



# IMMUNIZATION NEWSLETTER

FALL 2008

## NEW INFLUENZA RECOMMENDATIONS

The Advisory Committee on Immunization Practices (ACIP) released its 2008-09 influenza recommendations on August 8th. Key updates and changes include:

- Annual vaccination be administered to all children ages 6 months to 18 years beginning in the 2008-09 influenza season, if feasible, but no later than the 2009-10 season.
- Annual vaccination of all children ages 6 months through 4 years (59 months) continues to be a primary focus of vaccination efforts because these children are at higher risk for influenza complications than older children.
- Either trivalent inactivated influenza vaccine (TIV) or live, attenuated influenza vaccine (LAIV) be used when vaccinating healthy persons ages 2 through 49 years (The previous recommendation was to administer LAIV to persons ages 5-49 years).
- Vaccines containing the 2008-09 trivalent vaccine virus strains A/Brisbane/59/2007 (H1N1)-like, A/Brisbane/10/2007 (H3N2)-like, and B/Florida/4/2006-like antigens should be used.

The full text of the ACIP recommendations is available at [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5707a1.htm?s\\_cid=rr5707a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5707a1.htm?s_cid=rr5707a1_e).

## NEW FDA LICENSED VACCINES



Three new vaccines recently were approved by the U.S. Food and Drug Administration (FDA).

Pentacel<sup>®</sup>, which is a vaccine containing five-antigens, DTaP-IPV-Hib is made by sanofi pasteur. The DTaP-IPV component is used to reconstitute ActHib<sup>®</sup> to create Pentacel<sup>®</sup>.

Pentacel<sup>®</sup> is FDA approved for administration to infants and children ages 6 weeks through 4 years (prior to fifth birthday) in a four-dose series at 2, 4, 6 and 15 to 18 months of age. Due to the Hib shortage, the booster dose at 15 to 18 months of age still will be deferred until further notice.

Kinrix<sup>®</sup>, a DTaP-IPV vaccine produced by GlaxoSmithKline, is intended for use as the fifth dose in the DTaP vaccine series and the

fourth dose of IPV in children ages 4 to 6.

Rotarix<sup>®</sup>, an oral rotavirus vaccine consisting of two doses manufactured by GlaxoSmithKline, is approved for administration to infants at 2 and 4 months of age. These two doses complete the series.

Pentacel<sup>®</sup> and Kinrix<sup>®</sup> are currently available for order through the North Dakota Vaccines for Children (VFC) program. The decision on whether or not to include the new vaccines in the VFC program was made by the Immunization Advisory Committee on Aug. 21, 2008.

Pentacel<sup>®</sup>, Rotarix<sup>®</sup>, and Kinrix<sup>®</sup> all are currently available for private purchase.

The *Immunization Newsletter* can be viewed on the NDDoH Immunization website. Visit [www.ndhealth.gov/immunize](http://www.ndhealth.gov/immunize) and click on the "Newsletter" tab to read current and past issues.

## NEW NDIIS FUNCTION TO BORROW/RETURN VACCINES

As of July 10, 2008, the North Dakota Immunization Information System (NDIIS) is capable of borrowing and returning vaccines between private and state stock. In addition, reports are available to show this transfer. Vaccines need to be borrowed/returned in NDIIS to ensure an accurate inventory.

This transfer is necessary when the wrong vaccine is inadvertently administered (i.e., Vaccines for Children (VFC) vaccine mistakenly given to a privately insured child) or vice versa. Vaccines should not be readily borrowed from state stock unless it is an emergency situation (i.e., vaccine shortages, outbreaks, etc). To minimize the need for borrowing vaccine, inventory should be clearly marked as private stock or VFC vaccine, doses on hand should be monitored closely to ensure proper ordering and enough vaccine inventory should be kept on hand to immunize provider's clients.

## NEW VACCINE SAFETY WEBSITE

Every Child By Two (ECBT) has launched a Vaccinate Your Baby website, found at [www.vaccinateyourbaby.org](http://www.vaccinateyourbaby.org), to address vaccine information and urge parents to have their children vaccinated. The website features campaign spokesperson and new mother actress Amanda Peet as well as video PSAs that will be running nationally, and links to the latest research and studies about vaccines. ECBT encourages everyone to spread the word about the importance of vaccines by linking to the website.

Amanda Peet has recently gained media attention for speaking out against celebrities with increasing media coverage providing anti-vaccine messages.



Step-by-step instructions about how to use the NDIIS for borrowing/returning vaccine between private and state inventories are available online at [www.ndhealth.gov/Immunize/Documents/Providers/Forms/BorrowReturnInstructions.pdf](http://www.ndhealth.gov/Immunize/Documents/Providers/Forms/BorrowReturnInstructions.pdf).

Please note that the NDDoH will no longer be completing this procedure for providers.

Web-X trainings also are available to go over the new functionality of NDIIS. If you are interested, please contact THOR support at 800.544.8467 to set up a session.

