



# Immune Update

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Volume 1, issue 9

October 2008

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**Iowa's  
Immune  
Registry Information  
System (IRIS)  
Enroll Today!**

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

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## ACIP Recommends New Childhood Vaccines

The Advisory Committee on Immunization Practices (ACIP) met June 25-26, 2008. At this meeting the ACIP recommended two new vaccines (Pentacel and KINRIX), voted to include them in the Vaccines for Children (VFC) Program, and provided recommendations on harmonizing the schedule for the two rotavirus vaccines (Rotarix and RotaTeq).

single dose vial of liquid DTaP-IPV vaccine is used to reconstitute a single-dose vial of lyophilized ActHIB vaccine, and should be used immediately after reconstitution. The administration route is intramuscular (IM) injection. Store the vaccine at refrigerator temperature, 35-46° F.

**IMPORTANT NOTE:** The availability of Pentacel will improve the Hib supply situation in the United States. However, the availability of Pentacel is not sufficient to reinstate the booster dose in the Hib vaccine series.

**Pentacel DTaP-IPV/Hib** (Sanofi Pasteur) is a combination vaccine that contains 5 antigens to protect against diphtheria, tetanus, pertussis, poliomyelitis, and invasive disease due to *Haemophilus influenzae* type b (Hib). The vaccine was licensed by the U.S. Food and Drug Administration (FDA) on June 20, 2008, for use in children 2 months through 4 years of age. This vaccine can be used for the primary series and the first booster dose (total of four doses).



As with all combination vaccines the schedule, minimum intervals, and minimum ages are determined by the individual antigens. The recommended schedule for Pentacel is 2, 4, 6, and 15 through 18 months of age.

Although Pentacel is licensed by the FDA for the fourth dose in the DTaP, IPV and Hib series, providers should NOT use Pentacel for the fourth dose until there is further improvement in the Hib supply (anticipated during the last quarter of 2008). Until the Hib supply improves, Pentacel should be used ONLY for the first three doses of the DTaP, IPV, and Hib vaccination series.

The vaccine is supplied in a 5 dose package. A

*Continued on page 2*

### Mark Your Calendars!

The Iowa Statewide Immunization Conference will be held in Des Moines on **June 11, 2009**, at the Hy-Vee Hall in Downtown Des Moines.

Our 2007 conference had more than 600 participants, making it one of the largest state immunization conferences in the nation! As a result, the IDPH Immunization Program has secured a new conference site to accommodate our growing attendance—Hy-Vee Hall in Downtown Des Moines (attached to Veterans Auditorium).

We are currently planning the conference and are pleased to bring national speakers to Iowa again, such as Dr. Paul Offit of the Children's Hospital of Philadelphia and Dr. Bill Atkinson of the CDC's National Immunization Program. Look for more information to come after the first of the year. See you there!

## ACIP Recommends New Childhood Vaccines, *Continued*

**KINRIX DTaP/IPV** (GSK) is a combination vaccine that contains 4 antigens to protect against diphtheria, tetanus, pertussis and poliomyelitis.

The vaccine was licensed by the FDA on June 24, 2008, and is indicated for the fifth dose in the DTaP series and the fourth dose in the IPV series in children 4 through 6 years of age whose previous DTaP vaccine doses have been with Infanrix and/or Pediarix.

The vaccine is supplied in a single dose vial or prefilled syringe. The administration route is intramuscular (IM) injection. Store the vaccine at refrigerator temperature, 35-46° F.

**Rotarix** (GSK) On April 3, 2008, the FDA approved Rotarix, a 2-dose vaccine that provides protection against rotavirus.

In February 2006, Merck's RotaTeq, was recommended for routine use in infants by the ACIP for protection against rotavirus. The administration route is oral. Store the vaccine at refrigerator

temperature, 35-46° F, and protect from light.

The two rotavirus vaccines differ in composition and schedule. The ACIP does not express a preference for either vaccine when providers vaccinate their patients. The harmonized schedule approved by the ACIP is highlighted below.

The ACIP voted to include Pentacel, KINRIX, and Rotavrix vaccines in the VFC Program. Beginning October 1,

2008, these products are available through the Iowa VFC Program.

The VFC Program reminds providers to use their existing supply of single and combination vaccines prior to ordering new combination vaccines.

