



Immunization Update

The Iowa Immunization Program Newsletter

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**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.

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Changes to the General Recommendations on Immunizations

On December 1, 2006, a Morbidity and Mortality Weekly Report (MMWR) was published outlining General Recommendations on immunizations.

The new recommendations provide technical guidance about common vaccination concerns for clinicians and other health-care providers who administer vaccines to infants, children, adolescents, and adults.

Standards for child and adolescent vaccination practices and standards for adult vaccination practices have been published to assist with implementing vaccination programs and maximizing their benefits.

Any person or institution that provides vaccination services should adopt these standards to improve vaccination delivery and protect patients from vaccine-preventable diseases.

A brief summary of changes to the General Recommendations on Immunization include:

- Expansion of the discussion of vaccination spacing and timing
- Increased emphasis on the importance of injection techniques/ age/ body mass in determining appropriate needle length
- Expansion of the discussion of storage and handling of vaccines, with a table defining

the appropriate storage temperature range for inactivated and live vaccines

- Expansion of the discussion regarding altered immunocompetence, including new recommendations about use of live-attenuated vaccines with therapeutic monoclonal antibodies
- Minor changes to the recommendations about vaccination during pregnancy and vaccination of internationally adopted children, in accordance with new Advisory Committee on Immunization Practices (ACIP) vaccine-specific recommendations for use of inactivated influenza vaccine and hepatitis B vaccine.

The General Recommendations on Immunizations are available online at <http://www.cdc.gov/mmwr/PDF/rr/rr5515.pdf>.

Immunization Q & A

Question:

It has been several months, or even a few years, since a person has had a dose of vaccine and has not completed the vaccine series. Does the series need to be restarted?

Answer:

Vaccination providers should administer vaccines as close to the recommended intervals as possible. However, longer than recommended intervals between doses do not reduce final antibody concentrations, although protection might not be attained until the recommended number of doses has been administered. With the exception of oral typhoid vaccine, **an interruption in the vaccination schedule does not require restarting the entire series of a vaccine or toxoid or addition of extra doses.**

Childhood Immunization Schedule Revised in 2007

Summary of Changes to the Childhood Immunization Schedule



The new 2007 Recommended Immunization Schedules were published January 5, 2007. The recommendations include several updates, new vaccines and a new format. The following are updates to the childhood schedules:

1. The new rotavirus vaccine (RotaTeq) is recommended in a 3-dose schedule at ages 2, 4, and 6 months. The first dose should be administered at ages 6 weeks through 12 weeks with subsequent doses administered at 4-10 week intervals. Rotavirus vaccination should not be initiated for infants greater than 12 weeks of age and should not be administered after 32 weeks of age.
2. The influenza vaccine is now recommended for all children age 6-59 months.
3. Varicella vaccine recommendations are updated. The first dose should be administered at age 12-15 months, and a newly recommended second dose should be administered at age 4-6 years.
4. The new human papillomavirus vaccine (HPV) is recommended in a 3-dose schedule with the second and third doses administered 2 and 6 months after the first dose. Routine vaccination with HPV is recommended for females age 11-12 years; the vaccination series can be started in females as young as age 9 years; and a catch-up vaccination is recommended for females age 13-26 years who have not been vaccinated previously or who have not completed the full vaccine series.
5. The main change to the format of the schedule is the division of the recommendation into two schedules: one schedule for persons age 0-6 years and another for persons age 7-18 years. Special populations are represented with purple bars; the 11-12 years assessment is emphasized with the bold, capitalized fonts in the title of that column. Rota, HPV, and varicella vaccines are incorporated in the catch-up immunization schedule.

If you have questions regarding vaccines or schedules please contact Terri Thornton or Bridget Konz at 1-800-831-6293 (ext. 2 and 7 respectively).

News You Can Use Useful Web Sites for Immunization Providers

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

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

The Immunization Action Coalition
www.immunize.org

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

American Academy of Pediatrics
www.aap.org

2007 Immunization Schedule

New 2007
Immunization
Schedules

2007 Recommended
Immunization Schedules for children and adults are included with this newsletter.

Non-laminated schedules are available at no cost from the CDC Web site under "Recommended Vaccination/Immunization Schedules": www.cdc.gov/nip/default.htm.