Please contact the NDDoH Immunization Program with any questions or concerns.

## HIB BOOSTER DOSE STILL DEFERRED

Please continue to defer the booster dose of Haemophilus Influenzae B (Hib) for all children who are not considered high risk or are not American Indian or Alaskan Native. Children considered to be medically at high risk for Hib are those with:

- Asplenia.
- Sickle cell disease.
- Human immunodeficiency virus infection and certain other immunodeficiency syndromes.
- Malignant neoplasms.

The booster dose is considered the third dose when the primary series was PedvaxHIB® (regular schedule at two and four months) or the fourth dose, if ActHIB® was used (routinely given at two, four and six months) following the recommended immunization schedule. Also, continue keeping track of children whose booster doses have been deferred, in order to bring these children back in to complete their Hib vaccinations when the shortage is over.

## HPV VACCINE FOR UNINSURED OR UNDERINSURED FEMALES AGES 19 TO 26

The NDDoH is offering HPV vaccine to all providers for administration to uninsured and underinsured (privately insured, but insurance does not cover HPV vaccine) North Dakota females ages 19 through 26. HPV vaccine for uninsured and underinsured adult females has been available for order from the NDDoH since Aug. 1, 2008. State-supplied HPV vaccine also may be given to females ages 22 through 26 with North Dakota Medicaid. North Dakota Medicaid covers HPV vaccine for females ages 19 through 21, so private vaccine must be used for them. Out-of-state residents who are attending North Dakota colleges are eligible for this program.

This HPV campaign is an effort to protect females against cervical cancer and genital warts. The ACIP recommends routine vaccination of females ages 11 and 12. The ACIP also recommends catch-up vaccination of all females ages 13 through 26. The vaccine can be given to females as young as 9 if necessary. HPV vaccine should be

administered in a three-dose schedule. The second and third doses are recommended to be given two and six months after the first dose. The minimum interval is four weeks between the first and second doses and 12 weeks between the second and third doses. The third dose must be given at a minimum of 24 weeks after the first dose.

The NDDoH already offers HPV vaccine through the VFC program for females ages 9 through 18 who are either American Indian, Medicaid-eligible, uninsured or underinsured. When using state-supplied HPV vaccine, the maximum administration fee that can be charged is \$13.90. People receiving state-supplied vaccine should not be billed for the cost of the vaccine. The doses must be entered into the NDIIS.

## TDAP VACCINE FOR NEW PARENTS/ GUARDIANS AND CHILD-CARE PROVIDERS

The NDDoH is offering Tdap vaccine to providers for administration to new parents/guardians, child-care providers and soon-to-be fathers. Tdap vaccine for adults has been available for order from the NDDoH since July 15, 2008. The state-supplied Tdap vaccine may be given to all (including those with health insurance) parents/guardians of infants younger than 12 months, child-care providers and soon-to-be fathers.

This Tdap campaign is an effort to protect young infants from pertussis. Infants younger than 12 months are at highest risk for pertussis-related complications and hospitalizations compared with older age groups. Young infants have the highest risk for death. Vaccinating adult contacts may reduce the risk for transmitting pertussis to these infants.

The ACIP recommends that adults who have or who anticipate having close contact with an infant younger than 12 months should receive a single dose of Tdap. An interval as short as two years since the most recent tetanus toxoid-containing vaccine is suggested; shorter intervals can be

used. Ideally, Tdap should be administered at least two weeks before beginning close contact with the infant. Women should receive a dose of Tdap in the immediate postpartum period if they have not previously received Tdap.

The NDDoH recommends, if possible:

- Hospitals vaccinate parents/guardians before the infant is discharged.
- Family practice physicians and pediatricians vaccinate parents/guardians at the time of the infants' first well child visit.
- Local public health units vaccinate parents/guardians at WIC visits and early immunization visits.

The Tdap vaccine offered through this program is Adacel®, which is licensed for ages 11 to 64. Providers also may now order Adacel® or Boostrix® (approved for ages 10 to 18) for administration to VFC eligible children.



## NEWLY PUBLISHED

Dr. Paul Offit, a leading vaccine expert, recently published a book titled “*Autism's False Prophets: Bad Science, Risky Medicine, and the Search for a Cure.*” As Dr. Offit explains, the false information being generated about vaccines is leading fearful parents to opt out of vaccinating their children entirely, putting their children at an even greater risk for preventable - and potentially deadly - diseases. The book is available at all major bookstores or online at [www.paul-offit-book.com/](http://www.paul-offit-book.com/).

### FOR SCHOOLS ONLY:

School Immunization Surveys are due by December 5, 2008. You can access the School Immunization Survey at [www.ndhealth.gov/immunize/schools/survey.aspx](http://www.ndhealth.gov/immunize/schools/survey.aspx).



## PENTACEL LOT NUMBER

An MMWR was recently published stating that health-care providers should be recording both lot numbers from administering pentacel.