For questions regarding vaccines, contact Terri Thornton or Bridget Konz at 1-800-831-6293, ext 2 and 7 respectively. For vaccine ordering questions, contact Janean Iddings at 1-800-831-6293, ext 5.

Harmonized schedule	RotaTeq (RV5-Merck)	Rotarix (RV1-GSK)
Number of doses in series	3	2
Recommended ages for doses	2, 4, and 6 months	2 and 4 months
Minimum age for first dose	6 weeks	6 weeks
Maximum age for first dose	14 weeks 6 days	14 weeks 6 days
Minimum interval between doses	4 weeks	4 weeks
Maximum age for last dose	8 months 0 days	8 months 0 days

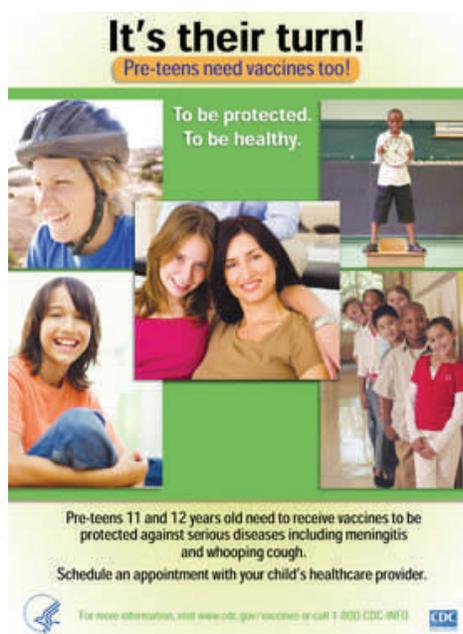
## It's Their Turn! Initiative

### Supporting Adolescent Immunization in your Health Department

CDC has recently launched the **It's Their Turn!** Initiative.

This initiative provides clinics working with teens with a comprehensive set of tools and materials to assist in implementing educational and awareness campaigns to promote adolescent immunization.

**It's Their Turn!** offers an array of materials from letters to multiple audiences, press releases, and posters and flyers, to cutting edge e-materials such as podcasts and e-cards.



The initiative also provides mechanisms to obtain public and media attention for adolescent immunization efforts.

Health departments can utilize these materials to reach key target audiences, including parents, health care providers, and adolescents.

All materials can be easily adapted to each department's needs. This initiative provides health departments with the flexibility to tailor their messages and focus on specific aspects of adolescent immunization including responding to communication/education needs around outbreaks.

A few states are already using **It's Their Turn!** with great success. To view the **It's Their Turn!** Initiative and learn how to best optimize these tools, please visit the CDC website at <http://www.cdc.gov/vaccines/spec-grps/preteens-adol/prof-matls/state-materials.htm>.

Contact Kelly Rooney-Kozak at 1-800-831-6293, ext 9 with questions regarding Iowa's Adolescent Immunization Program.

## Joint Commission Resources Challenges Hospitals to Increase Influenza Immunization of Healthcare Personnel

Joint Commission Resources (JCR), a non-profit affiliate of the Joint Commission, has issued a challenge to hospitals to increase influenza vaccination rates among healthcare personnel. Portions of a document posted on the JCR website are reprinted here:

JCR has launched a Flu Vaccination Challenge to underscore the responsibility that hospitals have to help keep their employees and patients healthy this flu season.



**"It is crucial that healthcare workers receive their influenza vaccination each year to help curb the spread of this preventable disease" Dr. William Schaffner**

The Flu Vaccination Challenge is designed to increase flu vaccination rates among healthcare workers. According to the Centers for Disease Control and Prevention (CDC), in the 2005-2006 flu season, only 42 percent of surveyed healthcare workers received a flu vaccination.

In past years, flu infections have been documented in healthcare settings and healthcare workers have been implicated as the potential source of these infections. JCR challenges hospitals to achieve higher vaccination rates among their staff.

The Flu Vaccination Challenge begins in September 2008 and will continue through the flu season until May 2009. Hospitals that achieve a vaccination rate of 43 percent or more will be recognized

for their dedication to helping keep their employees healthy and helping to protect their patients. Vaccination of healthcare workers may help to decrease the chances that they will get the flu and pass it on to their patients.

