

IMMUNIZATION UPDATE

News & Summaries

Iowa Immunization Champions

This spring, the Immunization Program sent a request to more than 1,000 immunization partner organizations asking for their nominations of immunization champions - people who work day in and day out to better the health of Iowans. After reviewing the many applications, the review committee selected seven applicants to receive this award. The Awards of Excellence are special for several reasons including, the awardees were nominated by their peers or supervisors, people who felt strongly they should be commended for their hard work and dedication and the awardees are recognized for their commitment to public health and the impact they have on their communities and state as a whole, making them 'champions' in the truest sense. The immunization champion award winners, featured below, are part of a special group of health care professionals known for their successful work, innovation and unfailing commitment to Iowans. The Iowa Immunization Program thanks these recipients for their dedication to promoting and protecting the health of Iowans.

Candace Chihak

Candace Chihak is committed to increasing the immunization rates in Linn County. She understands this involves a community-wide effort involving education and training to spread the immunization message to all parents, especially those who are uninsured or under-insured. Candace created a training for child care providers called 'Save a Baby, Needle a Provider.' As part of the project, the 'Save a Baby, Needle a Provider' training was provided to more than 100 child care providers in six child care centers in Linn County. Another 70 received training on the pertussis and influenza vaccinations during the two-month period of her project. Subsequently, Candace received approval to present this training to all Child Care Nurse Consultants in Iowa.



Community Health Partners of Sioux County

Community Health Partners of Sioux County initiated an Adolescent Immunization Task Force in response to the new 7th grade Tdap vaccine requirement. This task force consisting of Sarah Van Wyk, Robin VanZandbergen, Jackie Covey, Angela Kroeze-Visser, Cheryl Hiemstra, and Hannah Nykamp dedicated themselves in developing a plan to educate Sioux County parents about the importance of pertussis vaccination and increasing the rates of students receiving a Tdap booster.



They credit their success to a collaborative and team effort between local public health, public school nurses, volunteers, health care providers, and the Dordt College RN-BSN nursing students. The efforts of Community Health Partners of Sioux County resulted in Tdap booster vaccinations for 619 students and raised awareness of the need for Tdap immunization.

Susana Contreras

Susana Contreras is a shining example of the importance of personal touch in the success of any immunization program. Clarke County Public Health credits Susana as being the reason they receive high client satisfaction scores on their immunization clinic evaluations. Susana greets every client with a smile, and since she is bi-lingual, she is able to provide Spanish-speaking families with information they need about childhood vaccinations. Susana is responsible for making appointments for clinic participants, and makes reminder calls the day before. Her gentle persuasion has decreased the no-show rate, helping the clinic to run more smoothly and decreasing wait time for clients. With her input into program evaluation and planning, the locations and frequency of immunization clinics changed and increased. Her knowledge of the community, bi-lingual ability, and commitment to the health of Clarke County makes her an asset to not just the public health office, but to the community as a whole.



Dickinson County Immunization Program

The public health department in Dickinson County is small but mighty. Led by Public Health Nurse Bethany Aberg, the small team, which includes Lois Shaffer and Jenny Lee, has accomplished big things.

With a goal of increasing 2-year-old immunization rates in Dickinson County, the team embarked on a LEAN project to identify and correct areas for improvement. These included standardizing and changing the hospital OB hard card to include cell phone numbers, email addresses and the option for texting immunization information to parents. Other areas of improvement included working with the hospital to establish a texting program to decrease no shows at immunization clinics, and standardizing methods for entering information into IRIS. Tdap vaccinations in the county have increased dramatically. With a performance improvement goal of increasing Tdap vaccinations in teens by 40 percent by August of 2013, the immunization team worked with school nurses, staff and parents to educate and provide school-based clinics. By March, the 40 percent goal had already been shattered, with more than 275 students receiving Tdap.



Jean Leichtman, LPN

Jean Leichtman became the immunization nurse for Chickasaw County Public Health in 2008, at a time when the immunization program was just treading water. Under Jean's direction, not only have immunization rates increased, but program efficiency and effectiveness have as well. When Jean took over the county immunization program, she realized in order to be effective, she would need to be more than a nurse. She became an educator, marketer, and creative director for the program.

Jean began posting flyers about the importance of immunizations in church bulletins, local newsletters and physicians' offices. She worked with child care providers and local school districts to educate parents about immunizations and even brought immunization information to grocery stores and local sporting events. Her work has paid off. Under Jean's guidance, the immunization rate of children aged 24 months rose from 68 percent to 83 percent in just one year. The rate of medical homes for clients has risen from 60 percent to 95 percent since 2008.



