IOWA Immunization Program

IMMUNIZATION UPDATE

The Iowa Immunization Program Newsletter *Winter 2012*

News & Summaries

2012 Vaccine University

In October and November 2012 the Iowa Immunization Program presented Vaccine University to more than 500 participants at 10 locations across the state. The trainings focused on vaccine education and recommendations for vaccine storage and handling, Vaccines for Children Program guidelines, and Iowa's licensed child care and school immunization requirements. Copies of the training presentations are available on the Immunization Program website. Thank you to everyone who attended Vaccine University.

Dubuque Vaccine University

Hepatitis B Vaccine & Testing Recommendations for Pregnant Patients

Hepatitis B is a serious disease that can be transmitted from an infected mother to her child at birth. All pregnant women should be tested for Hepatitis B Surface Antigen (HBsAg) at an early prenatal visit (i.e., in the first trimester) during each pregnancy, even if they have been previously tested or vaccinated or have known chronic hepatitis B infection. The CDC Advisory Committee on Immunization Practices also recommends the following:

If a pregnant patient is HBsAg-negative and anti-HBs (Hepatitis B surface antibody)-negative:

- Send a copy of the lab report documenting the woman's negative HBsAg status to the birth hospital.
- If indicated, provide the hepatitis B vaccine. The vaccine is safe even when given during pregnancy.

If a pregnant patient is HBsAg-positive:

- Send a copy of the lab report documenting the woman's positive HBsAg status to the birth hospital.
- Send a copy of the lab report to the local health department for case management (reporting all HBsAg-positive cases is required by Iowa law).
- Educate the expecting mother on the importance of having her newborn receive Hepatitis B Immune Globulin (HBIG) and the birth dose of hepatitis B vaccine to prevent perinatal hepatitis B transmission.

All newborns should be vaccinated at birth

The Advisory Committee on Immunization Practices recommends all newborns be vaccinated against hepatitis B virus (HBV) at birth, regardless of the mother's HBV status. It is important for all newborns to complete the vaccination series to receive lifelong protection against hepatitis B.

Infants born to women with chronic HBV must also receive the Hepatitis B Immune Globulin shot at birth

Without immunoprophylaxis, infants born to HBsAg-positive mothers are at the highest risk of developing chronic HBV infection, which can lead to cirrhosis, decreased liver function and hepatocellular carcinoma. Therefore, these infants must receive the first dose of hepatitis B vaccine *and* HBIG within 12 hours of birth, complete the vaccine series, and be tested at 9 - 18 months of age for HBsAg and quantitative anti-HBs to confirm protection against HBV. Timely vaccination will be more than 95 percent effective in protecting the newborn against HBV infection.

Vaccine Adverse Event Reporting System

The Vaccine Adverse Event Reporting System (VAERS) is a national program established to monitor the safety of vaccines after they are licensed. VAERS is managed by the U.S. Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA).

Vaccines prevent serious illnesses and even death in persons who receive them. Before a vaccine is licensed, the FDA requires a vaccine to go through extensive safety testing to ensure the vaccine is safe. After a vaccine is licensed, VAERS is one of several mechanisms used to monitor unforeseen problems, or "adverse events," that happen after vaccination. Anybody who experiences a problem after vaccination is encouraged to complete a VAERS report including parents, patients and health care providers.

VAERS forms are available by calling 1-800-822-7967, or from the VAERS website at http://vaers.hhs.gov. A new video on an **"Overview of VAERS"** is now available on "CDC Streaming Health" that gives more information on who can report and how. This video is also designed to give health care professionals understanding of how rare adverse events following immunization can be detected through vaccine safety monitoring. For information regarding VAERS at the Iowa Immunization Program, contact Kelli Smith at 1-800-831-6293, ext. 2.

VFC Highlights

VFC Vaccine Distribution

During the holiday season McKesson will **NOT** ship vaccine from December 20, 2012 - January 1, 2013. VFC Program providers should monitor existing vaccine inventory and place an order in advance of shipping black out to ensure adequate vaccine supply. If you have any questions regarding vaccine orders please contact Tina Patterson or Janean Iddings at 1-800-831-6293 ext. 4 and ext. 5, respectively.

ProQuad Now Available

VFC Program providers may begin placing vaccine orders for ProQuad (MMRV) vaccine. When placing vaccine orders it is important not to overestimate your need for MMRV vaccine. MMRV vaccine orders should be placed during the organization's NEXT established monthly, bi-monthly or quarterly economic order quantity (EOQ). When placing orders for MMRV, review vaccine inventory to identify all other vaccines needed. Providers should monitor existing MMR and varicella vaccine inventory to ensure vaccine is not wasted or allowed to expire.

MMRV Vaccine Recommendations: On May 7, 2010, CDC issued new recommendations for the use of combination MMRV vaccine. Prior to issuing these recommendations, ACIP reviewed results of post-licensure studies that suggest during the 5-12 day post-vaccination period, approximately one additional febrile seizure occurred among every 2,600 children ages 12 through 23 months vaccinated with a first dose of MMRV vaccine compared with children in the same age group vaccinated with separate first doses of MMR vaccine and varicella vaccine administered during a single office visit. The summary of the recommendations for use of MMRV vaccine are as follows:

- The routinely recommended ages for measles, mumps, rubella, and varicella vaccination continue to be age 12 through 15 months for the first dose and age 4 through 6 years for the second dose.
- For the first dose of measles, mumps, rubella, and varicella vaccines at age 12 through 47 months, providers may use either measles, mumps, and rubella (MMR) vaccine and varicella vaccine separately or MMRV combination vaccine. Providers who are considering administering MMRV vaccine should discuss the benefits and risks of both vaccination options with the parents or caregivers.
- For the second dose of measles, mumps, rubella, and varicella vaccines at any age (15 months through 12 years) and for the first dose at age 48 months and older, use of MMRV vaccine generally is preferred over separate injections of its equivalent component vaccines (i.e., MMR vaccine and varicella vaccine).
- A personal or family (i.e., sibling or parent) history of seizures of any etiology (i.e., cause) is a precaution for MMRV vaccination, and such children generally should be vaccinated with separate MMR and varicella vaccine.