"The Flu Vaccination Challenge highlights for healthcare workers the value that flu vaccinations can have on patient safety. Doctors, nurses, technical, and administrative

staff may care for patients with compromised immune systems including the elderly and people living with a chronic disease. As a professional devoted to 'do no harm,' flu vaccination gives me an opportunity to help protect my patients by decreasing the chances

that I will get the flu and pass it along to my patients" said Barbara M. Soule, RN, MPA, CIC, practice leader, Infection Prevention and Control Services, JCR.

The flu is a serious disease that can be potentially fatal. The ACIP recommends an annual flu vaccination for a number of groups, including adults at high risk of complications from the flu and those who are in contact with them, including healthcare workers.

Efforts to increase vaccination coverage among healthcare workers are supported by various national accrediting and professional organizations including The Joint Commission. Since January 1, 2007, The Joint Commission has required accredited hospitals, critical access hospitals, and long-term care organizations to offer the flu vaccination annually, on site, to staff and licensed independent practitioners.

"Every year in the United States up to 20 percent of the population is affected by influenza and more than 200,000 people are hospitalized from influenza complications. It is crucial that healthcare workers receive their influenza vaccination each year to help curb the spread of this preventable disease," said Dr. William Schaffner, chairman, Department of Preventive Medicine, and professor of infectious diseases at Vanderbilt University School of Medicine. . . .

To access the complete document, and to register your hospital, go to: <http://www.fluvaccinationchallenge.com>

### VFC Vaccine Ordering Reminder:

If your clinic orders vaccine by faxing your order to the Immunization Program (i.e. you are not an IRIS user) remember that doses on hand **MUST** be completed for all vaccines in your inventory, not just those you are ordering at that time. Immunization Program staff review the doses on hand prior to submitting your order to McKesson. Without a complete understanding of your vaccine supply we will not be able to complete your order. If you have questions, please contact Janean Iddings at 1-800-831-6293, ext 5.



**Do you want to have the Immunization Update Newsletter sent to you directly?** Do you know someone who would? Send your name and mailing address to [Bkonz@idph.state.ia.us](mailto:Bkonz@idph.state.ia.us) and we will sign you up—it's as easy as that! The Immunization Update is also available on our Web page at: [www.idph.state.ia.us/adper/immunization.asp](http://www.idph.state.ia.us/adper/immunization.asp) It's a great way to send the Newsletter on to others in your facility or community.

## Call to Action: You Can Help Increase Iowa's Birth Dose Rate!

On August 1, 2008, a MMWR titled "Newborn Hepatitis B Vaccination Coverage Among Children Born January 2003-June 2005" was published by CDC. In that article data was published for each state and some cities regarding their rate of initiation of the Hepatitis B birth dose.

Iowa had a rate of 23 percent of infants vaccinated with the Hepatitis B birth dose by 3 days of age. This is the 4<sup>th</sup> lowest state rate in the nation. Nebraska, Minnesota, and Vermont all had rates lower than Iowa. The highest state was Massachusetts with 85 percent of infants receiving the birth dose by 3 days of age.

This low rate of Hepatitis B birth dose initiation indicates that Iowa providers and OB hospitals must focus their efforts in providing education and stressing the importance of the birth dose.

Getting the birth dose is NOT "just another shot" as some health care workers

claim. The importance of initiating the birth dose is apparent when it is realized that infants infected with HBV typically are asymptomatic and have a 90% likelihood of remaining chronically infected. Up to 25% of chronically infected children die prematurely of cirrhosis or liver cancer.

Two primary modes of HBV transmission occur during infancy and early childhood:

- 1) from an infected mother to her infant during delivery, and
- 2) from infected household contacts to infant or child.

Both modes of transmission can be prevented by immunization of newborn infants. Hepatitis B vaccination of all newborns also provides early pre-exposure protection to

infants born to uninfected women during a period when the risk for developing chronic HBV infection is greatest." (MMWR, Volume 57, NO. 30, August 1, 2008) The Iowa Immunization Program is committed to increasing the Hepatitis B birth dose rate.



Iowa Ranked 46th in the U.S. for Hepatitis B Birth Dose Rates.

For more information on Hepatitis B birth dose or how your hospital can participate in providing the birth dose, contact Bridget Konz, RN, Perinatal Hepatitis B

Coordinator at 1-800-831-6293, ext 7 or [bkonz@idph.state.ia.us](mailto:bkonz@idph.state.ia.us).