If you would like additional laminated schedules they can be ordered for a nominal fee through the Immunization Action Coalition at: <http://www.immunize.org/>

Adult Immunization Schedule Revised in 2007

Summary of Changes to the Adult Immunization Schedule

Changes in the adult schedule since last publication are more numerous than the childhood schedule. The adult schedule is also divided into two schedules; one by age and one by medical conditions/indications. The key changes in the adult schedule include the following:

1. The broken red line has been deleted on the age-based schedule. Vaccination of persons with specific risk factors is now shown only with purple bars.
2. Human papillomavirus (HPV) vaccine has been added to the age-based schedule, with a yellow bar indicating that the vaccine is recommended for women less than 26 years of age.
3. Tetanus, diphtheria, and acellular pertussis (Tdap) vaccine has been added to the age-based schedule, with a hatched yellow bar indicating that Tdap is a one-time, one-dose recommendation for persons less than 64 years of age.
4. The purple bar for varicella vaccine has been shortened in anticipation of the recommendation for the use of zoster vaccine in persons greater than 60 years of age.
5. A new column has been added to the medical/other indications schedule to clarify indications for hepatitis A and B vaccines. The indications "chronic liver disease" and "recipients of clotting factor concentrates" have been removed from the previous schedule and combined into a new column. The column has a yellow bar for hepatitis A and B vaccines, clarifying that these vaccines are recommended for all persons with these medical indications.
6. HPV vaccine has been added to the medical/other indications schedule, with a yellow bar to indicate the vaccine is recommended for women less than 26 years of age with all indications except pregnancy.
7. Tdap was added to the medical/other indications schedule, with a hatched yellow bar to indicate that Tdap is a one-time, one-dose recommendation for all indications except pregnancy.
8. Several of the footnotes (numbers 1,2,3,4,5 and 9) have been reworded or updated.

If you have questions regarding vaccines or schedules please contact Terri Thornton or Bridget Konz at 1-800-831-6293 (ext. 2 and 7 respectively).



Free Education Opportunities

The CDC National Immunization Program is presenting a live net conference program titled "Current Issues in Immunization." These one hour programs are designed to provide up-to-date information on immunization by combining an **online visual presentation** with **simultaneous audio** via telephone conference call and a live question and answer session. These presentations are scheduled 4 times per year. Specific topics will be announced prior to each presentation.

Remaining 2007 Schedule: April 12, 2007, July 12, 2007, October 11, 2007

For more information about this net conference, and links to archived sessions, visit <http://www.cdc.gov/nip/ed/ciinc/>

HPV Implementation and VFC



Quadrivalent Human Papillomavirus Vaccine (HPV) was included in the Iowa VFC Program for females 9 through 18 years of age effective February 1, 2007. This table is intended as a quick reference that can be cut out and posted in your clinic. If you have questions regarding the HPV vaccine, please contact Terri Thornton at 1-800-831-6293, ext. 2. For questions regarding the VFC Program, please contact Tina Patterson at 1-800-831-6293, ext. 4.