The complete recommendations for the use of MMRV vaccine are available at **www.cdc.gov/mmwr/pdf/rr/rr5903.pdf**. Questions regarding MMRV vaccine ordering may be directed to Tina Patterson or Janean Iddings at 1-800-831-6293, ext. 4 and ext. 5, respectively.

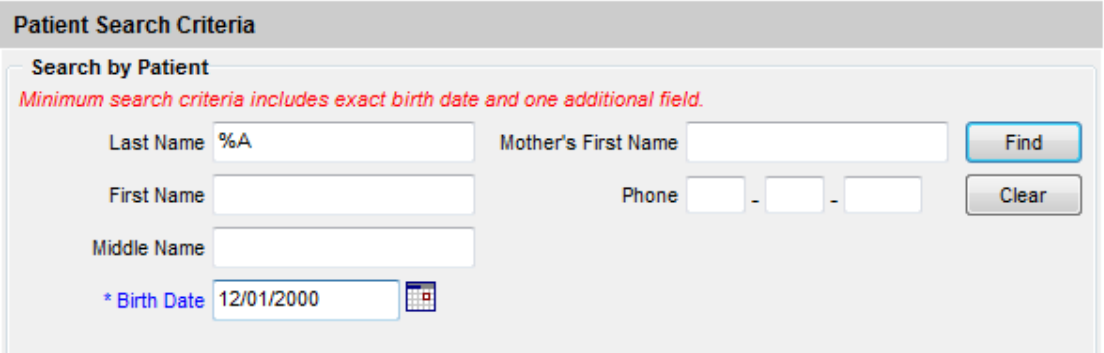
IRIS Update

IRIS Update - Locked Accounts/Forgotten Passwords

The most frequent type of call to the IRIS Help Desk is to unlock user accounts and reset passwords. IRIS Admin Users can unlock Standard User accounts or change passwords for Standard Users within an organization. Details are included in the Administrative User training video, page 20 of the Admin User Handout or by calling the IRIS Help Desk at 1-800-374-3958. Standard Users can work with Admin Users to have accounts unlocked, reactivated, or passwords reset. If Admin Users are unavailable, Standard Users can call the IRIS Help Desk at 1-800-374-3958.

Tips to search for patient records in IRIS

Less is more when searching for records in IRIS! The IRIS Help Desk recommends typing 2-3 letters of the patient's last name, plus the date of birth, when searching for records. The wildcard search of %% is available to use in either the first or last name field. However, if more than 100 records match, the search will need to be refined. Another option is to use one wildcard plus a character to search, such as Last Name: %A and DOB 12/01/2000 (shown below). For questions about IRIS or if you need help finding a record, please call the IRIS Help Desk at 1-800-374-3958.



Question Corner

Q. A week after receiving the live attenuated influenza vaccine (LAIV, i.e., FluMist) a patient was started on the antiviral Tamiflu. Does the patient need to be revaccinated against influenza?

If a person takes antivirals within 2 weeks of receiving LAIV s/he will need to be revaccinated with influenza vaccine because the antiviral drug will interfere with the immune response to the live influenza vaccine. Inactivated influenza vaccine can be administered without regard to an antiviral drug, however, if the person wants to be revaccinated using LAIV, s/he should wait a minimum of 48 hours after taking the final dose of antiviral drug before receiving LAIV. Keep in mind, if using LAIV there is a 28 day minimum interval from a previous dose of live vaccine.

Q. Can a rapid influenza test show a positive result after a person receives the live attenuated influenza vaccine?

Yes, live attenuated influenza vaccine (LAIV) viruses can cause a positive result on a rapid influenza diagnostic test. These tests cannot differentiate between the wild-type influenza and live attenuated viruses. If a person who received LAIV in the previous 7 days and also has influenza-like illness (ILI) is found to have a positive test, it is unknown whether it is due to the vaccine or wild-type influenza virus.

Resources on Proper Vaccine Storage and Handling

Updated Vaccine Storage and Handling Information is Now Available

- **NEW** Vaccine Storage and Handling Toolkit
  The toolkit is a **comprehensive resource** for providers on vaccine storage and handling recommendations and best practice strategies. It includes considerations for equipment both storage units and thermometers, strategies for maintaining the cold chain, routine storage and handling practices, inventory management and emergency procedures for protecting vaccine inventories.

- Vaccine Storage and Handling Guide
  Guidelines for detailed information on storage and handling recommendations and **guidance for individual vaccines**.

- Interim Storage and Handling Guidance
  The guidance provides a brief summary of changes in recommendations for vaccine storage and handling **equipment**. Additional details can be found in the Storage and Handling Toolkit.

- Provider's Role: Importance of Vaccine Admin. & Storage
  This webpage includes information regarding vaccine administration, timing and spacing of vaccine doses, observation of precautions and contraindications, management of vaccine side effects, etc.

SAVE THE DATE
2013 IMMUNIZATION CONFERENCE

The 2013 Iowa Immunization Conference will be held June 12 - 13, 2013, in Des Moines.

Registration information will be coming soon!