To view the entire MMWR go to: [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5730a3.htm?s\\_cid=mm5730a3\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5730a3.htm?s_cid=mm5730a3_e)



## Question Corner

**Question:** I heard the local public health agencies will be able to bill Wellmark for vacci-

nations provided to Wellmark policy holders. Is this true?

**Answer:** Yes. Soon, public health agencies will be eligible to enroll with Wellmark Blue Cross and Blue Shield. Wellmark is planning to expand its network of eligible providers to increase access options for members who have immunization benefits. Watch your mail for a letter from Wellmark that will include more information, or periodically check Wellmark's Web site at [www.wellmark.com](http://www.wellmark.com)

**Question:** Is Prevnar going to be required for children entering licensed child care in Iowa? If so, when?

**Answer:** Yes, Pneumococcal Conjugate (Prevnar) will be required for children entering licensed child care. The Iowa Legislature passed a bill requiring this vaccine in 2007 and the Immunization Program is currently working through the Administrative Rules process to incorporate Prevnar into the schedule. The Im-

munization Program anticipates rules to be effective in early 2009.

**Question:** Is the Health Protection Clearinghouse in Cedar Rapids I order immunization print materials going to be open soon? I am concerned about having enough VISs for flu season.

**Answer:** The clearinghouse was damaged severely enough in the flooding that they are moving to a new building. At this time we do not have a date they will begin shipping products for us. Please plan to copy enough VISs for your clinic needs.

**Question:** What is a good resource for flu information to give parents, besides the VIS?

**Answer:** The Vaccine Education Center at the Children's Hospital of Philadelphia recently updated its two-page education sheet, "Influenza: What you should know." Intended for patients, parents, and providers, the sheet answers the most frequently asked questions about influenza disease and vaccines. [www.chop.edu/vaccine/images/vec\\_influtear.pdf](http://www.chop.edu/vaccine/images/vec_influtear.pdf)

## IRIS

IRIS data integrity and quality is of utmost importance to the Immunization Program. Currently, IRIS contains over 1.6 million patient records with more than 13 million vaccinations. With this volume of data, it is important to maintain high standards so that records are accurate, and correct data is available to healthcare providers in Iowa.

When entering patient information in IRIS, it is important to enter as much information as possible and correctly. If patient information is unavailable, such as social security number or mother's maiden name, these fields should be left blank. Entering incorrect or false data results in records that are not useful in identifying a patient and dilutes the integrity of the records.

If you have questions regarding IRIS and patient information, please call the IRIS Help Desk at 800-374-3958. Thank you for your continued support of IRIS and assistance in maintaining the highest quality of data.

# VFC Influenza Update

During the 2008-2009 influenza season there is an expansion of children recommended for influenza vaccination. Children five through 18 years of age should be vaccinated against influenza beginning in 2008. Children six months of age to five years of age are already recommended for vaccination.

**Orders:** For the 2008-2009 influenza season the Iowa Vaccines for Children (VFC) Program will be distributing Fluzone and Flumist brands of influenza vaccine (shaded on the table below). The table below lists all approved influenza vaccines for different age groups in the United States for this influenza season. Orders that were pre-booked ear-

lier this year will be processed once product is available.

**Distribution:** Distribution of influenza vaccine will begin once sufficient doses of product arrive at McKesson. Influenza vaccine will be sent to McKesson in phased allotments from the manufacturer. The Program anticipates the arrival of influenza vaccine shipments in September and continuing throughout October. Influenza vaccine orders will ship separately from regular vaccine orders.

**Eligible Groups: Influenza vaccine that is received from the Iowa Department of Public**

**Health may be administered to any VFC eligible child 6 months through 18 years of age, regardless of risk factor.** Most children need one dose of influenza vaccine, with the following exceptions:

- Children under age 9 years receiving influenza vaccine for the first time need two doses separated by 4 weeks (1 month).
- Children under age 9 years who received influenza vaccine for the first time in the 2007-2008 season and did not receive both doses that season need 2 doses this season separated by 4 weeks (1 month).

