



# Immunization Newsletter

## Winter 2015

### 2015 Data Logger Requirement for VFC Program

The North Dakota Department of Health (NDDoH) Immunization Program distributed Fridge-tag® 2 data loggers in May 2014. Only providers who requested the data loggers received them. Data loggers are the most reliable thermometers for monitoring vaccine temperatures, as they measure and record temperatures every minute.

Following the implementation of data loggers, many providers found that their storage units were incapable of maintaining temperatures required for vaccine storage. In 2014, 68 providers had out-of-range temperatures that most likely would not have been found prior to the implementation of a data logger. Also, thirteen providers had to waste vaccine and three had to revaccinate patients as the out-of-range temperatures were not noticed prior to administering non-viable vaccine. Many of the temperature excursions were found when providers were

using combination storage units to store both refrigerated and frozen vaccines.

With this information it has become clear that data loggers are a necessary component to proper storage and handling. Therefore, as of January 1, 2015, data loggers are now required for every storage unit that stores Vaccines for Children (VFC) Program or state-supplied vaccine. Any provider that is found to have VFC or state-supplied vaccines stored without a data logger after January 1, 2015 will be required to purchase one prior to receiving any further vaccine from the NDDoH. Use of data loggers will be assessed at VFC site visits starting in 2015.

For the first instance vaccine is found to be non-viable following implementation of data loggers providers will not be required to replace VFC or state vaccine with privately-purchased inventory. However if out-of-range temperatures are

ignored or happen again, providers will be required to replace all lost vaccine.

Also starting January 1, 2015, the Centers for Disease Control and Prevention (CDC) is requiring that all VFC providers have at least one back-up, certified calibrated thermometer for VFC vaccine storage. The NDDoH will be purchasing back-up data loggers for all VFC enrolled providers to comply with this requirement.

The NDDoH cannot require data loggers for storage units used solely for privately purchased vaccines. However, the NDDoH and CDC recommend the use of data loggers for vaccine storage and handling. Additionally, combination refrigerator/freezer units are not recommended for storing privately purchased frozen vaccines.

If you have any questions or concerns, please contact the NDDoH Immunization Program at 701.328.3386 or toll-free at 800.472.2180.



## Measles

Measles is a highly contagious virus that lives in the nose and throat mucus of an infected person. It can spread to others through coughing and sneezing. Also, measles virus can live for up to two hours on a surface or in an airspace where the infected person coughed or sneezed. If other people breathe the contaminated air or touch the contaminated surface, then touch their eyes, noses, or mouths, they can become infected. Measles is so contagious that if one person has it, 90 percent of the people close to that person who are not immune will also become infected. Infected people can spread measles to others from four days before to four days after the rash appears.

The symptoms of measles generally appear about seven to 14 days after a person is infected.

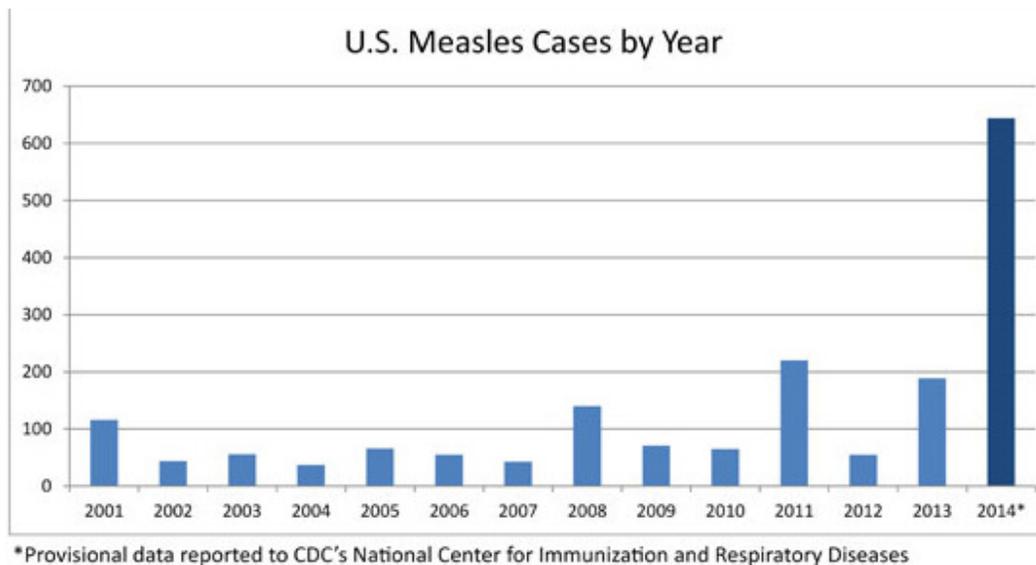
Measles typically begins with high fever, cough, runny nose and red, watery eyes. Two or three days after symptoms begin, tiny white spots (Koplik spots) may appear inside the mouth. Three to five days after symptoms begin, a rash breaks out. It usually begins as flat red spots that appear on the face at the hairline and spread downward to the neck, trunk, arms, legs, and feet. Small raised bumps may also appear on top of the flat red spots. The spots may become joined together as they spread from the head to the rest of the body. When the rash appears, a person's fever may spike to more than 104° Fahrenheit. After a few days, the fever subsides and the rash fades.



