccine (Hep A):** Hepatitis A vaccine is now recommended for all previously unvaccinated persons (children and adults) who anticipate close personal contact with an international adoptee from a country of high or intermediate endemicity during the first 60 days following arrival of the adoptee in the United States. The first dose should be administered as soon as the adoption is planned.
- **Human Papillomavirus Vaccine (HPV4 - Gardasil, & HPV2 - Cervarix):** HPV4 was initially recommended to be administered with the following schedule: 0, 2 and 6 months. HPV2 was introduced with a different schedule of 0, 1 and 6 months. ACIP now recommends the following schedule for *both* HPV vaccines:
 - Females 9 through 26 years, ACIP recommends routine vaccination at 11 to 12 years of age
 - Males 9 through 26 years, **HPV4 only**, *may* be given to reduce to likelihood of genital warts, but ACIP does not recommend HPV4 for routine use among males
 - Recommended Schedule:
 - 0, 1 to 2 months after first dose and 6 months after first dose
 - Minimum interval between first and second dose is 4 weeks
 - Minimum interval between second and third dose is 12 weeks
 - Minimum interval between first and third dose is 24 weeks
- **Immunization Guidelines for the Use of State Supplied Vaccine**, which outlines allowed usage of state supplied vaccine, was updated 8/10. Please replace older version.

How Are We at Risk for Vaccine Preventable Diseases?

- *Exemption rates in Whatcom County and across Washington State are increasing* which may put us at risk of contracting vaccine preventable diseases due to decreasing community (herd) immunity. In 2004-05 the K-12 exemption rate in Whatcom County was 7.2%. This increased to 9.7% in 2009-10. Washington State has followed a similar trend with exemption rates of 4.2% in 2004-05 and 5.9% in 2009-10.
- *There has been an increase in pertussis (whooping cough) outbreaks* reported across the nation. In California, pertussis is now considered an epidemic. Eight infant deaths have occurred, seven were in infants less than 2 months of age and one was a preemie, two months old, who had received only one dose of DTaP vaccine. Whatcom County had one infant death related to an exposure in California.
- *In Colorado, two hockey players recently died from meningococcal disease.*
- *In Tajikistan there is the first persistent outbreak of polio in a country that was previously certified to be polio-free.* As of August 1, 2010, their Ministry of Health had reported 700 cases of acute flaccid paralysis (polio). It appears that individuals without polio symptoms started the outbreak with cases now

spreading to Russia and Uzbekistan. The threat of polio is no longer simply theoretical; it only takes one asymptomatic traveler brought to a region with low vaccination rates.

What can be done?

- Vaccinate new parents, grandparents, siblings and caregivers with Tdap or DTaP to provide a cocoon of protection for infants against pertussis
- Vaccinate women who might become pregnant and women in the immediate postpartum period with Tdap
- Offer flu vaccine to new parents, grandparents, siblings and caregivers of infants
- Vaccinate infants on time and offer resources for vaccine hesitant parents
- Offer vaccines to adolescents at every opportunity

Vaccine Study Shows Vaccines are Safe Using Recommended Schedule

A new study finds no benefits to a child's development in delaying vaccines or using a delayed immunization schedule. Dr. Michael Smith and Dr. Charles Woods, from the University Of Louisville School Of Medicine in Kentucky, looked at results from intelligence, speech and behavior tests conducted on 1047 children seven to ten years after receiving their infant vaccines. The children were divided into two groups; those who received shots on time and those who either got them late or only certain shots. "There is not a single variable where the delayed kids did better," Dr. Smith said.

According to Dr. Smith, a decision to delay a child's vaccination is like someone buckling their seat belt after riding in the car for 20 minutes. You never know when you'll get hit.

To access in Pediatrics 2010: www.pediatrics.org/cgi/doi/10.1542/peds2009-2489

Parents who are concerned about "overloading the immune system" should realize that the viral material in vaccines for babies is "literally a drop in the ocean" compared with the bacteria a baby's immune system copes with every day. Each bacterium has approximately 2,000 to 6,000 antigens, while there are only about 156 antigens in all from 14 pediatric vaccines, states Dr. Paul Offit of Children's Hospital in Philadelphia.

What is Pneumococcal Disease?

Pneumococcal disease is caused by *Streptococcus pneumoniae* which is a bacterium with more than 90 serotypes. Only a few produce the majority of invasive pneumococcal disease. Two major clinical syndromes cause invasive pneumococcal disease: bacteremia and meningitis. Pneumococcal pneumonia is the most common disease caused by pneumococcal infection, but it is not considered invasive disease. However, invasive pneumococcal disease (bacteremia or meningitis) can occur in combination with pneumococcal pneumonia.

