



Immunization Update

The Iowa Immunization Program Newsletter

THOMAS J. VILLSACK, GOVERNOR, STATE OF IOWA

MARY MINCKER HANSEN, DIRECTOR

April 2006

Volume I, Issue I

This newsletter is a quarterly publication and contains important updates and immunization information. Please share this newsletter with your coworkers.

Iowa's Immunization Registry Information System (IRIS)

Enroll Today!

**Call the IRIS
Help Desk at
1-800-374-3958
for Enrollment Details
or IRIS Questions.**

Help Us Help You!

Is this newsletter helpful to you? What articles would you like to see? Please contact Bridget Konz at bkonz@idph.state.ia.us or 1-800-831-6293 ext. 7.

Inside This Issue

2006 ACIP Schedule	2
Hepatitis A Recs	3
Iowa Thimerosal Law	3
ProQuad Dosage and Recommendations	3
2006 Changes to Iowa's Immunization Law	4
ACIP Meeting - February Update	4

2006 Regional Trainings

In cooperation with the Community Colleges of Iowa, the Immunization Program will be conducting regional immunization training this spring. On alternating years the Immunization Program conducts Regional Trainings opposite a statewide conference. Trainings for 2006 have been scheduled for April 20 through May 25 at a variety of locations throughout the state. The trainings will include information regarding the 2006 immunization schedule, new vaccines, Vaccines for Children Program guidelines, vaccine storage and handling requirements, and recent changes to Iowa Administrative Code 641, Chapter 7.

The training brochure, including training dates and locations is available on the Iowa Department of

Public Health website at www.idph.state.ia.us/conferences.asp.

Trainings will be held at the following dates and sites:

April 20, Cherokee, 12:00-4:00

To register call 1-800-352-4649

April 24, Cedar Rapids, 12:00-4:00

To register call 1-800-332-8833

April 27, Creston, 9:00-1:00

To register call 1-800-247-4023 ext. 441 or ext. 449

May 17, Ottumwa, 12:00-4:00

To register call 1-800-726-2585 ext. 5281

May 23, Ankeny, 9:00-1:00

To register call 1-800-342-0033

May 25, Mason City, 8:30-12:30

To register call 1-888-466-4222 ext. 4358

Pediarix— When Can I give it?

Pediarix (Diphtheria, Tetanus, acellular Pertussis [DTaP], Hepatitis B and IPV) vaccine is licensed for the primary series for children 6 weeks through 6 years of age. A “primary series” is the first three doses of a series (example: an infant beginning the series at 2 months or a 3 year old that has not received immunizations and is starting the series). Spacing of any combination vaccine including Pediarix is determined by the antigens in the vaccine. The first, second and third dose of DTaP and IPV can be given one month apart. The minimum interval for Hepatitis B is one month between the first and second dose,

2 months between the second and third dose. In addition, the third dose must be 4 months from the first with a minimum age of 6 months. Minimum intervals for the administration of Pediarix is dictated by the minimum spacing intervals for Hepatitis B vaccine. If you have questions regarding specific scenarios please contact the Immunization Program at 1-800-831-6293.

Pediarix Minimum Interval Chart

Dose	Minimum Age	Minimum Interval from Previous Dose
1	6 weeks	NA
2	10 weeks	4 weeks
3	6 months	8 weeks

2006 - ACIP Immunization Schedule

In January 2006, the Advisory Committee on Immunization Practices (ACIP) released a new Harmonized Childhood and Adolescent Immunization Schedule for 2006. To view the complete MMWR article, please visit: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5451-Immunizational1.htm>. The following is a brief overview of the changes to the 2006 schedule and catch-up schedule.

Hepatitis B

Vaccination of infants born to hepatitis B surface antigen (HBsAg)-negative mothers can be delayed in rare circumstances, but only if a physician's order to withhold the vaccine and a copy of the mother's original HBsAg-negative laboratory report are documented in the infant's medical record. Every effort should be made to only provide three doses of hepatitis B to infants but it is permissible to administer four doses (e.g., when combination vaccines are administered after the birth dose). For infants born to HBsAg-positive mothers, testing for HBsAg and antibody to HBsAg after completion of the vaccine series should be conducted at age 9 - 18 months, or 3 - 9 months from the final dose of vaccine (generally at the next well-child visit after completion of the vaccine series). The December 23, 2005 issue of the MMWR that speaks directly to Hepatitis B can be found at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5416a1.htm>

Tdap

A new tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine (Tdap) is recommended for adolescents aged 11 - 12 years who have completed the recommended childhood DTP/DTaP vaccination series and have not received a tetanus and diphtheria toxoid (Td) booster dose. Adolescents aged 13 - 18 years who missed the age 11 - 12-year Td/Tdap booster dose should also receive a single dose of Tdap if they have completed the recommended childhood DTP/DTaP vaccination series. Subsequent Td boosters are recommended every 10 years.