Julie Olberding, ARNP

Encouragement from health care providers is one of the most influential factors in a parent's decision to adhere to vaccination schedules. Julie Olberding is a strong vaccine advocate with a knack for persuading parents to start, continue, and complete vaccine schedules. As a nurse practitioner for more than 25 years, Julie never misses an opportunity to vaccinate a child.

Julie understands parents often have fears about vaccinations. Julie takes the time to listen to parents' concerns and then educate them about the importance of vaccinations for the sake of their own child's health, family members, and the community as a whole. Julie's efforts are clearly successful: 99 percent of the parents who were unsure about vaccines chose to vaccinate after Julie's counseling.

Julie takes pride in her role as a nurse practitioner, and makes a special effort to reach at-risk families. She works diligently to get non-compliant patients into the office, sending letters, and calling when necessary. During every office encounter, she reviews the patient's vaccine status so none are allowed to lapse. Julie educates her families not only about vaccines, but also proper nutrition and overall wellness. Through her efforts, the children, families and community of Dubuque are healthier.



Dr. Douglas Olk

Dr. Olk is a pediatrician at Medical Associates Clinic, which is the only private pediatric practice in the area participating in the Vaccines for Children program. Each year, thousands of under-privileged and poorly-insured patients are provided with vaccines almost entirely due to the efforts of Dr. Olk. Dr. Olk has nearly single-handedly organized, executed, and maintained a huge program at Medical Associates Clinic in order to participate in the VFC program. His commitment to the elimination of vaccine-preventable diseases is an example of organizational leadership making a difference in the lives of the children, families and the community in which Dr. Olk practices. He sets the tone at the clinic, making immunizations a priority for every patient, regardless of their insurance status or financial ability, even if it comes at a financial loss. Julie Olberding and Diane Link accepted the award on behalf of Dr. Olk.



Immunization Conference Held in Des Moines

Nearly 800 health professionals attended the 2013 Iowa Department of Public Health (IDPH) Immunization Conference in Des Moines on June 12 and 13. The two-day conference focused on current immunization information and vaccine education for health care providers. The conference has grown from a group of about 20 local public health agency staff in 1994 to more than 765 attendees this year from 14 states. Conference speakers included Dr. Bill Foege, Bill and Melinda Gates Foundation; Dr. Paul A. Offit, Chief of the Division of Infectious Diseases and the Director of the Vaccine Education Center at the Children's Hospital of Philadelphia; Dr. Anne Schuchat, CDC National Immunization Program; Dr. Stephen Rinderknecht, Unity Point Health System; Dr. Gregory A. Poland, Vaccine Research Group at the Mayo Clinic in Rochester, Minnesota; Caroline Poland, Taylor University Counseling Center; and Dr. Tom Evans, Iowa Healthcare Collaborative.

Thank you to everyone who attended the 2013 Iowa Immunization Conference!

ACIP Tdap Recommendation

At the June meeting of the Advisory Committee on Immunization Practices (ACIP), the pertussis workgroup presented their recommendation that subsequent doses of tetanus-toxoid containing vaccine given after receipt of a one-time Tdap dose, recommended for people at age 11-12 years, should be Td. However, this does not negate the recommendation that a Tdap vaccine should be administered during each pregnancy to women between gestational weeks 27-36 in order to confer pertussis immunity to the fetus prior to birth. Infants under the age of 1 year are at greatest risk of hospitalization or death from pertussis. No pertussis-containing vaccine is licensed for use prior to age 6 weeks.

IRIS Update

IRIS Data Quality Issues

IRIS staff continuously looks for data quality issues to ensure the integrity of data stored in IRIS. Below are some of the most frequently occurring areas for improvement.