VFC Eligible Groups	VFC eligible females 9 through 18 years of age.								
Recommended Schedule for Quadrivalent HPV Vaccine	<p>A 3-dose series for the quadrivalent HPV vaccine is routinely recommended for females 11 through 12 years of age with the following schedule:</p> <p>1st dose: Initial dose</p> <p>2nd dose: 2 months after the first dose</p> <p>3rd dose: 6 months after the first dose</p> <p>HPV vaccine can be administered at the same visit when other age appropriate vaccines are provided, such as Tdap, Td and MCV4.</p>								
Minimum Intervals for Quadrivalent HPV Vaccine	<table border="1"> <thead> <tr> <th>Administration</th> <th>Intervals</th> </tr> </thead> <tbody> <tr> <td>Minimum Age</td> <td>9 years</td> </tr> <tr> <td>Dose 1 to 2</td> <td>4 weeks</td> </tr> <tr> <td>Dose 2 to 3</td> <td>12 weeks</td> </tr> </tbody> </table>	Administration	Intervals	Minimum Age	9 years	Dose 1 to 2	4 weeks	Dose 2 to 3	12 weeks
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VFC Catch-up Vaccination	Catch-up vaccination is recommended for females 13-18 years of age who have not been previously vaccinated or who have not completed the full series.								
Interrupted Vaccine Schedules	If the quadrivalent HPV vaccine schedule is interrupted, the vaccine series does not need to be restarted. If the series is interrupted after the first dose, the second dose should be given as soon as possible separated by an interval of at least 4 weeks. The second and third doses should be separated by an interval of at least 12 weeks. If only the third dose is delayed, it should be administered as soon as possible.								
Recommended Dosage	Each dose of quadrivalent HPV vaccine is 0.5mL, administered intramuscularly. Refer to product package insert.								
Vaccine Storage and Handling	Store refrigerated at 2 to 8°C (35 to 46°F). Do not freeze. Protect from light.								
Special Situations	Quadrivalent HPV vaccine can be given to females who have an equivocal or abnormal Pap test, a positive Hybrid Capture II [®] high risk test, or genital warts. Vaccine recipients should be advised that data from clinical trials do not indicate the vaccine will have any therapeutic effect on existing Pap test abnormalities, HPV infection or genital warts. Vaccination of these females would provide protection against infection with vaccine HPV types not already acquired.								
Immunocompromised Persons	HPV vaccine is not a live vaccine and can be administered to persons who are immunocompromised as a result of disease or medication; however, the immune response to the vaccine might be less than that in persons who are immunocompetent.								
Vaccination During Pregnancy	Quadrivalent HPV vaccine is not recommended for use in pregnancy. The vaccine has not been causally associated with adverse outcomes of pregnancy or adverse events to the developing fetus. However, data on vaccination in pregnancy are limited. Until further information is available, initiation of the vaccine series should be delayed until after completion of the pregnancy. If a woman is found to be pregnant after initiating the vaccination series, completion of the 3-dose regimen should be delayed until after completion of the pregnancy. If a vaccine dose has been administered during pregnancy, there is no indication for any intervention. A vaccine in pregnancy registry has been established; patients and health-care providers are encouraged to report any exposure to quadrivalent HPV vaccine during pregnancy by calling Merck at (800) 986-8999.								
Lactating Women	Lactating women can receive HPV vaccine.								
Precautions and Contraindications	<p>Acute illness: Quadrivalent HPV vaccine can be administered to persons with minor acute illnesses (e.g., diarrhea or mild upper respiratory track infections, with or without fever). Vaccination of persons with moderate or severe acute illnesses should be deferred until after the illness improves.</p> <p>Immediate hypersensitivity or allergy to vaccine components: Quadrivalent HPV vaccine is contraindicated for persons with a history of immediate hypersensitivity to yeast or to any vaccine component. (Despite a theoretic risk for allergic reaction to vaccination in persons with allergy to baker's yeast, no adverse reactions have been documented after vaccination of persons with a history of yeast allergy.)</p>								

MMRV and Varicella Vaccine Orders Status in IRIS

Vaccine for Children Program orders for MMRV and varicella vaccines are shipped directly from Merck, the vaccine manufacturer.

In IRIS, the procedure to process vaccine orders distributed directly by the manufacturer requires IDPH to “deny” the order in IRIS and then place the order in another system. IRIS does not communicate directly with vaccine manufacturers; subsequently IDPH must manually submit an order on the provider’s behalf to the manufacturer.

When viewing the “VFC Order Receiving” column for your order, the screen will display “order denied” and a lot number will not be listed. This, however, may be confusing as the order may not have actually been denied – “scrolling right” will give you the complete story of your order.

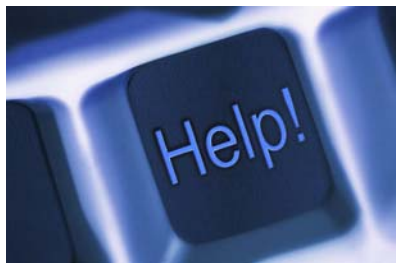
To determine the status of MMRV and varicella orders, users will need to scroll to the right side of the page to view the “Item Shipment/Adjustment

Reason” column. This column will contain additional information regarding the order.

If the order was placed with the manufacturer, “approved – submitted to manufacturer” will be displayed. If this order was denied additional information will be displayed regarding the reason.

Please remember to “scroll right” to get the complete information on your MMRV or varicella vaccine orders.