Pentacel vaccine currently has two lot numbers, one being on the vaccine box which also matches the ActHib portion of the vaccine. The second lot number is listed on the DTaP-IPV vial. Many states are struggling with the ramifications of altering their computerized immunization registries and electronic medical records to allow two lot numbers to be entered for one vaccine.

Right now North Dakota is recommending entering only the

Pentacel lot number and when more is known about altering electronic systems to allow more than one lot number per vaccine the issue will be revisited. For more information on this issue please visit <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5739a5.htm>

Pentacel comes with liquid DTaP-IPV and powdered Hib and you must mix the two to make the vaccine. The liquid **cannot** be used separately.

## CURRENT VIS DATES

Chickenpox	03/13/2008	Multiple Vaccine	01/30/2008
DTaP/DT/DTP	05/17/2007	PCV7	09/30/2002
Hepatitis A	03/21/2006	PPV23	07/29/1997
Hepatitis B	07/18/2007	Polio	01/01/2000
Hib	02/02/2007	Rabies	01/12/2006
HPV	07/24/2008	Rotavirus	08/28/2008
Influenza, Live Intranasal	07/24/2008	Shingles	09/11/2006
Influenza, Inactivated	07/24/2008	Td	06/10/1994
Japanese Encephalitis	05/11/2005	Tdap	07/12/2006
Meningococcal	01/28/2008	Typhoid	05/19/2004
MMR	03/13/2008	Yellow Fever	11/09/2004

## UPDATE ON RABIES VACCINE SHORTAGE

There are two suppliers of human rabies vaccine in the United States – Novartis (RabAvert) and Sanofi pasteur (IMOVAX). Because of limited supply, suppliers were temporarily only providing vaccine for post-exposure prophylaxis (PEP).

However, as of October 22, 2008, Novartis is able to supply RabAvert vaccine for pre-exposure prophylaxis for individuals at highest risk for rabies exposure. Rabies lab workers, veterinarians, veterinary staff, animal control personnel and wildlife workers are groups which are at highest risk. Sanofi (IMOVAX) vaccine is currently not available for pre-exposure prophylaxis.

Vaccine for PEP is available through both suppliers. Novartis is supplying RabAvert vaccine for post-exposure prophylaxis without supply restrictions. As a result, a password and

public health approval is not required to order this vaccine. To obtain Sanofi pastuer IMOVAX vaccine, providers must first consult with the North Dakota Department of Health Division of Disease Control to assess rabies exposure. Once it is determined that PEP is required, a pass code will be provided to place an order.

Until vaccine supply levels are restored, providers are encouraged to continue to consult with local or state public health departments to ensure appropriate use of PEP.

Additional information along with the most recent updates can be found on the CDC's website at [www.cdc.gov/rabies/news/RabVaxupdate.html](http://www.cdc.gov/rabies/news/RabVaxupdate.html).

## HEALTH-CARE WORKERS- GET YOUR FLU SHOT!

Health-care worker (HCW) influenza vaccination rates are extremely low in the U.S. HCWs who do not get vaccinated put their patients, coworkers, families and others at risk. When HCWs become ill from influenza, the virus can be transmitted to patients, causing serious, even life-threatening complications. HCW illness also leads to increased absenteeism.

This year, make sure you get your flu shot to protect yourself, your patients, your coworkers and your family.

### Flu Clinic Information Wanted

The American Lung Association is offering a Flu Clinic Locator on its website to help the public find local influenza clinics. They are asking providers to e-mail their flu clinic information. Please send your flu clinic days, times and locations to Judy at [jmourhess@lungnd.org](mailto:jmourhess@lungnd.org).

Visit the American Lung Association website at [www.lungnd.org](http://www.lungnd.org) or the NDDoH Influenza website at [www.ndflu.com/FluClinic.aspx](http://www.ndflu.com/FluClinic.aspx) to find a clinic near you.



## FLUMIST<sup>®</sup> REPLACEMENT PROGRAM

During the 2008-2009 influenza season, MedImmune will be offering replacement of all unused, expiring FluMist doses at no cost. This program applies to doses that expire on or before January 30, 2009.

Instructions were sent out with the influenza memo on September 5, 2008. If you have any questions about this program, please contact the NDDoH Immunization Program at 701.328.3386 or toll-free at 800.472.2180.

Watch out  
for short  
FluMist<sup>®</sup>  
expiration  
dates!!

## NATIONAL INFLUENZA VACCINATION WEEK

The third annual National Influenza Vaccination Week will be held this year from Dec. 8-14, 2008. The purpose of this week is to encourage influenza vaccination after Thanksgiving and into the winter months.

Each year, more than 20,000 children are hospitalized as a result of influenza. This week will help raise awareness about the value of vaccinating children, especially high-risk children, and their close contacts.

More information will be made available to providers when plans for this week are finalized. In addition to the kick-off, public service announcements will air on TV and radio during November and December.

For more information about NIVW, visit [www.cdc.gov/flu/nivw.htm](http://www.cdc.gov/flu/nivw.htm).

