



Whatcom County Health Department
Immunization Program
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NEEDLE POINTS

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Save the Date for the First Immunization Training Module!

Washington State Department of Health (DOH) recently accepted the first statewide immunization training module for those who give immunizations. It is designed to introduce staff, including MA's, LPN's, RN's and others, to best practices in vaccine administration and management. Please consider sending any new staff and vaccine coordinators to this training presented by Whatcom County Health Department (WHCD) immunization nurses. Registration information will be sent soon.

Class Date: Thursday, October 30, 2008 from 8:00 a.m. to 11:00 a.m.

Influenza Vaccine for Health Care Workers

Three reasons health care workers should receive flu vaccine:

- Prevent the spread of influenza from your staff to your patients
- Protect your staff against serious influenza
- Decrease absenteeism

Get your flu vaccine soon, as a health care worker protecting your patients should be your top priority!

CDC Releases 1918 Pandemic Flu Storybook

An online storybook containing narratives from survivors, families and friends about the 1918 influenza pandemic that killed millions of people around the world is now available. The internet storybook contains about 50 stories from individuals as well as photos and narrative videos. The stories serve as a reminder of the devastating impact of influenza. "Complacency is enemy number one when it comes to preparing for another influenza pandemic," said CDC Director Dr. Julie Gerberding.

The storybook is an excellent resource and can be found at: www.pandemicflu.gov/storybook/stories/index.html
The video vignette "Why Flu Vaccination Matters," created by CDC with Families Fighting Flu, is on U-Tube at: <http://www.youtube.com/user/cdcflu>

Vaccine Facts: Successes and Challenges

Chickenpox vaccine

According to the CDC, cases of chickenpox have fallen 90% in the U.S. since the Varicella vaccine was introduced in 1995. The study also indicates a 75% drop in hospitalizations and a 74% decline in deaths from the virus. Before the vaccine, 4 million Americans acquired chickenpox, nearly 11,000 were hospitalized and more than 140 died each year.

Rotavirus vaccine

Rotavirus activity in the 2007-2008 season appears to have started later and been less severe when compared with the 15 previous seasons. The CDC report indicates it may be due to the newly introduced (in 2006) rotavirus vaccine for infants. The number of laboratory tests performed for rotavirus was 37% less,

and the percent of all tests conducted for gastroenteritis that were positive for rotavirus was 79% lower. Before the vaccine, rotavirus led to 410,000 office visits, 272,000 ED visits, 70,000 hospitalizations and 20 to 60 deaths annually in children less than 5 years of age.

Measles

According to the CDC more measles cases (131) were reported in the USA since 1/1/08 than during the same period in any year since 1996. At least 15 patients were hospitalized, but no deaths were reported. Before the vaccine, each year 3-4 million persons were infected, 400-500 died, 48,000 were hospitalized, and another 1,000 developed chronic disability from measles encephalitis.

Although immunization coverage rates for measles vaccine remains high, measles is consistently one of the first diseases to reappear when immunization coverage rates fall. Increases in the proportion of the population declining vaccination may lead to large-scale outbreaks in the U.S.

Challenges

Many anti-vaccine myths and harmful urban legends continue to circulate causing fear and misunderstanding, leading many parents to avoid getting their children vaccinated. Like any medication, vaccination has benefits and risks. Parents may need a greater understanding that the risk of being harmed by a vaccine is much smaller than the risk of the actual disease.

“Thimerosal and Childhood Vaccines: What You Should Know” is a new handout designed to help parents who have questions. Please share this enclosed handout with those who have concerns.

Gardasil in the News!

Recently the media has focused attention on “Gardasil” HPV vaccine. As vaccine providers remember:

- Vaccine safety is a priority for the Federal Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC). Gardasil and other vaccines are monitored more closely today than ever before.
- To date, Merck has distributed over 16 million doses of Gardasil throughout the U.S. It is expected by chance alone, serious adverse events, and some deaths will be reported among vaccine recipients.
- As of June 30, 2008 there have been 9,749 VEARS reports of adverse events following the administration of Gardasil. **Ninety-four percent** of these events were classified as **non-serious** and included reports of syncope, pain at the injection site, headache, nausea and fever. Six percent of the events were classified as serious and included reports of Guillain-Barré Syndrome (GBS), blood clots, and death. GBS is a rare neurological disorder causing muscle weakness and has been associated with a variety of specific infections.
- The FDA and CDC have reviewed the reports submitted to VAERS and concluded that the rates of GBS are *not* increased after vaccination with Gardasil. Blood clots have been reported in women who have received Gardasil, but most of these individuals had known risk factors such as use of oral contraceptives. Twenty deaths have been reported in women who received Gardasil, but an association with the vaccine is not apparent. Where autopsy, death certificate and medical records were available, the cause of death was explained by other factors.