Problem	Solution
Duplicate inventory items	When adding new inventory to IRIS, be sure to check for an existing lot number first. If the same lot number already exists, the lot can be modified to add the new quantity. Doing so will prevent multiple entries of the same lot number to appear in the inventory list.
Capitalization of inventory items	When adding new inventory to IRIS, be sure to enter the lot number exactly as it appears on the vaccine packaging, in capital letters. Adding lot numbers in lower case will create multiple entries of the same lot number. The best practice is to modify an existing capitalized lot number.
Patient name changes	Patient records in IRIS have been modified, possibly incorrectly, by changing a patient name or date of birth. IRIS staff are looking into these and may be contacting users to verify the correct information. Please exercise extreme caution to ensure patient records are not updated erroneously. If a user has questions on how to correct a patient's name or date of birth, please contact the IRIS Help Desk at 1-800-374-3958.
Inappropriate use of the Patient Notes field	Be aware the Patient Notes field is not editable, and text cannot be deleted once saved. Information in this field is viewable by all users. This field should not contain confidential patient information. If you have questions about the use of the Patient Notes field, please contact the IRIS Help Desk at 1-800-374-3958.
Duplicate user accounts	When a user's account is disabled due to multiple incorrect login attempts, either the Admin User or the IRIS Help Desk will need to reactivate the account. Creating a new user account for an existing user should not be the standard practice. Staff who float between multiple facilities must be added to each organization by the IRIS Help Desk staff, rather than by the organization's Admin User. Please contact the IRIS Help Desk at 1-800-374-3958 for questions or problems with float staff accounts or locked accounts.

VFC Highlights

New Return Instructions for Nonviable Vaccines

Vaccine received through the Iowa Vaccines for Children (VFC) Program that is nonviable (expired or spoiled) must be returned to McKesson Specialty Distribution. Return of nonviable vaccine is necessary for the Iowa VFC Program to receive federal excise tax credit. To return nonviable vaccines follow the steps below.

Return Instructions:

1. Complete the **Nonviable Vaccine Return Form** found on the VFC web page at: <http://www.idph.state.ia.us/ImmTB/Immunization.aspx?prog=Imm&pg=Vfc>. Be sure to state the reason the vaccine is nonviable and document if the vaccines were transferred to the organization from another Iowa VFC provider by listing the original clinic name and VFC PIN.
2. To avoid unintentional use remove the vaccine from the refrigerator/freezer and write "Nonviable Vaccine" on the box.
3. When the form is completed: a) make a copy for your records, b) fax a copy to the Iowa VFC Program at 1-800-831-6292, and c) include the original copy of the form when returning the vaccine to McKesson Specialty Distribution.
4. A UPS postage paid return label will be mailed to the clinic once this form is received by the Iowa VFC Program. It will take approximately two weeks to receive the label which will come in a plain white envelope with no cover letter. If you do not typically receive UPS deliveries contact the VFC Program for an alternate pick up process. Expired and spoiled vaccine must be returned to McKesson within 6 months of vaccine expiration date. Open vials of vaccine are not returnable but must still be documented on the Nonviable Vaccine Return form.
5. Pack the vaccine to protect it from breakage. Cold packs are not necessary as nonviable doses will never be administered. Only vaccine that is listed on the Nonviable Vaccine Return Form should be sent back to McKesson, do not add additional vaccines in the box once the form is submitted.
6. Adjust vaccine inventory in IRIS consistent with the reason codes. Detailed IRIS instructions are provided on pages 10-11 of the **Iowa Training-Standard User Handout** found on the IRIS webpage at **Bureau of Immunization & TB - Immunization Program Home Page**.

Question Corner

Q. What proof of immunization is required for enrollment in Iowa schools?

- A. After immunizations are given, the parent/guardian should be given an updated immunization certificate. In order to attend school or licensed child care, the child will need an Iowa Department of Public Health —Certificate of Immunization, Provisional Certificate of Immunization or Certificate of Immunization Exemption. A brief explanation of each certificate is included below. If your clinic uses the Immunization Registry Information System, IRIS, you can generate copies of the Certificate of Immunization or Provisional Certificate of Immunization directly from IRIS.
- **Certificate of Immunization** - Issued when applicant has a record of age-appropriate immunizations that meet the requirement for licensed child care or school enrollment.
 - **Provisional Certificate of Immunization** - Issued when the applicant has received at least one dose of each of the required vaccines but has not completed all the required immunizations or is a transfer student from another U.S. school system.
 - **Certificate of Immunization Exemption** - Iowa law allows for medical and religious exemption to immunization.

Q: I am a new school nurse; can you please explain the new Tdap requirement?

- A: For the 2013-14 school year, only students entering grades 7 and above, who were born on or after September 15, 2000, will be required to have the Tdap vaccine. If a student is entering 8th through 12th grades, they were generally born prior to September 15, 2000, therefore would not need proof of receipt of the Tdap dose of vaccine. Likewise, if a student entering 7th grade in 2013-2014 school year was born before September 15, 2000, s/he will not be required to have a dose of Tdap vaccine.

