IOWA DEPARTMENT OF PUBLIC HEALTH • BUREAU OF IMMUNIZATION AND TUBERCULOSIS

IOWA Immunization Program

Immunization Update

The Iowa Immunization Program

Chester J. Culver, Governor • Thomas Newton, Director, IDPH

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Don Callaghan, Chief
Bureau of Immunization & TB

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Mary Jones, Director
Division of Acute Disease Prevention and Emergency Response

The Immunization Update is available on the Web, click HERE

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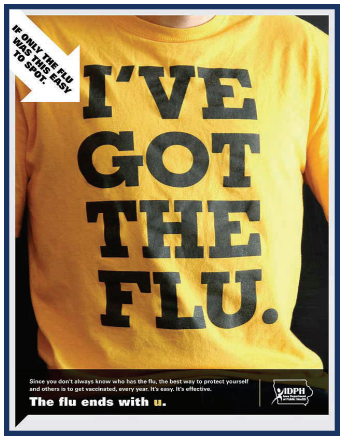
The Flu Ends With U

The Iowa Department of Public Health (IDPH) has launched an information campaign intended to encourage Iowans to get their seasonal influenza vaccination. "The Flu Ends With U" campaign includes radio, television and print messaging; and Internet-based elements.



"We want everyone to know that the most effective way to stop the spread of the flu is to get the flu vaccine each year," said IDPH Immunization Bureau Chief Don Callaghan. "IDPH and the Centers for Disease Control and Prevention recommend influenza vaccination for everyone 6 months of age and older."

This year's vaccine will protect against the three main influenza viruses that research indicates will cause the most illness. This season's flu vaccine will protect against 2009 H1N1, an A-H3N2, and a B-Brisbane virus.

Healthy people, including healthy children and young adults, can get very ill from the flu and can spread the flu to others. By getting a yearly flu vaccine you can protect yourself from illness, and protect those around you. It is especially important to be vaccinated if you have vulnerable people in your household such as babies, children with asthma, and the elderly.

Influenza is a respiratory illness that most often causes fever, headache, extreme tiredness, muscle pain, nonproductive coughing, sore throat and a runny nose. Occasionally, diarrhea can accompany the respiratory symptoms in children.

The flu virus is spread when people who are ill cough or sneeze without covering their mouths and noses, sending tiny droplets of respiratory secretions into the air for others to breathe in and get sick.
Continued on page 2

Influenza Dose Clarification

All children ages 6 months through 8 years who receive a seasonal influenza vaccine for the first time should be given 2 doses.

- Children who receive only 1 dose of a seasonal influenza vaccine in the first influenza season they receive vaccine should receive 2 doses, rather than 1, in the following influenza season.
- For the 2010-11 influenza season, children ages 6 months through 8 years who did not receive at least 1 dose of an influenza H1N1 2009 monovalent vaccine should receive 2 doses of a 2010-11 seasonal influenza vaccine, regardless of previous seasonal influenza vaccination history.
- Children ages 6 months through 8 years for whom the 2009-10 seasonal vaccine or influenza A (H1N1) monovalent vaccine history cannot be determined should receive 2 doses of a 2010-2011 seasonal influenza vaccine.

The Flu End With U, *Continued*

A person can also get the flu by touching a surface or object (such as a door handle) that has been touched by someone with the flu (who coughed into their hand) and then touching their own mouth, eyes or nose.

The flu vaccine is plentiful this year, and is available in both injectable and mist presentation. For more information about 'The Flu Ends With U' campaign, visit www.TheFluEndsWithUIowa.com.

For questions regarding the flu vaccine call Terri Thornton or Bethany Kintigh at 1-800-831-6293 ext. 2 & 7, respectively. For questions regarding VFC flu vaccine availability contact Tina Patterson at 1-800-831-6293 ext. 4.

VIS Changes

Beginning January 1, 2011, the Immunization Program will no longer print Vaccine Information Statements (VIS) for distribution by the Health Protection Clearinghouse. This change will allow the most current version of the VISs to be available for health care providers and patients as required by the National Childhood Vaccine Injury Act. Information regarding the requirement to provide VISs is available by clicking here.

In addition, printing large quantities of VISs often times results in waste when changes are made. Reducing waste will allow the Immunization Program to maximize funds for other immunization projects and activities. The most current version of VISs are available to download from the Centers for Disease Control and Prevention's (CDC) website or the Immunization Action Coalition's website.