The FDA has not identified any issues affecting the safety of HPV vaccine, and the CDC has not changed the current recommendations for the use of Gardasil. Merck continues to conduct post marketing studies to further assess the vaccine’s safety. To access CDC’s VAERS statement on Gardasil go to:

<http://www.cdc.gov/vaccinesafety/vaers/gardasil.htm>

Immunization Registry Highlights

Did you know the CHILD Profile Immunization Registry can save your practice time?

If a family has moved from another state and doesn’t have their immunization record, call the CHILD Profile Help Desk at 800-325-5599 for assistance in checking the prior states immunization registry for records. CHILD Profile staff report many successes in this area!

Let the Forecast be your guide:

The ACIP recommendations are used to forecast needed immunizations for children in the registry. If a child is behind on shots and an accelerated schedule is needed, the forecast will help you make decisions about immunizations past due or due now. Paying attention to the minimum valid date will help avoid giving vaccines too early. (NOTE: This works as long as *all* vaccines are in CHILD Profile.)

Pneumococcal Polysaccharide Vaccine (PPV) - When to Revaccinate?

All persons aged 65 years and older should receive the PPV vaccine. Only one PPV revaccination dose is recommended for high risk persons. For adults vaccinated prior to age 65, repeat one dose 5 years after the previous dose **and** after the age of 65. All persons 65 and older who have unknown vaccination status should receive one dose of vaccine.

Immunocompetent Persons	
Who needs pneumococcal (PPV 23) vaccine?	Who needs revaccination?
Vaccinate all persons age 65 years and older	Revaccination for healthy persons is <u>not</u> recommended. Revaccinate at age 65 or older only if: <ul style="list-style-type: none"> Received 1st dose under 65 years old <u>And</u> at least 5 years since previous dose
Vaccinate persons ages 2-64 years of age who have: <ul style="list-style-type: none"> Chronic cardiovascular disease (including congestive heart failure and cardiomyopathy), chronic pulmonary disease (including COPD and emphysema), diabetes mellitus, or are cochlear implant patients Chronic liver disease (including cirrhosis), are alcoholic, or have cerebrospinal fluid leaks. 	Revaccinate at age 65 or older only if: <ul style="list-style-type: none"> Received 1st dose under 65 years old <u>And</u> at least 5 years since previous dose
Vaccinate persons ages 2-64 years with: <ul style="list-style-type: none"> Functional or anatomic asplenia (including persons with sickle cell disease or splenectomy patients) 	If age 10 years or younger: <ul style="list-style-type: none"> Consider revaccination 3 years after previous dose If older than 10 years of age: <ul style="list-style-type: none"> Revaccinate with 1 dose 5 years after previous dose
Immunocompromised Persons	
Vaccinate persons age 2 and older with: <ul style="list-style-type: none"> HIV infection, leukemia, lymphoma, Hodgkin's disease, multiple myeloma, generalized malignancy, chronic renal failure (including dialysis patients), or nephritic syndrome; those receiving immunosuppressive therapy (including long-term corticosteroids); those with organ or bone marrow transplant 	If age 10 years or younger: <ul style="list-style-type: none"> Consider revaccination 3 years after previous dose If older than 10 years of age: <ul style="list-style-type: none"> Revaccinate with 1 dose 5 years after previous dose

Note: The primary reason to use PPV is to prevent invasive pneumococcal disease, most commonly bacteremia and meningitis. PPV has not been demonstrated to provide protection against pneumococcal pneumonia, and for this reason, CDC is advising health care practitioners to avoid referring to PPV as a pneumonia vaccine.