## FAMILIES FIGHTING FLU

Families Fighting Flu (FFF), the non-profit organization made up of families and health care practitioners, is dedicated to educating people about the severity of influenza and the importance of vaccinating children against the flu every year.

Each family involved has experienced first-hand the death of a child due to the flu or has had a child experience severe medical complications from the flu.

The organization's website can be found at: [www.familiesfightingflu.org/](http://www.familiesfightingflu.org/). The site offers educational materials along with testimonials as to the importance of influenza vaccination.



## NEW ELECTRONIC CATCH-UP SCHEDULER AVAILABLE FROM THE CDC

The U.S. Centers for Disease Control and Prevention (CDC) has developed a computer program to allow health-care providers to enter basic demographic information and any previous vaccinations and receive a projected schedule to catch a client up with recommended vaccinations. The scheduler is only to be used for children younger than six.

The electronic schedule does have its shortcomings and this should always be considered whenever using alternative methods of scheduling vaccines. The program lists vaccines separately by single antigen so the provider will still have to look up requirements for using combination vaccines (i.e., Pediarix is only approved for

the primary series). The project also is a federally developed program so some recommendations may not meet North Dakota specific recommendations. This tool may be a helpful double-check to a complicated schedule, but should never be used without consulting approved immunization materials.

The program requires the user to download the program to their computer and internet access also is required to view the immunization schedule for the patient.

If you have any questions about a client who is behind schedule on immunizations, please contact the NDDoH Immunization program at 701.328.3386 or toll-free at 1.800.472.2180.



## 2008-2009 STATE-SUPPLIED INFLUENZA VACCINE

The NDDoH Immunization Program is supplying influenza vaccine for the 2008-2009 season to providers for use in only those children who are **Vaccines For Children (VFC) eligible**.

Providers were asked to pre-book state-supplied influenza vaccine in March. Providers can expect to receive the full amount of influenza vaccine that was pre-booked in March. Providers must use private influenza vaccine to vaccinate insured children.

State-supplied influenza vaccine will be distributed by McKesson. Influenza vaccine will be distributed in multiple shipments.

According to North Dakota Century Code 23-01-05.3, all childhood immunizations must be entered into the NDIIS. This law includes influenza vaccine.

### Important reminders about influenza vaccination:

- All three strains in this season's influenza vaccine are different from last season's. The 2008-2009 trivalent vaccine virus strains are A/Brisbane/59/2007 (H1N1)-like, A/Brisbane/10/2007 (H3N2)-like and B/Florida/4/2006-like antigens.
- Live attenuated influenza vaccine (LAIV, Flumist®) can be used when vaccinating healthy people ages 2-49 years. LAIV should not be administered to children younger than five years with possible reactive airways disease, such as those who have had recurrent wheezing or a recent wheezing episode.
- Trivalent inactivated influenza vaccine (TIV) can be used to vaccinate people ages 6 months and older. Children with possible reactive airways disease, people at higher risk for influenza complications because of underlying medical conditions, children ages 6-23 months and people older than 49 years should receive TIV.
- Children ages 6 months-8 years should receive two doses of influenza vaccine if they have not been previously vaccinated at any time with either LAIV or TIV. Two doses are required for protection in these children.
- Children ages 6 months-8 years who received only one dose in their first year of vaccination should receive two doses the following year.
- The minimum interval between doses of either LAIV or TIV is four weeks.
- Starting with the 2008-2009 influenza season, all children ages 6 months-18 years should be vaccinated. The ACIP recommended vaccination of all children because of evidence that influenza vaccine is effective and safe for school-aged children, increased evidence that influenza has substantial adverse impacts among school-aged children and their contacts (e.g., school absenteeism, increased antibiotic use, medical care visits and parental work loss) and an expectation that a simplified age-based influenza vaccine recommendation for all school-age children and adolescents will improve vaccine coverage levels among the approximately 50 percent of school-aged children who were already recommended for annual influenza vaccination.

The following people are considered at high-risk for influenza:

- All children ages 6 months-4 years (59 months)
- All people ages 50 and older
- Children and adolescents (ages 6 months-18 years) who are receiving long-term aspirin therapy and who might be at risk for experiencing Reye syndrome after influenza virus infection
- Women who will be pregnant during the influenza season
- Adults and children who have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological or metabolic disorders (including diabetes mellitus)
- Adults and children who have immunosuppression (including immunosuppression caused by medications or by HIV)
- Adults and children who have any condition (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders or other neuromuscular disorders) that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk for aspiration
- Residents of nursing homes and other chronic-care facilities

## INFLUENZA VACCINE CONT.

The following people also should be vaccinated as they are in close contact with people at high-risk for complications due to influenza:

- Health-care personnel
- Healthy household contacts (including children) and caregivers of children younger than 5 years and adults 50 and older
- Healthy household contacts (including children) and caregivers of people with medical conditions that put them at higher risk for severe complications from influenza

For more information about influenza vaccination visit: [www.cdc.gov/mmwr/preview/mmwrhtml/rr5707a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5707a1.htm).