The catch-up schedule for persons aged 7 - 18 years has been changed for Td; Tdap may be substituted for any dose in a primary catch-up series or as a booster if age appropriate for Tdap. A 5-year interval from the last Td dose is encouraged when Tdap is used as a booster dose.

Meningococcal

Meningococcal conjugate vaccine (MCV4) should be administered to all children at age 11 - 12 years as well as to unvaccinated adolescents at high school entry (age 15 years). All college freshmen living in dormitories should also be vaccinated with MCV4 or meningococcal polysaccharide vaccine (MPSV4). For prevention of invasive meningococcal disease, vaccination with MPSV4 for children aged 2 - 10 years and with MCV4 for older children in certain high-risk groups is recommended.

Influenza

The schedule recommends influenza vaccine for children aged ≥ 6 months with certain risk factors, healthcare workers, and others with close contact with persons in high risk groups. In addition, healthy children 6-23 months of age and close contacts of children 0-5 months are recommended to receive influenza vaccine. During the February, ACIP meeting the committee voted to expand the recommendation for routine influenza vaccination to include all children 2-5 years of age, as well as household contacts and out-of-home caregivers of these children.

Hepatitis A

Hepatitis A vaccine is now universally recommended for all children at 1 year of age (12- 23 months). Hepatitis A is a 2 doses series with a 6 month minimum interval between doses.

News You Can Use

Useful Websites for Immunization Providers

Centers for Disease Control and Prevention / National Immunization Program
www.cdc.gov/nip

The Immunization Action Coalition
www.immunize.org

Children's Hospital of Philadelphia
www.vaccine.chop.edu

American Academy of Pediatrics
www.aap.org

Iowa Immunization Program
www.idph.state.ia.us/adper/immunization.asp

Iowa Immunization Program
1-800-831-6293

Hepatitis A Recs

Hepatitis A vaccine has now been incorporated into the “*Recommended Childhood and Adolescent Immunization Schedule*” published by the Advisory Committee on Immunization Practices in January, 2006. Hepatitis A vaccine is recommended for all children 12 through 23 months of age.

There are two manufacturers of Hepatitis A vaccine: Havrix (GlaxoSmithKline) and VAQTA (Merck & Co.). Both companies offer pediatric (12 months through 18 years) and adult (19 years of age and older) vaccine.

The final version of the Hepatitis A vaccine information statement has been approved and is dated 3/21/06.

The Iowa VFC Program anticipates providing hepatitis A vaccine to VFC-eligible children who are 1 year of age beginning the summer of 2006. Additional information will be sent to VFC Providers regarding the implementation date and covered age cohorts.

Iowa Thimerosal Law

Iowa Code Chapter 135.39(B), Early Childhood Immunizations was effective January 1, 2006. This chapter stipulates that early childhood immunizations (those administered to children less than eight years of age) administered in Iowa shall not contain more than trace amounts of mercury. This section does not apply to early childhood immunizations for influenza or in times of emergency or epidemic as determined by the director of public health. The following link provides information from the U.S. Food and Drug Administration regarding thimerosal (the mercury containing preservative) in vaccines: www.fda.gov/cber/vaccine/thimerosal.htm.

Since mid-2001, vaccines routinely recommended for infants in the United States have been manufactured either without or with only trace amounts of thimerosal. A preservative-free version of the inactivated influenza vaccine (contains trace amounts of thimerosal) is available in limited supply at this

time for use in infants, children and pregnant women. Some vaccines such as Td, which is indicated for older children (> 7 years of age) and adults, are also now available in formulations that are free of thimerosal or contain only trace amounts. Vaccines with trace amounts of thimerosal contain 1 microgram or less of mercury per dose.

Communicating with parents and vaccine recipients regarding this issue have become complex. Below are some websites to assist you in providing accurate information to families.

Information regarding mercury and vaccines <http://www.cdc.gov/nip/vacsafe/concerns/thimerosal/default.htm#facts>

Immunization information for parents <http://www.immunizationinfo.org/parents/index.cfm>

Vaccine misinformation http://www.immunizationinfo.org/immunization_issues_detail.cfv?id=52

Evaluating information about vaccines on the internet http://www.immunizationinfo.org/immunization_issues_detail.cfv?id=102

ProQuad – Dosage & Recommendations Measles, Mumps, Rubella, & Varicella Vaccine

ProQuad, measles, mumps, rubella and varicella (MMRV) vaccine is manufactured by Merck. ProQuad was licensed by the Food and Drug Administration on September 6, 2005. The attenuated MMR vaccine viruses in ProQuad are identical and of equal titer to those in the MMR vaccine. The titer of Varicella-Zoster virus is higher in MMRV than in single antigen Varicella vaccine. The increased varicella titer in the combination vaccine was necessary to maintain the same

efficacy as single antigen varicella vaccine.

