



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

NEEDLE POINTS

March, 2009

IN THIS ISSUE

- Provider Award Dinner
- Changes in School & Child Care Recommendations for 2009/10
- Vaccine Champions
- VFC Program Specifics
- Problems with Dr. Bob's Alternative Vaccine Schedule
- Vaccine Court Rulings Related to Autism
- Did You Know?
- Immunizations Around the World
- Ask the Immunization Nurse
- Trivia Corner
- Immunization Training Coming in June!
- Resources Enclosed

Save the Date for the 2nd Annual Provider Award Dinner!

The Whatcom County Health Department, in collaboration with Sanofi Pasteur, will host a dinner at Anthony's Homeport restaurant on Tuesday, April 21st @ 6:30. Suzanne Nelson, NP from Oregon, will present "Vaccine Hesitancy". All vaccine coordinators and clinic staff are invited. Awards for outstanding vaccine practices will be presented. We look forward in celebrating your dedication and commitment to immunizing the children in our community! Call Nick Fisher at (206) 291-8182 to reserve your spot.

Changes in School and Child Care Recommendations for the 2009-2010 School Year

New Preschool/Child Care Requirement - Effective July 1, 2009

- Pneumococcal conjugate vaccine (PCV)
 - Number of doses required depends on the age the doses are administered.

Changes in School Requirements - Effective July 1, 2009

- Tdap
 - Required for children ages 11 or older and attending 6th, 7th, and 8th grade, if it has been 5 years since receiving DTaP, DT or Td vaccine.
- Hep B
 - 3 doses required for **all** students attending Kindergarten through 12th grade.
- Varicella
 - Kindergarten and 1st grade - 2 doses - Parental documentation of history of disease is not acceptable.
 - 2nd, 3rd, and 6th grades - 1 dose - Parental documentation is acceptable.

Revised Certificate of Immunization Status (CIS)

The new CIS form, used by schools and child care facilities, includes all routinely recommended vaccines, even those not required by Washington State.

Certificate of Exemption (COE)

The COE is now a separate document and is no longer on the back of the CIS form. Schools, preschools and child care facilities are required to "keep a list of children whose immunization status is exempt and transmit the list to the local health department upon request". This information may be used during a disease outbreak. The COE must be requested by the parent or guardian, which *may* result in reduced "convenience" exemptions.

These enclosed documents are available at: www.doh.wa.gov/cfh/immunize/schools/mailings.htm

NEW! Vaccine Champions

Each newsletter, we will express our appreciation for a practice or person who goes the extra mile. If you know of someone who made a special effort to improve the quality of vaccine management in your clinic, please share their story! Our first vaccine champions are the recipients of the 2008 Excellence in Immunization Service Awards.

Bay Medical

Bay Medical excels with immunizing the children in their practice as evidenced by the vaccine coverage rate of 80%. Bay Medical successfully provides immunization services to children in a rural community, utilizes Child Profile and enters historical immunization data into the registry. Congratulations JoAnn Baker and the Bay Medical team!

Mary Boire, ARNP

Mary provided Hepatitis B vaccine to youth in Juvenile Detention for the past 11 years and uses Child Profile to accurately assess immunization records. Thank you for your dedication to the high risk youth in our community!

Nooksack Tribal Health Center

Nooksack Tribal Health Center purchased a VaxiPac frozen vaccine travel system and installed a generator for use in emergency situations. In an effort to protect the children of Nooksack, vaccine coordinator Diane Hill instituted the administration of Tdap vaccine for employees at the tribal childcare center, Headstart, and after school programs. In addition, Clinic staff offered influenza vaccination during community breakfasts. We applaud Nooksack and their efforts!

VFC Program Specifics

Vaccine Updates

- **Hib Vaccine:** CDC announced that the Hib shortage will continue until mid-2009.
 - Although this vaccine is in short supply, it is important your patient's are fully protected. Call WCHD for questions or if you need additional Hib containing vaccine.
- **HPV Vaccine:** The package insert for Gardasil vaccine was updated. Changes included increasing flexibility in dosing and storage, and a new indication, the prevention of vaginal cancer, was added.
- **Tdap Vaccine:** FDA approved GlaxoSmithKline's (GSK) request to expand the indication for use of BOOSTRIX. The vaccine is now approved for use as a one-time booster for persons 10-64 years of age. Previously, it was approved for use in persons 10-18 years of age.
- **Pediarix (DTaP/IPV/Hep B Combination) Vaccine:** Pediarix can now be used for the primary 3 dose series up to 7 years of age. Previously DOH allowed Pediarix to be used only up to 36 months of age. The change is intended to reduce excess Pediarix inventory, due to the introduction of Pentacel in some practices.