Please contact the NDDoH Immunization Program with any questions or concerns at 701.328.3386 or toll-free at 800.472.2180.



Vaccine	Age Groups	Dosage
Fluzone® (Sanofi Pasteur) Preservative Free 0.25 mL pre-filled syringes	6-35 months	0.25 mL
Fluzone® (sanofi Pasteur) Multi-dose vials	6-35 months 36 months-18 years	0.25 mL 0.5 mL
Fluzone® (sanofi pasteur) Preservative free 0.5 mL vial and prefilled syringe	36 months-18 years	0.5 mL
Fluvirin® (Novartis) Multi-dose vials	4-18 years	0.5 mL
FluMist® (MedImmune) Preservative Free 0.2 mL Sprayer	24 months-18 years	0.2 mL (0.1 mL per nostril)

State-supplied influenza vaccine may be administered to any child ages 6 months – 18 years who is VFC-eligible.

## CIPROFLOXACIN-RESISTANT *NEISSERIA MENINGITIDIS* IN NORTH DAKOTA; FIRST EVER REPORTED IN THE UNITED STATES

Three cases of cipro-resistant group B meningococcal disease have occurred in eastern North Dakota and western Minnesota. The first case occurred in a Cass County resident in January 2007. The next two cases occurred in western Minnesota residents in January 2008. The NDDoH and the Minnesota Department of Health (MDH) conducted epidemiological investigations on all three cases but were unable to identify any links among them. Laboratory testing showed that all three cases had identical pulsed field gel electrophoresis (PFGE) patterns. No secondary cases occurred from any of the cipro-resistant cases.

Based on the three cases identified in eastern North Dakota and western Minnesota, both state health departments are recommending that ciprofloxacin not be used for chemoprophylaxis of close contacts to meningococcal cases in the following counties:

- Minnesota: Norman, Mahnomen, Clay, Becker, Wilkin, Otter Tail, Traverse, Grant, Douglas, Stevens, Pope, Kittson, Roseau, Lake of the Woods, Marshall, Pennington, Red Lake, Polk, Clearwater, Beltrami, Hubbard
- North Dakota: Barnes, Cass, Cavalier, Grand Forks, Nelson, Pembina, Ramsey, Ransom, Richland, Sargent, Steele, Traill, and Walsh

Other agents are available for chemoprophylaxis. Please see the following table for more information about chemoprophylaxis: [www.ndhealth.gov/Immunize/Documents/Disease/Chemoprophylaxis\\_of\\_Meningococcal.pdf](http://www.ndhealth.gov/Immunize/Documents/Disease/Chemoprophylaxis_of_Meningococcal.pdf).

In addition to these new recommendations, the Department of Health reminds clinicians that:

- Cases of invasive meningococcal disease should be reported immediately to the Department of Health.
- Isolates from invasive disease should be submitted to the respective Department of Health Division of Laboratory Services. If cultures are not available, blood or CSF samples should be submitted.

Susceptibility testing of meningococcal isolates from

cases of invasive disease is conducted at the Minnesota Department of Health or the North Dakota Department of Health laboratories.

The first documented resistance to ciprofloxacin in *N. meningitidis* was reported in 1992 in Greece. Five reports of sporadic instances of decreased susceptibility to ciprofloxacin have occurred recently: serogroup B in France in 1999 and Spain in 2002; serogroup C in Australia in 1998; serogroup Y from Argentina in 2002; and serogroup A in India in 2005.

Meningococcal meningitis is spread by direct contact with respiratory droplets from the nose and mouth of infected people. The incubation period for meningococcal disease may range from one to 10 days, but usually occurs fewer than four days after exposure. Some people carry the bacteria in their nasal passages but do not get sick, yet they still can spread the bacteria to others. Prophylactic antibiotics will clear this carrier state. Meningococcal conjugate vaccine (Menactra®) is routinely recommended for adolescents ages 11 through 18 and others at high-risk, including college freshmen living in dormitories. The U.S. Food and Drug Administration recently approved the use of Menactra® in people as young as 2, so the vaccine is now licensed for people ages 2 through 55. The vaccine doesn't protect against group B meningococcal disease. Beginning with the 2008-2009 school year, meningococcal vaccine will be required for middle school entry into North Dakota schools.

For more information about meningococcal disease, vaccination or chemoprophylaxis, visit [www.cdc.gov/mmwr/preview/mmwrhtml/rr5407a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5407a1.htm).

For more information about cipro-resistant meningococcal disease, visit [www.cdc.gov/mmwr/preview/mmwrhtml/mm5707a2.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5707a2.htm).

## NORTH DAKOTA'S IMMUNIZATION RATES FALL BELOW U.S. NATIONAL AVERAGE

According to the 2007 National Immunization Survey (NIS), North Dakota has fallen below the national average for immunization rates for 2007.

The national average for the 4:3:1:3:3:1 in 2007 was  $77.4 \pm 1.1$  and North Dakota's 4:3:1:3:3:1 rate was  $77.2 \pm 5.7$ .

