



Whatcom County Health Department
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NEEDLE POINTS

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Save the Date: Immunization Training - May 20th and 27th from 8:30 to 11:30

The Whatcom County Health Department immunization nurse consultants will present two-part training in May 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.

Progress toward "Universal Purchase Vaccine System"

The key stakeholder groups, which include public health, health insurers, and community partners, are in agreement about maintaining Washington State's universal vaccine coverage system. Legislation is in process to finalize the system. When the legislation passes, the universal purchase system will cover all childhood vaccines, including HPV. The new partnership's main difference is how the program will be funded. Your practice will be updated as additional information becomes available.

Washington State Improves our Immunization Rates!

This year the National Immunization Survey data showed another improvement in our state immunization rate for young children ages 24 through 35 months. Washington is now at 73.5 percent coverage for the 15 vaccines in the 4:3:1:3:3:1 series (4DTaP, 3IPV, 1MMR, 3HIB, 3 HEPB, 1VAR). Last year Washington ranked 46th and this year we are 32nd!

WCHD immunization nurses routinely assess immunization rates in your practices through Child Profile using the CoCASA/AFIX tool. If your practice would like training in cleaning up records in Child Profile or in using the Child Profile Reminder/Recall feature to identify patients past due for immunizations, contact your WCHD immunization nurse consultant.

2010 Immunization Schedules (0 - 18 years)

Enclosed are the new "Recommended Immunization Schedules for Persons Aged 0 through 18 Years".

Changes include:

- **Polio (IPV)**
 - Last dose to be given on or after the 4th birthday and at least 6 months after previous dose.
 - If 4 doses given before the 4th birthday, a 5th dose should be given between 4 & 6 yrs of age.
 - Minimum interval between dose 3 and 4 is extended from 4 weeks to 6 months.
- **Meningococcal (MCV4)**
 - Revaccination with meningococcal conjugate vaccine is now recommended for persons with prolonged increased risk for meningococcal disease including: persistent complement component deficiencies, anatomic or functional asplenia, those who have frequent prolonged exposure (microbiologists working this bacteria or those traveling to the meningitis belt).
 - Children previously vaccinated at ages 2 - 6 years who remain at increased risk should be revaccinated 3 years after previous dose.

- Persons previously vaccinated at age 7 years or older who remain at increased risk should be revaccinated 5 years after previous dose.
- Persons who remain in one of these increased risk groups indefinitely should continue to be revaccinated at 5-year intervals.
- **Human Papillomavirus (HPV4)**
 - Revision to the footnotes to include availability and recommendation for bivalent HPV vaccine (Cervarix), and *permissive* recommendation for administration of quadrivalent HPV vaccine (Gardasil) to males 9-18 years to reduce the likelihood of acquiring genital warts.
 - Providers may administer to males who are VFC eligible upon parent or patient request.

2010 Immunization Schedule (Adult)

Enclosed is the new "Recommended Adult Immunization Schedule"

Changes Include:

- **Hepatitis A**
 - Unvaccinated persons who anticipate close contact with an international adoptee should consider vaccination.
- **Measles, Mumps, Rubella (MMR)**
 - Clarifies which adults may need one or more doses.
 - Recommends routine vaccination with 2 doses for unvaccinated healthcare personal born before 1957.
- **Haemophilus influenzae type b (Hib)**
 - May administer 1 dose to certain high-risk persons (asplenia, sickle cell disease, leukemia, HIV infection).

VFC Childhood Vaccine Program Specifics

Vaccine Updates

- **PCV7 Vaccine:** PCV7 is being replaced by PCV13 very soon! Prevnar 13 was licensed last week and during the ACIP meeting was added to the VFC program. Please remember to reduce your inventory to 15 to 20 days of stock on hand to avoid wasting expensive vaccine.
- **Tdap Vaccine:** Washington providers will receive GlaxoSmithKline's (GSK) Boostrix Tdap this year.
- **Td Vaccine:** A new product, Td (Tetanus and Diphtheria Toxoids Adsorbed) from MassBiologics will be distributed to Washington providers. It is approved for use in children 7 years and older and packaged as 10 single dose (0.5 ml) vials.