## Approved influenza vaccines for different age groups – United States, 2008–09 season

Type	Trade Name	Manufacturer	Presentation	Mercury content (mcg Hg/0.5 mL dose)	Age Group	No. of Doses	Route
TIV*	Fluzone	sanofi pasteur	0.25 mL pre-filled syringe 0.5 mL pre-filled syringe 0.5 mL vial 5.0 mL multi-dose vial	0 0 0 25	6–35 mos >36 mos >36 mos >6 mos	1 or 2† 1 or 2† 1 or 2† 1 or 2†	Intramuscular§ Intramuscular§ Intramuscular§ Intramuscular§
TIV*	Fluvirin	Novartis Vaccine	5.0 mL multi-dose vial 0.5 mL pre-filled syringe	24.5 <1.0	>4 years >4 years	1 or 2† 1 or 2†	Intramuscular§ Intramuscular§
TIV*	Fluarix	GlaxoSmith-Kline	0.5 mL pre-filled syringe	<1.0	>18 years	1	Intramuscular§
TIV*	FluLuval	GlaxoSmith-Kline	5.0 mL multi-dose vial	25	>18 years	1	Intramuscular§
TIV*	Afluria	CSL Biotherapies	0.5 mL pre-filled syringe 5.0 mL multi-dose vial	0 25	>18 years >18 years	1 1	Intramuscular§ Intramuscular
LAIV ¶	FluMist**	MedImmune	0.2 mL sprayer	0	2–49 years	1 or 2††	Intranasal

\*Trivalent inactivated vaccine (TIV). A 0.5-mL dose contains 15 mcg each of A/Brisbane/59/2007 (H1N1)-like, A/Brisbane/10/2007 (H3N2)-like, and B/Florida/4/2006-like antigens.

† Two doses administered at least 1 month apart are recommended for children aged 6 months through 8 years who are receiving TIV for the first time and those who only received one dose in 2007-2008 should receive 2 doses this year.

§ For adults and older children, the recommended site of vaccination is the deltoid muscle. The preferred site for infants and young children is the anterolateral aspect of the thigh.

¶ Live attenuated influenza vaccine (LAIV). A 0.2-mL dose contains 106.5–7.5 fluorescent focal units of live attenuated influenza virus reassortants of each of the three strains for the 2008–09 influenza season: A/Brisbane/59/2007(H1N1), A/Brisbane/10/2007(H3N2), and B/Florida/4/2006.

\*\* FluMist is shipped refrigerated and stored in the refrigerator at 2°C to 8°C after arrival in the vaccination clinic. The dose is 0.2 mL divided equally between each nostril. Health-care providers should consult the medical record, when available, to identify children aged 2–4 years with asthma or recurrent wheezing that might indicate asthma. In addition, to identify children who might be at greater risk for asthma and possibly at increased risk for wheezing after receiving LAIV, parents or caregivers of children aged 2–4 years should be asked: “In the past 12 months, has a health-care provider ever told you that your child had wheezing or asthma?” Children whose parents or caregivers answer “yes” to this question and children who have asthma or who had a wheezing episode noted in the medical record during the preceding 12 months, should not receive FluMist.

†† Two doses administered at least 4 weeks apart are recommended for children aged 2–8 years who are receiving LAIV for the first time, and those who only received 1 dose in their first year of vaccination should receive 2 doses in the following year.

## Vaccine University 2008

Thank you to all the participants of Vaccine University 2008! Through our IRIS Training, Vaccine 101, and Storage and Handling classes we provided education to over 800 participants across Iowa! We are excited about the responses we received and will use the evaluations to plan for Vaccine University 2009. No dates have been set for 2009, however we will advertise once classes, dates, and locations have been determined. We look forward to seeing you there!



# Have you Heard These?

## 10 Myths About Getting the Flu Vaccine



**10. Hand washing is more effective than getting the vaccine.** The good news is people have heard the message about hygiene and flu prevention. The bad news is people mistakenly believe that hand washing alone will prevent influenza. What providers can do: Promote immunization, hand washing, and antiviral medication as a three-part flu protection strategy.

**9. Only the very old and the very young need the flu shot.** Young children and the elderly are at high risk from flu complications, but people of all ages can become sick-and they can pass the virus on to others. What providers can do: Encourage flu vaccination as “a way to protect yourself and others.” Many people are more compelled to get a flu shot if they know it will protect a loved one’s health.