North Dakota's immunization rates for 2006 according to the NIS for the same series were  $80.1 \pm 5.2$  and the national average was  $76.9 \pm 1.0$ .

As public health professionals and providers, we need to work hard to improve this statistic and protect our children.



Local Public Health Unit's  
"Billing Process for  
Immunizations" manual is now  
located on our website at  
[www.ndhealth.gov/immunize/](http://www.ndhealth.gov/immunize/)  
under the "What's New"  
heading.

## PCV-7 UPDATED RECOMMENDATIONS

In October 2007, the ACIP approved the following revised recommendation for use of PCV7 in children ages 24 to 59 months.

- For all healthy children ages 24 to 59 months who have not completed any recommended schedule for PCV7, administer one dose of PCV7.
- For all children with underlying medical conditions ages 24 to 59 months who have received three doses, administer one dose of PCV7.
- For all children with underlying medical conditions ages 24 to 59 months who have received fewer than three doses, administer two doses of PCV7 at least eight weeks apart.

No changes were made to previously published recommendations regarding (1) the use of PCV7 in children ages 2 to 23 months, (2) the list of underlying medical or immunocompromising conditions, or (3) the use of 23-valent pneumococcal polysaccharide vaccine in children younger than 2 who have previously received PCV7.

The current catch-up immunization schedule reflects these changes and should be consulted when determining doses for children behind on their recommended immunizations.

## NEW 2008-2009 SCHOOL REQUIREMENTS

Effective with the 2008-2009 school year, children attending North Dakota schools must receive a second dose of varicella (chickenpox) vaccine before being admitted into kindergarten, or first grade if the student's school does not have a kindergarten. Each subsequent school year, the next higher grade will be included in the second dose varicella immunization requirement. Students transferring into North Dakota schools are added to the second dose varicella immunization cohort.

Also effective with the 2008-2009 school year, a student must receive meningococcal and tetanus, diphtheria and pertussis (Tdap) vaccine before being admitted into any middle school, sixth or seventh grade, depending

on the school. If the school contains all grades from kindergarten through grade 12, the new requirements are necessary for individuals entering the sixth grade. These new requirements are in addition to previously required immunizations.

A parent or guardian may sign a Certificate of Immunization indicating a history of disease for varicella (chickenpox) or moral, religious or philosophical exemption. A physician's signature is required for medical exemptions.

Please contact the North Dakota Department of Health (NDDoH) Immunization Program with any questions or concerns at 701.328.3386 or toll-free at 800.472.2180.



## 2007-2008 SCHOOL IMMUNIZATION RATES

The percentages shown here are from schools who self-reported immunization rates for their students via the NDDoH immunization website.

The survey showed that children entering kindergarten had the following rates:

Vaccine	Immunization Rate
Polio	92.7%
DTP/DTaP/DT	93.2%
MMR	92.5%
Hepatitis B	95.2%
Varicella*	93.1%

\*Includes immunity from vaccination or disease

The survey also showed that five kindergartners had vaccination exemptions due to medical reasons, 16 due to religious reasons, 43 due to philosophical reasons and 15 due to moral reasons.

The survey showed that adolescents in seventh grade had the following rates:

Vaccine	Immunization Rate
Polio	93.9%
DTP/DTaP/DT	93.8%
MMR	93.6%
Hepatitis B	88.3%**
Varicella*	45.34%**
Td/Tdap	30.0%**

\*Includes immunity from vaccination or disease

\*\*Not required for school entry for this age group

The survey also showed that eight seventh graders had vaccination exemptions due to medical reasons, eight due to religious reasons, 26 due to philosophical reasons, and five due to moral reasons.

## NEW HPV INTERVAL REQUIREMENTS

The minimum interval between doses of HPV vaccine have not changed, but the overall interval to complete the three dose series has. The original schedule showed a minimum interval of four weeks between doses one and two, which remains unchanged. The minimum interval between doses two and three is still 12 weeks; the only difference lies in the new minimum interval for the entire series. There must be at least 24 weeks between doses one and three in order to complete a valid series of three doses.

The corrected "Catch-up Schedule" may be found at [www.cdc.gov/vaccines/recs/schedules/child-schedule.htm#catchup](http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm#catchup).

If you have any questions concerning these new interval requirements, please call the North Dakota Department of Health Immunization Program at 800.472.2180.



**This means that the third dose must be administered no earlier than 24 weeks after the first dose. The minimum intervals between dose one and dose two, as well as between dose two and dose three, remain unchanged.**

## RETURNING NONVIABLE VACCINE AND EMPTY COOLERS

NDDoH has received communications from the U.S. Centers for Disease Control and Prevention (CDC) that will require a change in the way providers return empty coolers and expired/wasted vaccine to McKesson.

Effective immediately, providers should no longer directly contact UPS to pick up empty coolers or nonviable vaccine to be returned to McKesson. Providers who have empty coolers to return should contact McKesson at 877.822.7746, and McKesson will contact UPS to arrange for a pickup.