### Measles Cases in 2014

The United States experienced a record number of measles cases during 2014, with 644 cases from 27 states reported to CDC's National Center for Immunization and Respiratory Diseases (NCIRD). This is the greatest number of cases since measles elimination was documented in the U.S. in 2000. During 2014 there were 644 cases reported in 27 states: Alabama, California,

Colorado, Connecticut, Hawaii, Illinois, Indiana, Kansas, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, New Jersey, New Mexico, New York, North Carolina, Ohio, Oregon, Pennsylvania, South Dakota, Tennessee, Texas, Utah, Virginia, Washington and Wisconsin. There were 23 outbreaks in 2014 representing 89 percent of reported cases in 2014.





## Measles Outbreak at Disneyland

Happiness isn't the only contagious thing at Disneyland in California. California health officials are warning people to stay away from Disneyland unless they're vaccinated -that means all babies younger than one, who are too young to get the vaccine, and people who for various other reasons have not been immunized or who haven't already had measles.

An outbreak of measles that began at Disneyland before Christmas is disrupting lives in 14 states. One hundred two people have been diagnosed with measles as of January 30, 2015, and hundreds more have been exposed at schools, doctor's offices, hospitals, shopping malls and other places visited by infected patients. The outbreak has spread to Utah, Washington,

Colorado, Oregon, Nebraska, Arizona and across the border to Mexico. Among those infected are workers at Disneyland. Disney is watching other employees who worked closely with them, where the outbreak was spotted in mid-December.

For cases with age reported, the age of case-patients range from 7 months to 70 years. As of January 28, 2015, eight patients were hospitalized. Of the 52 outbreak-associated cases, 28 were unvaccinated, 17 had unknown vaccination status, and six- were vaccinated. Of the six cases vaccinated, two had received one dose and four had received 2 or more doses. Among the 28 unvaccinated cases, five were under age for vaccination. Measles genotype information was available from nine measles cases; all

were genotype B3 and all sequences linked to this outbreak are identical. The sequences are also identical to the genotype B3 virus that caused a large outbreak in the Philippines in 2014. During the last six months, identical genotype B3 viruses were also detected in at least 14 countries and at least six U.S. states, not including those linked to the current outbreak.

The Advisory Committee on Immunization Practices (ACIP) recommends a two-dose vaccine schedule for measles, mumps, rubella and varicella vaccines for children, with the first dose at age 12-15 months and the second at age 4-6 years.

## Measles Outbreak in South Dakota

Another case of measles was reported in South Dakota on January 24, 2015 bringing the total cases in the state to 14. The latest case is an unvaccinated child younger than 10. The last case does not seem linked to the previous 13 cases at this time. The first 13 cases of measles were confirmed in Mitchell, SD after it spread through an extended family that was unvaccinated. The first case occurred in a child younger than 5 years of age.

The Mitchell outbreak has 13 confirmed cases. The age range of those infected is 19 month to 41

years. The children were not in public school or child care. Nine of the cases occurred in extended family members that lived in Mitchell, three cases were extended family visiting at the time from out-of-state.

South Dakota had gone almost 18 years without a confirmed case of measles before the Mitchell outbreak. In 2013, 93 percent of 2-year-olds in the state had one MMR shot, 97.9 percent of kindergarten-age children had both MMR shots and 94 percent of adolescents ages 13 to 17 had both MMR shots.