Q: If a student already has a valid Medical or Religious Certificate of Immunization Exemption on file, will s/he need an updated certificate of exemption form filled out for the 7th grade Tdap vaccine requirement?

- A: If a Certificate of Medical Exemption is for a specific vaccine(s), not including diphtheria, tetanus and pertussis, than yes, s/he would need a new Certificate of Medical Exemption form filled out to include those antigens. If a medical exemption form has no specific vaccines listed, then it is a valid Certificate of Immunization Exemption for all vaccines and remains valid for the student's entire enrollment period in an Iowa licensed child care, elementary and secondary school. A Certificate of Religious Exemption that is already completed is valid for all vaccines including the new requirement for Tdap vaccine.

Tdap Resources

The Immunization Program has developed a variety of resource materials regarding the new requirement which are available on the Program's webpage [here](#). In addition, the Certificate of Immunization (requirements table on the second page) has been updated to include the new requirement. The updated Certificate of Immunization is available on the Immunization Program webpage by completing the Immunization Program literature order form at www.idph.state.ia.us/ImmTB/Products.aspx?prog=Imm&pg+Products. Previous versions of the Certificate of Immunization remain valid and student records do not need to be updated to the current version of the certificate. Health care providers may continue to use existing supplies of the Certificate of Immunization and then reorder the new certificate once supplies are depleted.

Resources

Iowa Department of Public Health, Immunization Bureau Email Lists

The Iowa Immunization Program has several email lists serves available to help health care providers receive important and timely immunization related information. Providers can send a blank email to the addresses below to receive updates directly in their inbox!

- VFC List: join-VFC@lists.ia.gov
- Immunization Program List: join-IMMUNIZATION@lists.ia.gov
- IRIS List: join-IRISUSERS@lists.ia.gov

Brochures and Print Materials

The Immunization Program offers educational materials for parents and health care providers. Materials include brochures, school/child care audit forms, IRIS postcards, temperature logs, posters and VFC program forms. Educational materials can be printed or ordered free of charge from the [Immunization Program](#) webpage.

VIS Dates

Sign up for automatic email updates at <http://www.cdc.gov/vaccines/hcp/vis/index.html>. Register under “Get Email Updates” section.

Current Dates of Vaccine Information Statements (VISs) as of July 26, 2013

Check your supply of VISs against this list. If you have out-dated VISs, get current versions at www.immunize.org/vis

Adenovirus.....	7/14/11	Meningococcal.....	10/14/11
Anthrax.....	3/10/10	Multi-vaccine.....	11/16/12
Chickenpox.....	3/13/08	PCV13.....	2/27/13
DTaP.....	5/17/07	PPSV.....	10/6/09
Hib.....	12/16/98	Polio.....	11/8/11
Hepatitis A.....	10/25/11	Rabies.....	10/6/09
Hepatitis B.....	2/2/12	Rotavirus.....	12/6/10
HPV-Cervarix.....	5/3/11	Shingles.....	10/6/09
HPV-Gardasil.....	5/17/13	Td/Tdap (use for Td) ...	1/24/12
Influenza.....	7/26/13	Tdap (use for Tdap).....	5/9/13
Japanese enceph...	12/7/11	Typhoid.....	5/29/12
MMR.....	4/20/12	Yellow fever.....	3/30/11
MMRV.....	5/21/10		

IMMUNIZATION REQUIREMENTS

Applicants enrolled or attempting to enroll shall have received the following vaccines in accordance with the doses and age requirements listed below. If, at any time, the age of the child is between the listed ages, the child must have received the number of doses in the "Total Doses Required" column.