One dose of MMRV vaccine should be administered on or after the first birthday, preferably as soon as the child becomes eligible for vaccination. MMRV is indicated for immunization of persons 12 months through 12 years of age. MMRV vaccine may be used whenever any components of the combination vaccine are indicated and the other components are not

contraindicated. Using combination vaccines containing some antigens not indicated at the time of administration may be justified. Receiving additional doses of vaccine beyond the recommended amount may be justified when products that contain only the needed antigens are not readily available or would result in extra injections, and potential benefits to the child outweigh the risk of adverse events associated with the extra antigen(s).

2006 Changes to Iowa's Immunization Law

Administrative Code Chapter 641.7

During 2005, the Immunization Program in conjunction with the Immunization Advisory Group made numerous changes to Chapter 7: Immunization and Immunization Education: Persons Attending Elementary or Secondary Schools, Licensed Child Care Centers or Institutions of Higher Education.

An error was identified in the most recent changes; an incorrect date for the DTaP vaccine requirement for children attending elementary school was reported. Due to the age requirements to attend school, only individuals born on September 15, 2001 would have been required to have four doses of DTaP for the 2006-07 school year.

As a result, the Immunization Program presented the corrected language to the Board of Health on January 11, 2006, and requested an emergency filing. The changes were accepted by the board and went into effect January 11, 2006 and were published on February 1, 2006. Updated copies of Chapter 7 were sent to all VFC Program Providers and school nurses.

The corrected language for children attending elementary school is as follows: four years of age and older, 3 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received after the applicant's fourth birthday if the applicant was born on or before September 15, 2000; or 4 doses,

with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received after the applicant's fourth birthday if the applicant was born after September 15, 2000. This change will require most children entering kindergarten in the fall of 2006, to have four doses of DTaP vaccine.

The current version of Chapter 7 is available on the Immunization Program web page at www.idph.state.ia.us/adper/common/pdf/immunization/iowas_imm_code_ch7_641.pdf. If you have any questions regarding this change, please contact Marnell Kretschmer at 1-800-831-6293 ext 3.

ACIP Meeting

February Update

The Advisory Committee on Immunization Practices (ACIP) met in Atlanta, February 21-22. During the meeting, ACIP voted to recommend the new rotavirus vaccine, RotaTeq, for all infants. RotaTeq is a three-dose, oral vaccine routinely administered at two, four and six months of age. The vaccine is 74% effective against any rotavirus disease, and 98% effective in preventing severe disease.

ACIP also voted to expand the recommendation for routine influenza vaccination to include all children 2-5 years of age, as well as household contacts and out-of-home caregivers of these children. In addition, the committee voted to expand VFC influenza vaccine coverage for all

eligible children 6 months through 18 years. The Committee recommended that tiering of influenza vaccine not be implemented during years with sufficient vaccine supply.

During the meeting the Committee heard several presentations on Tdap vaccine, which was recommended in 2005 for routine administration to adolescents 11-18 years of age. ACIP strengthened their recommendations for use of Tdap among certain health care workers (HCWs), by recommending that all HCWs who work in hospitals and ambulatory care settings and have direct patient contact receive the vaccine as soon as feasible, at an interval as short as two years from their last dose of Td. Those HCWs who do not have direct patient contact should continue to receive one dose of the vaccine as a replacement for Td, in accordance with the committee's recommendation for general Tdap

use among adults. The Committee also discussed recommending the vaccine for adults over the age of 65, but chose not to do so at this time.

Presentations from the ACIP meetings are available online at <http://www.cdc.gov/nip/ACIP/mtg-slides-feb06.htm>. The next ACIP meeting will be held June 29-30, 2006.

Current Vaccine Information Statement (VIS) Dates

Chickenpox	12/16/98
DTaP	7/30/01
Hib	12/16/98
Hepatitis A	3/21/06
Hepatitis B	7/11/01
Influenza	
Intranasal	10/20/05
Inactivated	10/20/05
MMR	1/15/03
Meningococcal	10/07/05 (Interim)
Pneumococcal	
Poly. (PPV23)	7/29/97
Conj. (PCV7)	9/30/02
Polio (IPV)	1/01/00
Td	6/10/94
Tdap	9/22/05 (Interim)