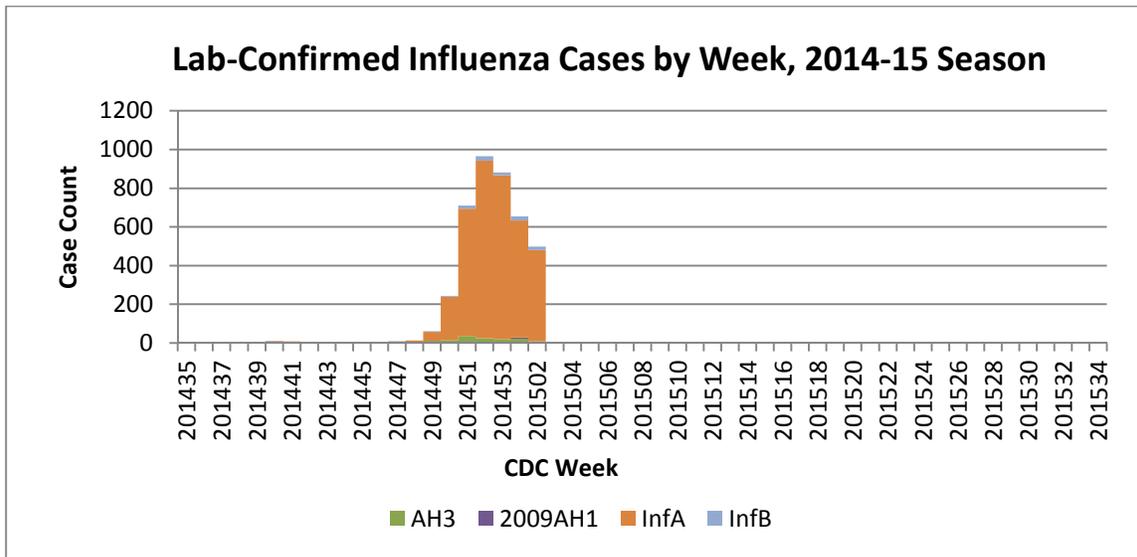
## Influenza 2014-15 Seasonal Update

The 2014-15 influenza season has been more severe than average, with over 4,000 cases reported by the first week of February 2015. For the third year in a row, the season arrived slightly early, with a likely peak of week 52 (201452)-the week of Christmas. Widespread activity with a high number of case reports continues into January. Long term care facilities have been hit especially hard, with 26 outbreaks identified in the state so far this season.

This season the dominant strain is influenza A H3N2. In

general, influenza A H3 years tend to be more severe than influenza A H1 years. This, combined with the fact that roughly two thirds of the circulating A H3N2 has drifted from the A H3N2 vaccine strain, has likely contributed to a more severe season. Despite a vaccine mismatch, vaccination is still recommended. The A H3N2 strain in the 2014-15 seasonal vaccine may still provide some cross-protection against the drifted strain. This is supported by incidental reports received from several providers who have stated symptoms seem less severe

this year in people who are vaccinated. They note fewer patients with severe body aches and lower than average fevers in their vaccinated patients. In addition, this year's seasonal vaccine provides protection against other circulating strains, influenza B and the 2009 influenza A H1N1 strain, both of which have been identified this season in North Dakota. Influenza statistics are updated every Thursday on [www.ndflu.gov](http://www.ndflu.gov).



## Influenza and Parotitis

Several states in the Midwest region have reported an increase in patients with parotitis. Parotitis is an acute onset of unilateral or bilateral tender, self-limited swelling of the parotid or other salivary gland(s) lasting at least two days, but may persist longer than 10 days. Many of the individuals exhibiting parotitis tested negative for mumps but positive for

influenza A. In the past, parotitis has not been a common symptom of influenza. As a result, CDC is requesting reports of individuals who test positive for influenza or parainfluenza and have symptoms of parotitis. The North Dakota Department of Health is offering to test influenza specimens for individuals exhibiting influenza like illness and parotitis free of charge.

## Current Vaccine Information Statements

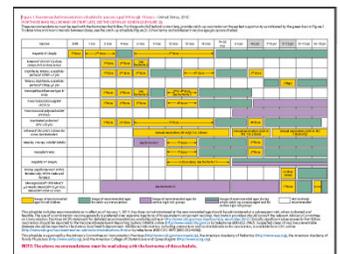
As VFC enrollment nears and 2015 site visits begin, take a moment to review your Vaccine Information Statements (VIS) and make sure that they are up to date. Offering a VIS for each vaccine at all immunization visits, including mass clinic, is a federal requirement. VISs can be printed and laminated for each room as long as

they are sterilized between patients, or paper copies can be provided at each immunization visit. The VIS must be offered prior to immunizations, not after. Check your stock of VISs against this list. If you have outdated VISs, get the current version.