Two New Combination Vaccines Licensed

The U.S. Food and Drug Administration (FDA) recently approved two new combination vaccines:

- Pentacel** (Sanofi Pasteur), which combines DTaP, IPV and Hib for infants and children six weeks through four years of age.
- Kinrix** (Glaxo SmithKline) combines DTaP and Polio for the school entry dose and is licensed for children aged 4 - 6 years of age.

Although ACIP added the vaccines to the national VFC formulary they are **not available** through Washington's VFC Program.

Rotavirus Vaccine Expanded Recommendations

A new rotavirus vaccine, *Rotarix* by GSK, was recently licensed resulting in updated recommendations to both rotavirus vaccines. The changes include:

- The first dose of rotavirus vaccine may now be given by *14 weeks 6 days* rather than the previous 12 weeks.
- All doses must be administered by *age 8 months 0 days*.

Please refer to the enclosed "Immunization Guidelines for the Use of State-Supplied Vaccine." Rotarix is not currently available through Washington's VFC Program. An updated VIS is available but providers may use existing stock since infants receive RotaTeq in Washington State.

Be Prepared for Stormy Weather!

It's a good time to review your clinic's emergency vaccine storage and handling plan in anticipation of inclement weather. Check your contact names, reconfirm your alternative storage location, and assure that you have coolers, ice packs, and packing instructions. Please review page 3g in the Immunization binder for guidance.

The CDC recently updated its excellent webcast toolkit on vaccine storage and handling titled, "*How to Protect Your Vaccine Supply*". This is a great video to show at your clinic's next staff meeting! Check it out at: <http://www2a.cdc.gov/vaccines/ed/shtoolkit/pages/videos.htm>. It is also available for loan in CD format from the health department. Please contact your Immunization Nurse Consultant for more information.

Ask the Immunization Nurse

What is the 4-day Grace Period?

When vaccine doses are given four or fewer days *before the minimum interval or minimum age*, the doses can be counted as valid and do not have to be repeated. This is referred to as the "4-day grace period".

When does it apply?

The 4-day grace period can be applied to the minimum age or minimum interval for doses of the same vaccine in a series, such as between MMR dose #1 and dose #2. However, it does not apply to the interval between doses of two different live vaccines such as MMR and varicella. These should be separated by 28 days, if they are not given at the same visit.

Important note: If one live vaccine is given less than 28 days after a different live vaccine, the vaccine given second should not be counted as a valid dose. The dose should be repeated at least 4 weeks after the invalid dose.

What if DTaP #4 is given too soon?

The recommended interval is 6 months between DTaP #3 and dose #4. However, DTaP #4 need not be repeated if it was administered at least 4 months after DTaP #3.

Pentacel Rumor Control

To manage the nation-wide Hib shortage, the CDC has required that a few Washington State VFC providers use Pentacel as part of their Hib supply. Large pediatric practices were identified throughout the state and recently began incorporating the use of Pentacel. No decision has been made regarding the availability of Pentacel through Washington's VFC Program after the Hib shortage is resolved.

Resources Enclosed - Please Update in Your WCHD Immunization Binder!

- Provider Request for Influenza Vaccine
- Inactivated Influenza Vaccine VIS
- LAIV VIS
- Give these people influenza vaccine!
- Required Monthly State Report 5a Please only use these new report forms!
- Reports of State Vaccine Doses Administered 5b Please only use these new report forms!
- Thimerosal and Childhood Vaccines: What You Should Know
- Protect Vaccine Handle With Care! 4a
- Don't Be Guilty of These Errors in Vaccine Storage and Handling 4b
- Checklist for Safe Vaccine Handling and Storage 4c
- It's federal law! 6a
- Immunization Guidelines for Use of State-Supplied Vaccine 7c (*see Rotavirus changes*)
- Ask the Experts, Hib 7g
- Healthcare Personnel Vaccination Recommendations 9d
- Hepatitis B and the healthcare worker 9e
- Guide to Contraindications and Precautions to Commonly Used Vaccines 11c
- VAERS 13a
- Medical Management of Vaccine Reactions in Adult Patients 13e
- Reliable Sources of Immunization Information for Health Professionals 16a
- Reliable Sources of Immunization Information for the Community 16b
- Hepatitis B and A Vaccines Are Imperative for Families Adopting from Abroad

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER COMMUNITY