Health care providers can use the above links to subscribe to an email notice when VISs are updated. Downloading the VISs from the internet will ensure the most current VIS is provided to patients.

To further reduce the need for printed VISs, health care providers can provide a VIS for the parent/guardian to take home via email or mobile device. The law requires a VIS must be provided prior to the administration of the vaccine but does allow the parent/guardian to choose to download the VIS to a mobile device rather than take away the paper copies. Additional information regarding this is available by clicking here.

The Immunization Program will continue to print and supply immunization materials such as brochures and educational materials that have historically been available from the Clearinghouse.

The Health Protection Clearinghouse will continue to distribute existing supplies of the VISs until inventory is depleted or outdated. As inventory is depleted the online Literature Order Form will be updated to reflect items that are still available to order. Orders may be placed on the Immunization Program website or by calling 1-888-398-9696.

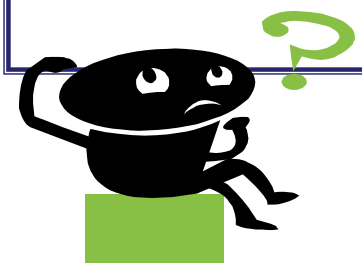
Current VISs and dates

Anthrax	3/10/10
MMRV	5/21/10
Chickenpox	3/13/08
Multi-vaccine	9/18/08
DTaP/DT/DTP	5/17/07
PCV	4/16/10
Hepatitis A	3/21/06
PPSV	10/06/09
Hepatitis B	7/18/07
Polio	1/01/00
Hib	12/16/98
Rabies	10/06/09
HPV	3/30/10
Rotavirus	5/14/10
Influenza (LAIV)	8/10/10
Shingles	10/06/09
Influenza (TIV)	8/10/10
Smallpox	11/15/03
Japan. enceph.	3/01/10
Td/Tdap	11/18/08
Meningococcal	1/28/08
Typhoid	5/19/04
MMR	3/13/08

National Influenza Vaccination Week

National Influenza Vaccination Week (NIVW) is a national observance that was established to highlight the importance of continuing influenza vaccination, as well as fostering greater use of flu vaccine after the holiday season into January and beyond. The 2010-2011 season's NIVW is scheduled for **December 5 thru 11, 2010.** For more information click here.

Question Corner



Who is recommended to get vaccinated against influenza?
Beginning with the 2010-11 vaccination season, ACIP recommends annual vaccination for all people ages 6 months and older who do not have a contraindication to the vaccine.

We're glad that CDC has made a universal influenza vaccination recommendation to vaccinate everyone 6 months and older. Would you tell us how this came about?
Prior to the 2010-11 vaccination season, only children ages 6 months through 18 years and adults age 50 years and older were universally recommended for vaccination; recommendations for adults ages 19 through 49 years were targeted to people with specific risk factors, although other adults could be vaccinated if they wanted protection. Collectively, these targeted risk groups made up 85 percent of the U.S. population. During the 2009 H1N1 outbreak, additional risk groups were identified, such as obese individuals. The recommendation made by ACIP in February 2010 for universal vaccination simplifies previous recommendations, making it easier for health care providers to determine whom to vaccinate. The universal recommendation also makes it easier for patients to remember to get vaccinated every year.

When should influenza vaccine be given?
You can begin offering vaccine as soon as vaccine becomes available. Early vaccination of children younger than age 9 years who are first time vaccinees (or who failed to get their second dose in the preceding season) can be helpful in assuring routine second doses before the influenza season begins.

Who needs to be vaccinated with PPSV (pneumococcal polysaccharide vaccine)?

1. Vaccinate all previously unvaccinated adults age 65 years and older.
2. Vaccinate all adults who smoke cigarettes.
3. Vaccinate persons ages 2–64 years who
   - have chronic cardiovascular disease (e.g., congestive heart failure, cardiomyopathy), chronic pulmonary disease (e.g., COPD, emphysema, adults with asthma), or diabetes mellitus, or who are cochlear implant patients.
   - have chronic liver disease (including cirrhosis), are alcoholic, or have a cerebrospinal fluid leak.
   - live in special environments or social settings (e.g., adults ages 50–64 years who are Alaska Natives or certain American Indian populations if recommended by local health authorities).
4. Vaccinate persons ages 2–64 years with functional or anatomic asplenia (including persons with sickle cell disease or spleenectomy patients).
5. Vaccinate immunocompromised persons age 2 years and older, including those with HIV infection, leukemia, lymphoma, Hodgkin's disease, multiple myeloma, generalized malignancy, chronic renal failure (including dialysis patients), or nephrotic syndrome; those receiving immunosuppressive therapy (including long-term systemic corticosteroids); and those who have received an organ or bone marrow transplant.