Providers who have expired or wasted vaccine to return to McKesson should contact the NDDoH, who will then contact McKesson, and a pickup will be scheduled. This process will help ensure that providers are not charged by UPS for pickup. The

exception to this rule would be if UPS happens to be at a provider's facility to deliver or pick up another package (vaccine or otherwise) and the carrier has room on the truck. It would then be permissible to send empty coolers or expired/wasted vaccine with them at that time without calling McKesson or NDDoH. Please remember that a Vaccine Return/Wastage form must always be filled out and included with the vaccine, as well as faxed to the NDDoH.

As a reminder, viable vaccine should not be returned to McKesson, and neither viable nor nonviable vaccine should be returned to the NDDoH.



## “BEST PRACTICES” TIPS AND POINTERS FROM OUR PREVENTION PARTNERSHIP PROVIDERS

- We provide parents with written notes when next immunizations are due. Medcenter One sent out flyers to employees and pediatric patients to remind them about upcoming immunizations and appointments. Another way to get parents and children in for their vaccinations is to use sports physicals to make sure they're up-to-date.

Q & R Family Practice, Bismarck

- A good strategy for reminders about immunizations is to use reminder postcards that are sent to parents or to place reminders in WIC folders. Health Tracks children also are checked for up-to-date vaccination records.

Sargent County District Health Unit

- All appointments can be used for immunizations, not just well checkups.

Innovis Health, Wahpeton

- It is important to maintain good chart prep prior to appointments. We also find it valuable to “brainstorm” with each other and verify what immunizations are necessary for each patient. A practice that makes immunizations more efficient in our center is to open a “shot room” where all patients receive their immunizations.

Altru Family Medicine Center, Grand Forks

- Staff compare the list of patients due for appointments to the list of clients who are delinquent on their vaccinations and include these notes in their chart. Our staff find immunization updates training helpful to stay on top of the changing immunization schedules and practices. Another important practice at our clinic is to ensure that VISs are handed out to every patient vaccinated. After-hours and weekend clinics that are advertised in newspapers, flyers and radio stations make our services available to our population. We also do reminder phone calls to keep our parents up-to-date about what is needed for their child's immunizations. Ambulatory care staff also hold after-hours clinics to address populations who may not be available during normal business hours. Our newborn mothers also receive CDC immunization schedules.

Quentin Burdick, Belcourt

We want to thank our providers for sharing their best practices with us and other providers. If you would like to submit your clinic's best practices, please submit them to Abbi Pierce at NDDoH by email: [apierce@nd.gov](mailto:apierce@nd.gov); fax: 701.328.2499; or mail: NDDoH, Division of Disease Control, 600 East Boulevard Ave, Dept. 301, Bismarck, ND 58505-0200.



## SHINGLES VACCINE Q&A

**Q: What are the recommendations for the shingles vaccine Zostavax®?**

A: A single dose of shingles vaccine is indicated for adults 60 and older.

**Q: Can people who report previous episodes of shingles (herpes zoster) receive the vaccine?**

A: Yes. Shingles vaccine is recommended for adults 60 and older regardless of prior herpes zoster episodes.

**Q: How is Zostavax® given?**

A: Zostavax® is a live vaccine that is given subcutaneously as a single dose, preferably in the upper arm.

**Q: How should the shingles vaccine be stored?**

A: Zostavax® should be stored in the freezer at -15° C (5°F) or colder. The diluent should be stored at room temperature or in the refrigerator.

Shingles vaccine should be administered within 30 minutes of reconstitution or it must be discarded.

Do not allow patients to pick up the vaccine at pharmacies and transport the dose themselves to the clinic to be administered. There is no guarantee that that vaccine was properly stored or handled, or how long it has been out of proper storage temperatures.

**Q: How well does the shingles vaccine work to prevent herpes zoster?**

A: In studies for Zostavax®, the vaccine was found to reduce the occurrence of shingles by 50 percent in people 60 and older.

**Q: What are the common side effects of the shingles vaccine?**

A: Common side effects of Zostavax® include redness, pain and tenderness, swelling at the site of injection, and headache.

**Q: Who should not receive the shingles vaccine?**

A: People who are allergic to neomycin or any component of the vaccine should not receive

Zostavax®. Immunocompromised people or pregnant women should not receive shingles vaccine. Children should not receive shingles vaccine as a substitute for varicella vaccine.

**Q: Is receiving a blood products a contraindication to the shingles vaccine?**

A: According to newly published ACIP recommendations, blood products are not considered a contraindication or precaution to receiving zoster vaccine. The same is not true for MMR or varicella, which can be affected by antibody in blood products, making vaccination deferral necessary.