Do Not Dispose of Any VFC Vaccine!

Washington State receives a tax credit for all vaccine that has expired and is returned to McKesson. Influenza vaccine will be accepted after the June 30, 2009 expiration. *Please remember to keep a shipping container for your influenza vaccine return in July.

It's A Rush

"Rush!" requests are an option for providers needing speedier than normal delivery. To avoid the need for a "Rush!" request, review your entire inventory every time you place an order. A good rule of thumb is to double the previous month's usage and subtract the current inventory. The resulting answer is your recommended order. Occasionally your clinic may run out of a vaccine unexpectedly. Please call your Immunization Nurse Consultant for assistance.

VFC Status Screening

VFC Status screening should be well underway in your practice. If you are experiencing difficulties, or have questions, please contact your Immunization Nurse Consultant.

Universal Vaccine Program Changes

The Governor's budget indicates Washington State will no longer be "universal" for HPV vaccine beginning July 1, 2009. The final vaccine policy is not known, however the Whatcom County Health Department will inform providers as information becomes available.

What will happen when HPV is no longer a “universal” vaccine?

- It would mean that only children who are VFC eligible could receive state-supplied HPV vaccine (Medicaid enrolled, uninsured, underinsured, American Indian or Alaskan Native).
- Providers will need to privately purchase HPV vaccine for adolescents who are not VFC eligible and are privately insured.

What can providers do to prepare for this possible change?

- Status screening will help providers know which children should receive state supplied HPV vaccine, and which should receive privately purchased HPV.
- Review your practice’s patient composition to help understand how many doses of HPV vaccine your practice may need to purchase. This will also give providers an indication of how many clients will be eligible for state-supplied HPV vaccine.
- Find an option for privately purchasing HPV vaccine. This may involve contacting a manufacturer, distributor, or group purchasing organization to get a contract in place to purchase HPV vaccine. The American Academy of Pediatrics provides information on their web-site that may assist providers in identifying group purchasing organizations:
<http://practice.aap.org/content.aspx?aid=1940&nodiD=2025>

Problems with Dr. Bob’s Alternative Vaccine Schedule

An article written by Paul Offit, MD, recently published in the January issue of Pediatrics, discusses the misinformation in “The Vaccine Book: Making the Right Decision for Your Child” by Robert W. Sears, MD. This book is very popular and includes “Dr. Bob’s Alternative Vaccine Schedule,” which encourages parents to make their own decisions to delay, withhold, separate, or space out vaccines. Providers may face many parents who insist that their children receive vaccines according to Dr. Bob’s schedule.

In this article, Dr. Offit shares his insight into the misrepresentation of vaccine science and how this affects and misinforms parents trying to make the right decisions for their children.

The article is included as a resource in this mailing and is also available for download at:

<http://pediatrics.aappublications.org/cgi/reprint/123/1/e164>

Vaccine Court Rulings Related to Autism

On February 12, three Special Masters of the U.S. Court of Federal Claims issued separate rulings that the measles-mumps-rubella vaccine given alone or with thimerosal containing vaccines were not factors in development of autism or autism spectrum disorders. The Federal judges carefully studied the evidence and ruled that measles-mumps-rubella vaccine (MMR) when given in combination with vaccine that contains thimerosal does not cause autism. The ruling is consistent with 18 major scientific studies. “This is a real victory for children and a great day for science,” said pediatrician Dr. Paul Offit. “I hope that this decision will finally put parents’ fears to rest and that we can once again concentrate on protecting children from the resurgence of deadly vaccine-preventable diseases such as measles and whooping cough.”

For more information go to: www.uscfc.uscourts.gov/node/5026

Note: As of 2001 state supplied vaccine used in Washington State, with the exception of some flu vaccine, no longer contains thimerosal.

Did You Know?

Eligibility for state-supplied vaccine

Children who are Canadian residents and do not live in Washington State on a permanent basis are not eligible for state-supplied vaccine. This clarification is from the WA State Immunization Program.

MMR vaccine -- single antigen vaccines

WCHD does not stock nor do we order single antigen Measles vaccine, Mumps vaccine or Rubella vaccine. Merck no longer produces or takes orders for single antigen measles, mumps or rubella and has not made a decision about the future availability of these 3 monovalent vaccines.