Some physicians in our area order PPSV (pneumococcal polysaccharide vaccine) every 5 or 6 years for their patients. Is this correct?
CDC recommends 1 dose of PPSV for most people in a lifetime and 2 doses for certain people. PPSV is a polysaccharide vaccine that does not boost well, and data do not indicate that more than 2 doses are beneficial.

I'm confused about the various vaccines that contain tetanus, diphtheria, and pertussis. Can you explain?
Two basic products can be used in children younger than age 7 years (DTaP and DT) and two that can be used in older children and adults (Td and Tdap). Some people get confused between DTaP and Tdap and others get confused between DT and Td. *Continued on page 5*

Save the Date!!

Mark your calendars now for the Statewide 2011 Immunization Conference to be held in Des Moines at the Iowa Event Center Hy-Vee Hall on June 8 and 9.

More details and registration information to come.

IRIS Update

On September 9, 2010, the Iowa Department of Public Health held a webinar to announce the transition from the existing Immunization Registry Information System (IRIS) to a version of the Wisconsin Immunization Registry (WIR). The change is necessary to meet registry functional standards to exchange immunization information with Electronic Health Record (EHR) systems and Iowa's Health Information Exchange (HIE).

To make the decision to utilize the WIR system, the Department conducted research of software applications and other states' Immunization Information Systems (IIS) to determine options to timely meet the required functional standards. Options included obtaining programs to enhance IRIS or utilizing existing registries used by other states.

The WIR application is used by 16 states, including three of Iowa's bordering states (NE, MN and WI). Enhancements from each state are made available to all states using a version of WIR, which provides enhanced registry functionality, reduces programming costs, ensures greater interoperability across states, and allows participating states to maintain compliance with federal registry standards.

Transitioning to the WIR application will allow IDPH to:

- Achieve CDC functional standards
- Electronically exchange immunization records with EHRs and the state HIE,
- Reduce duplicate immunization records through enhanced automated de-duplication tools,
- Export immunization data to allow users to conduct immunization assessments, and

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A Reminder About HIB Boosters

A shortage of Hib vaccine began in late 2007 when Merck voluntarily recalled certain lots of PedvaxHIB (Hib) and Comvax (Hib-HepB) vaccines and temporarily suspended production.

Health care providers were advised to conserve the limited supply of the other Hib-containing products (e.g., Sanofi's ActHIB [Hib] and Pentacel [DTaP-Hib/IPV] vaccines) by temporarily deferring the routine Hib booster dose in healthy children. This recommendation was in effect until mid-2009.

In July 2009, Sanofi increased production of its two Hib-containing vaccines. In August FDA licensed GSK's Hiberix for use as the booster (final) dose of the vaccine series for children ages 15 through 59 months. Thus, health care providers were instructed to recall all children who were in need of the booster dose and who had not yet reached their fifth birthday.

All children less than 5 years old need at least one dose of Hib vaccine on or after the first birthday. The last dose should be separated from the previous dose by at least 2 months.

Vaccine	Age at 1st Dose (months)	Primary Series	Booster
ActHib or Pentacel (Sanofi)	2-6	3 doses, 2 months apart	12-15 months[1]
	7-11	2 doses, 2 months apart	12-15 months[1]
	12-14	1 dose	2 months later
	15-59	1 dose	---
PedvaxHib or Comvax (Merck)	2-6	2 doses, 2 months apart	12-15 months[1]
	7-11	2 doses, 2 months apart	12-15 months[1]
	12-14	1 dose	2 months later
	15-59	1 dose	---
Hiberix (GlaxoSmithKline)	Not licensed for Primary Series		15 months[2] of age through 4 years of age.

[1] At least 2 months after previous dose.

[2] To facilitate timely booster vaccination, Hiberix and other Hib conjugate vaccines can be administered as early as age 12 months, in accordance with Hib vaccination schedules for routine and catch-up immunization.

The number of doses in the primary series depends on the type of vaccine used. A booster dose is recommended at 12-15 months of age regardless of which vaccine is used for the primary series. Any brand can be used for the booster dose.

Protect Your Vaccine Supply

Reasons to keep vaccines in their original boxes/ packaging: protection from light, preserve the temperature buffer, and aides in vaccine recognition.