**National Influenza Week is December 8-14, 2008.** Visit the following CDC Web site for more in formation:

<http://www.cdc.gov/flu/NIVW/index.htm>

**8. Flu shots are scarce and hard to find.** Manufacturers have more than doubled the amount of flu vaccine produced since 2004, and this year’s supply is projected to be ample. What providers can do: Spread the message that anyone who wants a flu vaccine should contact their provider.

**7. Getting a flu shot is a hassle.** Many flu clinics are hosted in convenient places, such as work sites, pharmacies, supermarkets, and schools. What providers can do: Publicize locations of flu clinics in your area and the ease with which people are immunized.

**6. Flu shots don’t work.** Each year scientists develop vaccines based on pro-

jections for the upcoming flu season-and they’ve made successful matches 16 of the last 21 years. Even if a person becomes ill from a strain not covered by the vaccine, a flu shot can minimize symptoms and speed up recovery. What providers can do: Acknowledge that there may be unexpected changes in the flu strain, but stress that the vaccine has a long success rate for preventing the flu and can help make the disease less severe if contracted.

**5. Flu shots will make you sick.** Flu vaccines are very safe, but like any medicine side effects may occur. Most often they are mild and include soreness from the injection, aches, and low grade fever. The flu vaccine, however, cannot give anyone the flu. What providers can do: Educate people about side effects and explain that they may occur as the body develops immunity. Point out that

these symptoms are much less severe than getting the flu.

**4. There are unsafe ingredients in flu shots.** Recent media speculation about vaccine safety may raise concerns about the flu shot. The vaccine, however, has a strong safety record. Healthcare providers are key in addressing questions and helping patients make an informed choice. What providers can do: Talk with patients about the flu vaccine and provide resources, such as brochures, posters, and PSAs, to encourage dialogue. Visit the CDC influenza Web site for free resources ([www.cdc.gov/flu/professionals/flugallery/index.htm](http://www.cdc.gov/flu/professionals/flugallery/index.htm)).

**3. Flu shots are expensive.** Flu shots

average about \$25-\$35 a dose. Medicare Part B and Vaccines for Children provide flu shots at no cost to those who qualify. Many employers provide free vaccines to their employees, and university health centers often provide discounted immunizations for students. Even if paying out of pocket, the cost of a flu shot is far less than the costs associated with missing work and needing health care. What providers can do: Connect low and middle income people with resources to obtain free or reduced cost immunizations.

**2. If I don’t get my flu shot early, than it’s not worth it.** There is no time limit on when to get flu vaccine. Immunization can begin as soon as the vaccine is available and can extend through February or later- when the flu season typically peaks. What providers can do: Promote National Influenza Vaccination Week from December 8-14th to encourage those not vaccinated to get their flu shot. Visit [www.cdc.gov/flu/nivw/NIVW2008-index.htm](http://www.cdc.gov/flu/nivw/NIVW2008-index.htm) for more information.

**1. I don’t need to get immunized, because the flu is no big deal.** Many people mistakenly attribute cold symptoms, mild illness, and even digestive upset to the flu, not realizing that influenza is a serious, sometimes life threatening respiratory infection. What providers can do: Educate your community about the seriousness of the flu, so people understand the need for immunization. Personal narratives are effective ways to deliver this message. The CDC ([www.cdc.gov/flu](http://www.cdc.gov/flu)) and Families Fighting Flu Web sites ([www.familiesfightingflu.org/](http://www.familiesfightingflu.org/)) have videos and fact sheets to help with your outreach efforts.

## Vaccination Coverage Among Children 19 to 35 Months of Age

On September 5, 2008, an MMWR entitled “National, State, and Local Area Vaccination Coverage Among Children Aged 19–35 Months” was published. This MMWR evaluates the immunization rates reported by states and compares them nationally.

The 2007 survey shows sustained record levels of immunization coverage in children 19 to 35 months of age. In the U.S. 77.4 percent of children receive the full series of vaccines and Iowa had a rate of nearly 76 percent of children receiving a full series. Each year the national vaccination program prevents 14 million infections, 33,000 premature lives lost and saves approximately \$44 billion in direct and indirect costs.

To review the full MMWR please go to: [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5735a1.htm?s\\_cid=mm5735a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5735a1.htm?s_cid=mm5735a1_e)