Adenovirus	6/11/2014	MCV4	10/14/2011
Anthrax	3/10/2010	Multi-vaccine	10/22/2014
Chickenpox	3/13/2008	PCV13	2/27/2013
DTaP	5/17/2007	PPSV	10/6/2009
Hepatitis A	10/25/2011	Polio	11/8/2011
Hepatitis B	2/2/2012	Rabies	10/6/2009
Hib	2/4/2014	Rotavirus	8/26/2013
HPV- Cervarix	5/3/2011	Small Pox	8/31/2007
HPV- Gardasil	5/17/2013	Shingles	10/6/2009
Influenza	8/19/2014	Tdap	5/9/2013
J. enceph	1/24/2014	TD	2/4/2014
MMR	4/20/2012	Typhoid	5/29/2012
MMRV	5/21/2010	Y. Fever	3/30/2011

## 2015 Childhood Vaccine Schedules

The 2015 Immunization Schedules are available at [www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html](http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html). The available schedules include Birth-18, and Catch-up Versions for health care professionals and easy-to-read schedules for all age groups.



## Travel Materials

Since the travel season is upon us many travelers are having questions on their immunizations prior to departing for their destinations. International travelers, regardless of their destination or purpose for travel, often have questions about their health and safety while traveling. In an effort to assist travelers and

their health-care providers, the Immunization Program has a risk assessment worksheet and international travel information sheets. These materials can be found on our website: [www.ndhealth.gov/Immunize/Public](http://www.ndhealth.gov/Immunize/Public).



## Human Papillomavirus (HPV) Vaccine

On December 10, 2014, the Food and Drug Administration (FDA) approved Gardasil® 9 (Human Papillomavirus 9-valent Vaccine, Recombinant) for the prevention of certain diseases caused by nine types of Human Papillomavirus (HPV). Covering nine HPV types, five more HPV types than Gardasil, Gardasil 9 has the potential to prevent approximately 90 percent of cervical, vulvar, vaginal and anal cancers.

Gardasil 9 is a vaccine approved for use in female's ages 9 to 26 and males ages 9 to 15. It is approved for the

prevention of cervical, vulvar, vaginal and anal cancers caused by HPV types 16, 18, 31, 33, 45, 52 and 58, and for the prevention of genital warts caused by HPV types 6 or 11. Gardasil 9 adds protection against five additional HPV types—31, 33, 45, 52 and 58— which cause approximately 20 percent of cervical cancers and are not covered by previously FDA-approved HPV vaccines.

The Advisory Committee on Immunization Practices (ACIP) will be discussing recommendations for this vaccine at the February 2015 meeting.

It is anticipated that the new HPV9 vaccine will be available for order from the VFC Program starting April 1, 2015. Prior to that, providers are encouraged to limit their vaccine orders for HPV4 to a one month inventory, in an effort to ensure that once HPV9 is available, HPV4 vaccine is not wasted.



## Increasing HPV Vaccination Rates

An important element of an immunization provider practice is to make sure that the vaccines reach all persons who need them. While attention to appropriate administration of vaccinations is important, it cannot be assumed that these vaccinations are being given to every eligible person at the recommended age.

### **Make a Strong Recommendation**

HPV vaccine should be recommended at every visit, including high school activity physicals, minor sick visits, etc. Research shows that HPV vaccine acceptance, like most vaccines, is influenced mostly by provider recommendation.

When offering HPV vaccine, offer it as you would Tdap or meningococcal vaccine. HPV vaccine should not be viewed as less important just because it is not required for school. It should not be offered as an “optional” vaccine, but as a routinely recommended vaccine like all the other vaccines. Presenting the

necessary vaccines as a package, saying “today your child needs HPV, Tdap, and meningococcal vaccines,” can be very effective. Once all vaccines are presented, you can answer any questions the parents may have.

The Minnesota Department of Health created short HPV vaccine communication vignettes which demonstrate the best and the worst ways to present HPV vaccination. The vignettes are available at [www.health.state.mn.us/divs/idepc/immunize/hcp/adol/hpvvideos.html](http://www.health.state.mn.us/divs/idepc/immunize/hcp/adol/hpvvideos.html).

Additionally, CDC developed an excellent tip sheet that will assist you in answering questions parents may have about HPV vaccine. The fact sheet is available at [www.cdc.gov/vaccines/who/teens/for-hcp-tipsheet-hpv.pdf](http://www.cdc.gov/vaccines/who/teens/for-hcp-tipsheet-hpv.pdf).