A clinic recently lost a considerable amount of influenza vaccine because it was taken out of the original box. The vaccine was removed from its original packaging and was transported to an off-site influenza clinic. The transport cooler was not large enough to hold the vaccine in its original packaging. Upon return to the clinic the vaccine was placed in a tray in the refrigerator. The storage unit was a purpose built, with a glass front door and interior light on at all times. After reading the package insert statement about protecting the vaccine from light, the clinic called the vaccine manufacturer. The vaccine manufacturer was unable to provide efficacy data due to the timeframe the vaccine was exposed to light.

HPV, MMR, MMRV, rotavirus, varicella, zoster, meningitis, and several influenza vaccines are sensitive to light, which causes loss of potency. These vaccines must be protected from light at all times. It is important to store these vaccines at the appropriate temperatures in their boxes with the tops on until they are needed. For questions regarding storage and handling call Terri Thornton at 1-800-831-6292 ext. 2.

Question Corner

Here's a hint to help you remember. The pediatric formulations usually have 3-5 times as much of the diphtheria component than what is in the adult formulation. This is indicated by an uppercase "D" for the pediatric formulation (i.e., DTaP, DT) and a lowercase "d" for the adult formulation (Tdap, Td). The amount of tetanus toxoid in each of the products is equivalent, so it remains an uppercase "T."

Someone gave Tdap to an infant instead of DTaP. Now what should be done?

If Tdap was inadvertently administered to a child, it should not be counted as either the first, second, or third dose of DTaP. The dose should be repeated with DTaP. Continue vaccinating on schedule. If the dose of Tdap was administered for the fourth or fifth DTaP dose, the Tdap dose can be counted as valid. Clip out the chart below for a quick reference in case of inadvertent administration.

How soon after a dose of Td can someone receive a dose of Tdap?

If they have not previously received Tdap, the person should receive a single dose of Tdap as soon as feasible and without regard to the dosing interval since the last Td. There is no "minimum interval" one needs to wait between receiving Td and Tdap when it is given to protect infants or other vulnerable patients.

Tdap/DTaP Inadvertent Administration Flow Chart

Child Less Than 7 Years of Age

Doses 1-2-3	*Doses 4-5*
Scenario: Tdap given inadvertently **Action:** Repeat As Soon As Possible with DTaP	**Scenario:** Tdap given inadvertently **Action:** Count as a valid dose. Do not need to repeat using DTaP. **Notes:** Routine Tdap vaccination recommendation would apply when the child becomes an adolescent.
Child 7-9 Years of Age **Scenario:** Tdap given inadvertently **Action:** Count the Tdap as a valid/protective dose. This dose counts as the single adolescent Tdap dose. **Notes:** Future doses should be Td every 5-10 years.	**Adult** **Scenario:** DTaP given inadvertently **Action:** Count DTaP as a valid/protective dose. This dose should be counted as the single Tdap booster. **Notes:** Future doses should be Td: every 5-10 years.

Severe Weather Events

Is Your Vaccine Supply

Winter snow and ice storms can have devastating effects on resources such as power and transportation, which in turn may affect proper vaccine storage. Nationwide, the Vaccines for Children (VFC) Program maintains inventories in the field valued at over $11 billion. Safeguards to protect this vaccine against inclement weather are vital.

To protect the national vaccine inventory, health care providers should develop a written emergency plan. Review and update your plan on an annual basis. It is also important to review and exercise the plan yearly with all staff.

Emergency procedures should address vaccine protection and/or retrieval. When there is reasonable cause to believe emerging conditions will disrupt vaccine operations, emergency procedures should be implemented in advance of the event.

Before the emergency, providers should identify an alternative storage facility (e.g., a hospital with a backup generator) where the vaccine can be properly stored and monitored; ensure availability of staff to pack and move the vaccine; access to appropriate packing materials (insulated containers, ice packs, dry ice for Varicella vaccine); and insure a means of transport for the vaccine to the secure storage facility. Whenever possible, facilities should suspend vaccination activities BEFORE the onset of emergency conditions to allow sufficient time for packing and transporting vaccine.

The Immunization Program has developed a Vaccine Storage and Handling Guidelines template, Emergency Response Plan, & Worksheet to assist your facility with the planning process. These documents are available on the Immunization Program website.

Questions? Contact Terri Thornton at 1-800-831-6293 ext. 2.