More than 40,000 cases and more than 4,400 deaths from invasive pneumococcal diseases are estimated to have occurred in the U.S. in 2005. Over half were adults who had an indication for PPSV vaccine.

In 2000 the first PCV vaccine was introduced for young children. In February 2010 a new 13-valent PCV was licensed which added 6 new serotypes. These 13 serotypes account for the majority of invasive pneumococcal disease (IPD) in the U.S., including serotype 19A, which causes most IPD in young children.

How should we administer both pneumococcal vaccines (PCV13 and PPSV) to our high risk pediatric patients?

All children with risk factors for pneumococcal disease or its complications should be vaccinated with PPSV beginning at 2 years of age. If they have not had PCV13 and are age-eligible, give a PCV 13 dose then wait 8 weeks before giving PPSV. A handout is enclosed which includes the underlying medical conditions that are indications for pneumococcal vaccination among children: "Recommendations for Pneumococcal Vaccine Use in Children". To access: www.immunize.org/catg.d/p2016.pdf

NOTE: Talk with your immunization nurse consultant if you would like to carry PPSV.

Ask the Immunization Nurse

What vaccines are indicated for someone who has had a splenectomy?

People who do not have a functioning spleen or who have had a splenectomy do not handle encapsulated bacteria well and are at increased risk for infection. They should be vaccinated with age-appropriate pneumococcal, meningococcal and Hib vaccines. In addition to their routine vaccinations, children and adults age 2 and older should receive one dose of PPSV and one dose of MCV4. For adults 56 years and older: MPSV should be administered instead of MCV4. Hib vaccine is generally not recommended for person's age 5 years and older, however studies show good immunogenicity. One Hib dose may be administered to those not previously immunized.

Should someone who has had a splenectomy or without a functioning spleen be given any additional doses?

Yes. Persons vaccinated at ages 2 through 6 years with MCV4 should be revaccinated 3 years after the previous dose. Persons vaccinated at age 7 years and older should be revaccinated 5 years after the previous dose of MCV4. Both groups should continue to be revaccinated with MCV4 at 5 year intervals indefinitely.

ACIP also recommends a second dose of PPSV for all children and adults in this group 5 years after the first dose. There is **no** recommendation for further doses of Hib vaccine.

If we gave a dose of expired vaccine in error, what is the proper timing for repeating the dose?

If the dose is a live virus vaccine, wait 4 weeks after the expired dose before repeating. If the expired dose is an inactivated vaccine, the dose should be repeated as soon as possible.

Education and Training Opportunities

The California Immunization Program has put together a great on-line training course for nurses and medical assistants: www.eziz.org/pages/eziz_training.html

For "Vaccine Hesitancy" questions answered by the experts: www.vaccinateyourbaby.org/faq/index.cfm

Project Immunize Virginia recently created a toolkit titled, "Addressing Parents' Concerns about Vaccinations". It offers topics for communicating with parents and recent vaccine studies for physicians, nurses and other health professionals. Download at www.immunizeva.org/tools

CDC website of interest:

Self-study Adult Immunization Training: www.cdc.gov/vaccines/ed/adultimupdate/default.htm

Vaccine Safety site: www.cdc.gov/vaccinesafety

Vaccine Administration site: www.cdc.gov/vaccines/recs/vac-admin

Note: The 12th edition of the Pink Book will not be available until early 2011.

Updated Vaccine Information Sheets (VIS's)

Please replace existing VIS's and update these VIS dates in your EMR.

- *Rotavirus Vaccine (RV) VIS (5/14/2010)*
Updated interim VIS
- *Measles, Mumps, Rubella & Varicella Vaccine (MMRV) VIS (5/21/2010)*
Includes information about changes in recommendation for separate MMR and Varicella for 1st dose

Resources Enclosed - Please Update in Your WCHD Immunization Binder!

- It's federal law!
- VIS's: MMRV & RV
- Immunization Guidelines For the Use of State Supplied Vaccine 7c
- Are you 11 - 19 years old? 7mi
- Recommendations for Pneumococcal Vaccine Use in Children 7h
- Vaccines Required for Child care and School 8a & 8b
- Vaccination for Adults 9fi
- Do I need any vaccinations today? 9fii
- Screening Questionnaire for Child and Teen Immunization 10e
- Check Your Vials 10g
- Need help responding to vaccine-hesitant Parents? 14g
- Talking with Parents about Vaccines for Infants 14h
- Children's Hospital of Philadelphia parent handouts 16g
- Number of seasonal influenza doses recommended for children
- Screening Questionnaires for Inactivated & Live flu vaccines
- Standing Orders for flu vaccines
- Immunization & Pregnancy
- Updates for the Pink Book