**Q: Does Medicare Part D reimburse for the shingles vaccine?**

A: Yes. Zostavax® is eligible as a pharmacy benefit and may be reimbursed under one of two types of Medicare Part D Plans:

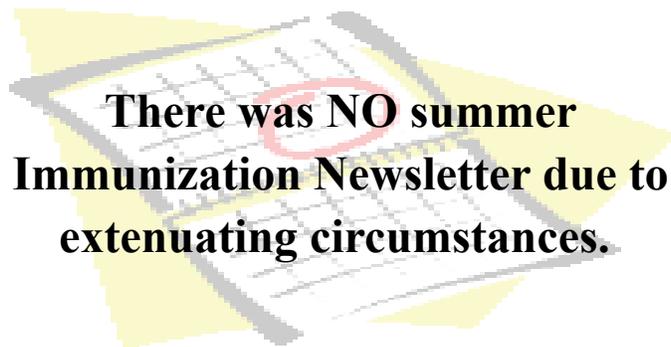
- Medicare Advantage Prescription Drug Plans: medical and prescription drug benefits
- Prescription Drug Plans: stand-alone prescription drug plans for patients who have Medicare fee-for-service medical coverage

Individuals should inquire about their Medicare plan before assuming coverage, as many plans vary in coverage.

**Q: Do private insurance companies cover shingles vaccine?**

A: Benefits vary among insurance companies. For coverage information, contact the patient's insurance carrier.

For more information about shingles vaccine, please visit [www.cdc.gov/mmwr/preview/mmwrhtml/rr57e0515a1.htm?s\\_cid=rr57e0515\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr57e0515a1.htm?s_cid=rr57e0515_e) or contact the NDDoH at 701.328.3386 or 800.472.2180.



**There was NO summer  
Immunization Newsletter due to  
extenuating circumstances.**

**WELCOME NEW PROVIDERS!**

The NDDoH would like to welcome these new VFC providers:

Northern Valley OB/GYN

SandHills Community Health

St. Alexis Center for Family Medicine

Valley Health and WIC

Sister's Path

Innovis Health

MedCenter One Walk-In Clinics

MeritCare Broadway Pharmacy

MeritCare Mills Avenue Pharmacy

**Due to federal guidelines for the VFC program, if prevention partnership enrollment forms were not returned to the NDDoH by July 1, then orders will no longer be filled for that provider until the forms have been returned.**

**UPCOMING EVENTS**

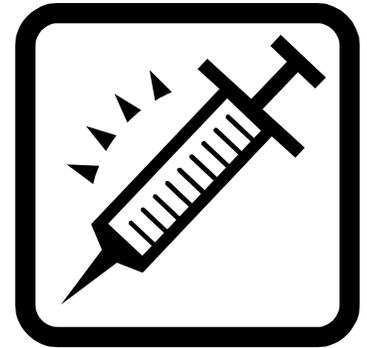
- 2008 Association of Immunization Managers (AIM) Meeting:  
November 17-20, 2008: New Orleans, LA.
- School Immunization Surveys are due December 5, 2008
- National Influenza Vaccination Week December 8th-14th.
  - 43rd Annual National Immunization Conference:  
March 30– April 2, 2009: Dallas, Texas

## NEW IMMUNIZATION SURVEILLANCE COORDINATOR

Abbi Pierce recently was hired as the new immunization surveillance coordinator. Abbi grew up in Bemidji, Minn., then moved to Duluth, Minn., where she completed her bachelor's degree in community health education at the University of Minnesota Duluth. She continued her education by moving to Buffalo, N.Y., to complete her master's degree in public health with a concentration in epidemiology. Her previous

experience includes working with the New York Department of Health and conducting research in a pediatric behavioral medicine lab.

Abbi recently moved to Bismarck and looks forward to getting to know the area. She also is excited to be back in the Midwest and close to her family and friends who reside in the area.



## NEW IIS SENTINEL SITE COORDINATOR

Keith LoMurray was hired in late July as the new IIS Sentinel Site coordinator.

Keith grew up in Bismarck, N.D., and went to the University of Northern Colorado for his undergraduate education where he completed his bachelor degree in sociology. His previous experience includes working with the ND Rural/Tribal Mentoring Partnership and interning at a homeless

shelter as a community educator.

Keith loves sushi and floating down the river in his kayak.

During college, he traveled extensively and always looks forward to the next travel adventure.

## NEW AFIX COORDINATOR

Kim Weis is changing roles within the NDDoH. She had served as the STD/Hepatitis Program manager since August 2005. Prior to that, she worked as the hepatitis coordinator from September 2004 until the STD and Hepatitis programs merged in 2005. As of April 1, 2008, she is no longer working in the STD/Hepatitis program but will be an AFIX coordinator with the Immunization Program, working part-time.

Kim has a bachelor's degree in biochemistry/molecular biology from the University of Minnesota Duluth and a master's degree in public health in epidemiology from the

University of Minnesota, where she also worked as a project manager/coordinator for two cardiovascular genetic epidemiology studies and several other cardiovascular clinical trials.

Kim was born and raised in Bismarck and returned to the area in 2004. She is married and has three children.

**We want to welcome our new employees to the Immunization Program!**



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EQUAL OPPORTUNITY EMPLOYER