IRIS Update

continued

- Expand provider reporting, thereby allowing access to additional provider immunization data and in multiple file formats.

The WIR application will be provided free of charge to the Department. The IDPH will work with a vendor to make enhancements to the WIR application, maintain the application, convert existing registry data to the new application, and provide user training.

Updates will be provided as additional information is available. The Immunization Program will provide updates via the IRIS list serve. To join, send a blank email message to join-IRISUSERS@lists.ia.gov.

If you have questions contact Kim Tichy, IRIS Coordinator at ktichy@idph.state.ia.us or 1-800-374-3958.

Information from the September 9 webinar is available on the IRIS webpage.

During the holiday season
McKesson
will NOT ship vaccine from
November 24-26 and December 22- January 3.

In addition, vaccine orders will NOT be distributed during periods of extreme cold and snow. It is crucial that vaccine wastage is minimized and vaccine remains efficacious and viable. Pay close attention to your vaccine inventory throughout the winter. For questions regarding vaccine shipping, call Janean Iddings at 1-800-831-6293 ext. 5.

VFC Vaccine Shipments

Upon delivery of the shipment, VFC Program providers should verify that the inventory received matches the shipping invoice included in the shipping container.

IRIS users should also verify the vaccine lot number information in IRIS matches the information on the order receiving tab. **If a discrepancy is identified contact the IRIS Help Desk at 800-374-3958. It is important to contact the IRIS Help Desk staff to correct this issue prior to receiving the order through IRIS.**

ACIP Changes & You

The ACIP (Advisory Committee on Immunization Practices) is a federal advisory committee that provides recommendations to the Secretary and Assistant Secretary for Health and Human Services, and the Director of the Centers for Disease Control and Prevention (CDC), regarding use of vaccines and the recommended immunization schedule.

The ACIP makes routine recommendations which are posted on their website within 3 weeks of an ACIP vote. These changes are provisional until published in the MMWR (CDC's Morbidity and Mortality Weekly Report) at which they become official. Currently, there are several changes proposed by the ACIP and are expected to be published in the upcoming issue of the MMWR.

Proposed changes to the recommended use of Tdap in adults 65 years of age and older
Adults aged 65 years and older who have or anticipate having close contact with infants aged younger than 1 year (such as grandparents and health care providers) should receive a single dose of Tdap to protect against pertussis and reduce the likelihood of transmission in infants less than 12 months.

Proposed changes to the recommended use of Tdap in children between 7 - 10 years of age
Children aged 7 to 10 years who have never been vaccinated against tetanus, diphtheria or pertussis or who have unknown vaccination status should receive a series of three vaccinations containing tetanus and diphtheria toxoids.
The preferred schedule is a single dose of Tdap followed by a dose of Td more than 4 weeks after Tdap and then followed by another dose of Td 6 to 12 months later. If not administered as the first dose, Tdap can be substituted for any other Td doses in the series.

Proposed changes to the recommended use of meningococcal conjugate vaccine
Continue routine vaccination with the quadrivalent meningococcal conjugate vaccine for children aged 11 to 12 years followed by a one-time booster dose 5 years after administration of the first dose through 21 years of age.

Recommendations for a two-dose primary series with meningococcal conjugate vaccine in those with persistent complement component deficiencies, such as asplenia and HIV, who have not been previously vaccinated should receive a dose at 0 and 2 months followed by a booster dose at a recommended interval.

For questions regarding these recommendations call Terri Thornton or Bethany Kintigh at 1-800-831-6293 ext. 2 & 7, respectively.

Pertussis Facts

1. Pertussis is the only vaccine preventable disease that is on the rise in the U.S. In 2010, pertussis was declared an epidemic in several states that are experiencing high incidence of the disease that resulted in the deaths of numerous infants.

2. During a pertussis outbreak, children who have received all their pertussis vaccinations are six times less likely to become infected than those who have never been vaccinated.

3. Seventy percent of infants who contract pertussis are infected by their own family members. Most unvaccinated children living with a family member with pertussis will contract the disease.

The Bureau of Immunization and TB welcomes Bethany Kintigh RN, BSN as the new Maternal Hepatitis B and Immunization Education Coordinator.
Bethany brings to this position 10 years of public health experience gained while serving as the Public Health Coordinator for Adair County Public Health. Her experience includes coordinating public health programs, conducting surveillance and epidemiological investigations, and public health preparedness for Adair County. Bethany has a Bachelor of Science in Nursing from the College of Saint Mary, Omaha, NE.