Immunizations Around the World

The World Health Organization (WHO) estimates that immunization prevents more than 2.5 million deaths per year; however, much work remains to be done. Vaccine coverage in many countries during 2007 was 70%-80%, but some countries did not have vaccine opportunities. Of the 193 countries which are members of the WHO:

- Hepatitis B vaccine was offered in 169 countries.
- Haemophilus influenzae type B (Hib) vaccine was available in 122 countries.
- Rubella vaccine was available in 125 countries, mumps in 113 countries, tetanus in 92 countries, pneumococcal in 20 countries, rotavirus in 13 countries, and HPV in 10 countries.

To learn more, go to: www.who.int/immunization/en/index.html

Ask the Immunization Nurse

Often it is hard to follow the ideal HPV schedule with students who leave for the summer. How close can HPV doses be given?

The goal is to follow the routine recommended schedule of 0, 2 and 6 months. However, certain circumstances may call for using an accelerated schedule. When accelerating the schedule for HPV vaccine, there must be at least 4 weeks between doses 1 and 2, 12 weeks between doses 2 and 3, and at least 24 weeks between doses 1 and 3.

NOTE: No series needs to be restarted because of an interval that is longer than recommended.

Can the parents of a newborn receive a dose of Tdap right after their child's birth to protect their newborn from pertussis even though they had a dose of Td less than 2 years ago?

Yes, parents should be vaccinated with Tdap as soon as possible regardless of the time interval since the last dose of Td. Other household contacts that are not up to date with their pertussis containing vaccinations should also be vaccinated.

How soon after receiving a dose of Td can a healthcare worker receive a dose of Tdap to protect vulnerable infants and others?

Healthcare workers who have direct patient contact should receive a single dose of Tdap as soon as feasible. There is no "minimum interval" between receiving Td and Tdap when it is given to protect infants or other vulnerable patients.

Trivia Corner

What was the first vaccine ever made?

Smallpox vaccine! In 1796 Edward Jenner discovered that women who milked cows were spared smallpox infections. He reasoned they became infected with cowpox during milking and that this infection was protecting them from infection with smallpox. He injected the fluid from the blisters of cows into several people, including his own 15 month-old son, and it worked!

By 1977, smallpox, the most feared and devastating of all infectious diseases, was eliminated from the face of the earth. For more information go to: www.chop.edu/consumer/jsp/division/generic.jsp?id=75742

Plain Talk 2009

Great News! DOH has updated and revised *Plain Talk About Childhood Immunizations*. Significant changes were made to the sixth edition including additional information on vaccine safety, benefits and risks of vaccination, and questions about delaying immunizations. The booklet provides parents with accurate information about immunizations and the diseases they prevent. The English version is available now; the Spanish version will be available later.

To order @ the DOH Department of Printing: <https://fortress.wa.gov/prt/printwa/wsprt/default.asp>

Immunization Training - June 11th and 25th from 8:30 to 11:30

WCHD immunization nurse consultants will teach a two-part training in June 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.

Resources Enclosed - Please Update in Your WCHD Immunization Binder!

- Plain Talk About Childhood Immunization - booklet
- The Problem With Dr. Bob's Alternative Vaccine Schedule - article
- The Childhood Immunization Schedule: Why Is It Like That? - from AAP
- Questions and Answers about Vaccine Ingredients
- Protect your child from chickenpox
- Immunization Guidelines For the Use of State-Supplied Vaccine 7c
- Vaccines Required for School Attendance, Grades K - 12 8a
- Vaccines Required for Child Care/Preschool Attendance 8b
- Certificate of Immunization Status (CIS) 8c
- Certificate of Exemption (COE) 8d
- Implementation for Pneumococcal Vaccine 8e
- Do I need any vaccinations today? 9fii
- Administering Vaccines: Dose, Route, Site, and Needle Size 10i
- Administering Vaccines to Adults: Dose, Route, Site, and Needle Size, and Preparation 10ii
- How to Administer Intramuscular (IM) Injections 10j
- How to Administer IM and SC Injections to Adults 10k
- Guide to Contraindications & Precautions to Commonly Used Vaccines 11c
- Guide to Contraindications & Precautions to Commonly Used Vaccines in Adults 11d
- Reliable Sources of Immunization Information For Health Professionals by WCHD 16a
- Reliable Sources of Immunization Information for the Community by WCHD 16b
- Order Form for Educational Materials 16g
- Thimerosal: What you should know
- Too Many Vaccines? What you should know

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER COMMUNITY