Program/Immunization Binder Updates

- **Vaccine Incident Report and Return Forms** have been updated. Please recycle the old forms from your Immunization binder and replace with these new forms. **Note:** Transferring vaccine from state to private stock is an incident and must be authorized by WCHD prior to any transfer.
- **Vaccine Information Sheets (VIS's)** will now be printed by IPCP on white paper to reduce printing costs.
- **Immunization Guidelines for the Use of State Supplied Vaccine**, which outlines allowed usage of state supplied vaccine, has been updated. Please replace older version.

School and Child Care Requirements for the 2010-2011 School Year

Enclosed is the 2010-2011 Vaccines Required for School Attendance, grades K-12 and Child Care/Preschool Attendance. The format has changed from previous years and includes a minimum age and spacing chart.

Changes in School Requirements - Effective July 1, 2010

- **Tdap**
 - Required for children ages 11 or older and attending 6th through 9th grade, if it has been 5 years since receiving DTaP, DT or Td vaccine.
- **Varicella**
 - Kindergarten through 2nd - 2 doses - Parental documentation of history of disease is not acceptable.
 - 3rd and 6th grades - 1 dose
 - Parental documentation is acceptable only in 4th and 6th grades.

Vaccine Success Story - Rotavirus

The pentavalent rotavirus vaccine, RV4, has been given since 2006 in the United States. Hospitalizations and other diarrhea-related healthcare events declined after introduction of the RV4 vaccine. The estimated annual cost saving during 2007 and 2008 in the U.S. was greater than \$200,000,000.

In a recent study, 63% of children younger than 1 year of age had received at least one dose of RV4, 23% of 1-year-olds and hardly any 2 to 4 year olds. These children were compared to a group prior to the introduction of the RV4 vaccine.

- Diarrhea-associated hospitalizations for children younger than 5 years of age declined by 40%
- Emergency room visits declined by 14%
- Outpatient visits declined by 8%

“Diarrhea-associated healthcare events, particularly hospitalizations, declined after introduction of rotavirus vaccine,” said Jennifer Cortes, MD from the Centers for Disease Control and Prevention (CDC). “We found greater-than-expected decreases in rotavirus-coded events, given the level of vaccine coverage.” There also appears to be an indirect benefit from vaccination in reducing the rotavirus-coded events in older unvaccinated children.

Did You Know?

Dosage amount in single-dose containers

When giving vaccine from a single dose vial, withdraw and administer the entire amount, even if it is a little more than the 0.5 ml or 1.0 ml dose recommended in the package insert.

When reconstituting vaccines, withdraw all the diluent into the syringe, inject all the diluent into the vial of freeze-dried vaccine and agitate. Then withdraw the entire contents into the same syringe and inject the total volume into the patient.

Which populations are most affected by tetanus?

Typically in developed countries, tetanus may infect wounds in adults who have injured themselves. However, in developing nations infants suffer from neonatal tetanus. Newborn infections result from poor sanitation either during or after delivery. Each year, almost 200,000 infants die from neonatal tetanus.

Ask the Immunization Nurse

When we give Pentacel (DTaP-IPV-HIB) at the recommended ages of 2, 4, 6, and 15-18 months, the child receives 4 doses of IPV. Do we need to give the child a booster dose of IPV before entering kindergarten?

Yes. ACIP recommends that children receive at least 1 dose of IPV at age 4 - 6 years, even if they received 4 doses previously. The interval between the next-to-last dose and the last dose should be at least 6 mos.

If a 4 year old child has received only 1 dose of IPV at age 3 years, can he be given the last 2 doses at 4 week intervals so he can be caught up by the time school starts?

No. ACIP updated its recommendations for use of IPV to clarify that the interval between the last 2 doses must be at least 6 months.

Why isn't hepatitis A vaccine recommended for sewage and solid waste disposal workers?