If you have questions, please contact Janean Iddings at 515-281-7787 or 1-800-831-6293 ext. 5 or the IRIS help desk at 1-800-374-3958.



The Iowa Immunization Program has pre-ordered a copy of the revised 10th Edition of *Epidemiology and Prevention of Vaccine-Preventable Diseases* (affectionately known as the “Pink Book” for the color of the cover) for each VFC provider in Iowa.

This book is a staple in any clinic or practice providing immunizations. It includes detailed information on each vaccine preventable disease as well as standard general recommendations and resources for patients.

If you would like to order additional copies of the Pink Book; the 10th edition is expected to be available in March 2007. The cost is \$29.00 each. Ordering information, as well as the full text of the book are available online at:

<http://www.cdc.gov/nip/publications/pink/default.htm#Order>



Statewide Immunization Conference: *Immunize for a Better Life*

The Iowa Immunization Conference titled “Immunize for a Better Life” will be held June 7, 2007 at the Hy-Vee Conference Center in West Des Moines.

Registration information is available through the Training Resources Web page: <http://www.trainingresources.org/> or by calling 515-309-3315.

Conference topics will include communicating with parents; infant, adolescent and adult immunizations; the burden of influenza disease; and vaccine storage and handling.

Scheduled speakers include: **William Atkinson**, MD, MPH, Centers for Disease Control and Prevention; **Paul Offit**, MD, Children’s Hospital of Philadelphia; **Patricia Quinlisk**, MD, MPH, Iowa Department of Public Health; **Patricia Stinchfield**, RN, MS, CPNP, Hospitals and Clinics of St. Paul, MN; **Jean Thomas**, Family Medicine Specialists, PC.

The Immunization Coalitions Technical Assistance Network

Do you belong to an immunization coalition or are you thinking of starting one? Does your coalition need help with strategic planning or evaluation? Would you like to connect with other coalitions around the country?

If yes, the Immunization Coalition Technical Assistance Network (IZTA) is for you! IZTA is a growing community of new and seasoned immunization coalition members from across the United States.

Membership in the Network is FREE and has many benefits:

Customized, one-on-one technical assistance for your coalition in:

- Coalition start-up and management
- Strategic planning

- Social marketing and health communication
- Formative and evaluation research
- Materials development

Free teleconferences and webcasts featuring immunization and coalition experts.

Low-cost skills-building workshops at national and regional immunization conferences.

Bi-weekly email newsletters alerting you to new immunization resources, upcoming events and technical assistance opportunities.

Access to a moderated listserv, where you can share experiences and discuss issues of mutual concern with other coalitions.

Valuable online resources, such as an event planning toolkit, e-tutorials and promising practices.

Multiple individuals from the same coalition can join IZTA – There is no limit! Our members include staff of health departments, community-based organizations, pharmaceutical companies and universities, as well as health providers and pharmacists.

Visit www.izta.org to register and explore our online resources. You can also email us at izta@aed.org.

IZTA is managed by The Academy for Educational Development in Washington, DC, under a cooperative agreement from the Centers for Disease Control and Prevention.

WELCOME!

The Immunization Program is happy to announce that Kim Tichy, BS, CHES has joined our program as the IRIS Coordinator. Kim comes to the Immunization Program from the Bureau of Family Health where she worked in the Healthy Child Care Iowa program.

We are excited to have her join our team and hope you will welcome her. Kim's phone number is (515) 281-4288 and her e-mail is ktichy@idph.state.ia.us. For the IRIS help desk please call (515) 281-4258 or 1-800-374-3958.



Kim Tichy

National Infant Immunization Week

National Immunization Week is April 21-28, 2007.

Plan to celebrate National Infant Immunization Week in your clinic or health department.

The following CDC Web page will soon display resources and ideas for how to promote this important week in Immunizations.

<http://www.cdc.gov/nip/events/niiw/>



Vaccine Management Resource

Recommendations for Storage and Handling of Selected Biologicals has been revised and published in January 2007.

This booklet outlines the details of storing and handling of all vaccines. Information includes shipping requirements, condition upon arrival, storage requirements, shelf life, instructions for use, shelf live after opening, and special instructions.

This booklet is available from the CDC Web page:

http://www.cdc.gov/nip/publications/vac_mgt_book.htm