Institution	Age	Vaccine	Total Doses Required
Licensed Child Care Center	Less than 4 months of age	This is not a recommended administration schedule, but contains the minimum requirements for participation in licensed child care. Routine vaccination begins at 2 months of age.	
	4 months through 5 months of age	Diphtheria/Tetanus/Pertussis	1 dose
		Polio	1 dose
		<i>haemophilus influenzae</i> type B	1 dose
		Pneumococcal	1 dose
	6 months through 11 months of age	Diphtheria/Tetanus/Pertussis	2 doses
		Polio	2 doses
		<i>haemophilus influenzae</i> type B	2 doses
		Pneumococcal	2 doses
	12 months through 18 months of age	Diphtheria/Tetanus/Pertussis	3 doses
		Polio	2 doses
		<i>haemophilus influenzae</i> type B	2 doses; or 1 dose received when the applicant is 15 months of age or older.
		Pneumococcal	3 doses if the applicant received 1 or 2 doses before 12 months of age; or 2 doses if the applicant has not received any previous doses or has received 1 dose on or after 12 months of age.
	19 months through 23 months of age	Diphtheria/Tetanus/Pertussis	4 doses
		Polio	3 doses
		<i>haemophilus influenzae</i> type B	3 doses, with the final dose in the series received on or after 12 months of age, or 1 dose received when the applicant is 15 months of age or older.
		Pneumococcal	4 doses; or 3 doses if the applicant received 1 or 2 doses before 12 months of age; or 2 doses if the applicant has not received any previous doses or has received 1 dose on or after 12 months of age.
		Measles/Rubella ¹	1 dose of measles/rubella-containing vaccine received on or after 12 months of age; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
		Varicella	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, unless the applicant has had a reliable history of natural disease.
	24 months and older	Diphtheria/Tetanus/Pertussis	4 doses
Polio		3 doses	
<i>haemophilus influenzae</i> type B		3 doses, with the final dose in the series received on or after 12 months of age; or 1 dose received when the applicant is 15 months of age or older. Hib vaccine is not indicated for persons 60 months of age or older.	
Pneumococcal		4 doses if the applicant received 3 doses before 12 months of age; or 3 doses if the applicant received 2 doses before 12 months of age; or 2 doses if the applicant received 1 dose before 12 months of age or received 1 dose between 12 and 23 months of age; or 1 dose if no doses had been received prior to 24 months of age. Pneumococcal vaccine is not indicated for persons 60 months of age or older.	
Measles/Rubella ¹		1 dose of measles/rubella-containing vaccine received on or after 12 months of age; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.	
Varicella		1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, unless the applicant has had a reliable history of natural disease.	
Elementary or Secondary School (K-12)	4 years of age and older	Diphtheria/Tetanus/Pertussis ^{4, 5}	3 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born on or before September 15, 2000 ² ; or 4 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born after September 15, 2000, but before September 15, 2003 ² ; or 5 doses with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born on or after September 15, 2003 ^{2, 3} ; and 1 time dose of tetanus/ diphtheria/acellular pertussis-containing vaccine (Tdap) for applicants in grades 7 and above, if born on or after September 15, 2000; regardless of the interval since the last tetanus/diphtheria containing vaccine.
		Polio ⁷	3 doses, with at least 1 dose received on or after 4 years of age if the applicant was born on or before September 15, 2003; or 4 doses, with at least 1 dose received on or after 4 years of age if the applicant was born after September 15, 2003. ⁶
		Measles/Rubella ¹	2 doses of measles/rubella-containing vaccine; the first dose shall have been received on or after 12 months of age; the second dose shall have been received no less than 28 days after the first dose; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
		Hepatitis B	3 doses if the applicant was born on or after July 1, 1994.
		Varicella	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, but born before September 15, 2003, unless the applicant has had a reliable history of natural disease; or 2 doses received on or after 12 months of age if the applicant was born on or after September 15, 2003, unless the applicant has a reliable history of natural disease. ⁸

¹ Mumps vaccine may be included in measles/rubella-containing vaccine.

² DTaP is not indicated for persons 7 years of age or older, therefore, a tetanus-and diphtheria-containing vaccine should be used.

³ The 5th dose of DTaP is not necessary if the 4th dose was administered on or after 4 years of age.

⁴ Applicants 7 through 18 years of age who received their 1st dose of diphtheria/tetanus/pertussis-containing vaccine before 12 months of age should receive a total of 4 doses, with one of those doses administered on or after 4 years of age.

⁵ Applicants 7 through 18 years of age who received their 1st dose of diphtheria/tetanus/pertussis-containing vaccine at 12 months of age or older should receive a total of 3 doses, with one of those doses administered on or after 4 years of age.

⁶ If an applicant received an all-inactivated poliovirus (IPV) or all-oral poliovirus (OPV) series, a 4th dose is not necessary if the 3rd dose was administered on or after 4 years of age.

⁷ If both OPV and IPV were administered as part of the series, a total of 4 doses are required, regardless of the applicant's current age.

⁸ Administer 2 doses of varicella vaccine, at least 3 months apart, to applicants less than 13 years of age. Do not repeat the 2nd dose if administered 28 days or greater from the 1st dose. Administer 2 doses of varicella vaccine to applicants 13 years of age or older at least 4 weeks apart. The minimum interval between the 1st and 2nd dose of varicella for an applicant 13 years of age or older is 28 days.