Existing data doesn't support the use of hepatitis A vaccine routinely in this setting. In three serologic surveys conducted among U.S. wastewater workers and appropriate comparison populations, no substantial or consistent increase in the prevalence of anti-HAV was identified among wastewater workers. No work-related instances of HAV transmission have been reported among wastewater workers in the United States.

Is it necessary to ask patients if they have ever had chickenpox or shingles before administering zoster vaccine?

No. All persons aged 60 years and older should receive one dose of zoster vaccine whether they have a history of chickenpox or shingles or not, unless they have a medical contraindication.

Some people are "brown-bagging" zoster vaccine by picking it up at a local pharmacy and bringing it to their provider's office for administration. What is CDC's opinion on this practice?

CDC strongly discourages this practice as does the American Pharmacists Association. Zoster vaccine is fragile at room temperature and must be transported on dry ice, with strict adherence to stringent vaccine transport guidelines. There is no way to know if the health-care provider is administering a viable vaccine.

2010 Edition of CDC's Yellow Book is Available

CDC's Health Information for International Travel book, also known as the Yellow Book, is available to order or view online. Published every two years, this edition of Yellow Book includes an in-depth section on travel-related vaccine-preventable diseases. To view online: www.cdc.gov/travel/content/yellowbook/home-2010.aspx

Revised Criteria for United States Immigration

As of December 14, 2009, human papillomavirus (HPV) and zoster (shingles vaccine) are no longer required for immigrants. To access the new vaccination criteria go to:

<http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/vaccination-civil-technical-instructions.html>

Updated Vaccine Information Sheets (VIS's)

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

Shingles (ZOS) VIS (10/6/09)

Untreated tuberculosis was removed as a contraindication which was erroneously included in previous editions.

Pneumococcal Polysaccharide (PPSV23) VIS (10/6/09)

The paragraph on pregnancy under Section 5 of the PPSV VIS has received a minor update. In the previous edition the term "is not recommended" was used in a way that could be misinterpreted to mean "should never be given." While PPSV is not routinely recommended for pregnant women it may be given under some circumstances. The previous edition may be used until stocks are depleted.

Rabies VIS (10/6/09)

The rabies VIS has been updated, mainly to incorporate the new 4-dose post exposure regimen, but also to make minor updates throughout.

NOTE: Law requires that patients be offered a copy of the appropriate VIS to take home with them after each vaccination. Those who want to save paper and have a mobile device that can display a pdf file, may now download download VIS's onto these devices to take home rather than taking paper copies.

Resources Enclosed - Please Update in Your WCHD Immunization Binder!

- Vaccine Incident Report and Return Form 3e
- VIS's: PPSV, Rabies, Shingles
- It's federal law! 6a
- Recommended Immunization Schedule for Persons Aged 0 Through 6 Years 7a
- Catch-up Immunization Schedule 7b
- Immunization Guidelines For the Use of State Supplied Vaccine 7c
- Summary of Recommendations for Childhood & Adolescent Immunization 7d
- Recommended & Minimum Ages and Intervals Between Doses of Routinely Recommended Vaccines 7e
- Hib Catch-up Schedule 7f
- Are you 11 - 19 years old? 7mi
- Hepatitis B shots are recommended for all new babies 7mii
- Vaccines Required for School Attendance, Grades K - 12 8a
- Vaccines Required for Child Care/Preschool Attendance 8b
- Implementation Plan for the Reinstatement of Hib Booster Vaccine Requirements 8bi
- Recommended Adult Immunization Schedule 9a
- Summary of Recommendations for Adult Immunization 9b
- Pneumococcal polysaccharide vaccine CDC answers your questions 9c
- Healthcare Personnel Vaccination Recommendations 9d
- Vaccinations for Adults - You're never too old to get immunized! 9fi
- Do I need any vaccinations today? 9fii
- Quiz #1: Immunization 10c
- Quiz #2: Immunization 10d
- Screening Questionnaire for Child and Teen Immunization 10e
- Screening Questionnaire for Adult Immunization 10f
- After the shots... 10q
- Guide to Vaccine Contraindications and Precautions 11a
- Thimerosal Table 14c
- Pink Book: Errata, Updates & Clarifications