### **Avoid Missed Opportunities**

Immunization rates for Tdap and meningococcal vaccination are high in North Dakota (95.0% and 93.7%

respectively), which shows that adolescents are presenting for vaccinations, but not receiving all vaccines for which they are eligible. In 2013, 98 percent of North Dakota girls who were unvaccinated against HPV had a missed opportunity for HPV vaccination. A missed opportunity is a healthcare encounter (other vaccination) where a person does not receive a vaccination for which he or she is eligible.

Make sure your clinic is using the immunization forecaster in the North Dakota Immunization Information System (NDIIS). The NDIIS forecaster will assist you and your staff in determining which vaccines a child is due for.

North Dakota children participating in high school activities are required to have an annual physical. Make sure your facility is assessing the immunization status of all adolescents presenting for physicals and offering vaccines when needed.



## **Immunization Reminder/Recall**

Numerous studies (62) have found immunization reminder/recall to be an effective method of increasing immunization rates. Your clinic can easily conduct immunization reminder/recall using the NDIIS. Try sending reminders for adolescent vaccines to all children turning 11 in your practice. Be sure to schedule subsequent doses of HPV vaccine at the time of the first dose being administered. Recall adolescents who still need second and third doses.

The NDDoH is conducting quarterly recall of all adolescents ages 12 to 17 for Tdap, meningococcal conjugate, varicella, and HPV vaccines (if started the series). As parents present their children for these vaccines, be sure to strongly recommend HPV vaccine as well.

## **Immunization Quality Improvement**

Many health systems and clinics are conducting quality improvement initiatives. Immunization rates are an excellent way to achieve quality improvement initiatives, because it is easy to evaluate progress by monitoring rates. Select HPV vaccination rates as a quality improvement initiative for your organization. Start small by having a goal of increasing rates by 10 percent over the next year.

### **Identify an HPV Vaccination Champion**

Every organization should have an immunization champion to act as a steward and an advocate for immunizations. Find an HPV vaccination champion at your facility to educate and motivate staff to increase rates. Connect pediatricians and family practice physicians with OB-GYNs and oncologists. Oncologists don't

want your patients to be their patients in the future.

### **Know Your Immunization Rates**

Studies have shown that providers often overestimate their immunization coverage rates. The NDDoH immunization program emails clinic-level adolescent immunization rates based on NDIIS data to VFC Program providers throughout the state on a quarterly basis. Your clinic can use these rates as a baseline to determine whether or not HPV vaccination efforts are working at your facility or if changes need to be made. If you are a VFC provider and would like to know your clinic's rates, please contact the immunization program.

Contact the NDDoH Immunization Program at 800.472.2180 for more information or to request assistance in increasing HPV immunization rates.



## Lunch and Learns

“Lunch and Learns” have been well received and the immunization program will continue the presentations. The presentations are approximately one hour in length and are available for one contact hour of continuing education credit. “Lunch and Learn” will always be held the second Wednesday of each month at noon CST. After each presentation, the post-test must be completed for credit. The presentations are all archived with slides on the immunization program website. Educational credit is available

for one month after the original presentation. The immunization program would like to encourage providers to request topics they would like to see covered by “Lunch and Learns.” Just email a member of the immunization program.

An email will be sent the first and second Monday of each month to allow providers time to register for the sessions. If multiple people will be watching from one location, we recommend having one person register as lines are limited.

February 11

March 11

April 8

May 6

June 10



### PCV13 Coverage for Adults 65 and Older

Effective on or after September 19, 2014, Medicare Part B will cover and initial pneumococcal vaccine to all Medicare beneficiaries who have never received the vaccine under Medicare Part B; and a different, second pneumococcal vaccine one year after the first vaccine was administered (11 full months have passed following the month in which the last pneumococcal vaccine was administered).

Adults 65 and older who have not had a dose of PPSV23 (Pneumovax®) or whose history is unknown should receive a dose of PCV13 followed at least 6–12 months later by a dose of

PPSV23. Adults 65 and older who have not had a dose of PCV13, but have already received a dose of PPSV23 since turning 65 should receive a dose of PCV13 at least one year after the dose of PPSV23. Adults 65 and older who received a dose of PPSV23 before turning 65 should have a dose of PCV13 at least one year after the most recent dose of PPSV23, followed by a dose of PPSV23 at least 6 to 12 months later, provided that the minimum interval between the two doses of PPSV23 is at least five years.



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## Calendar of Events

ACIP Meeting February 25 -26, 2015 in Atlanta, GA.

Spring 2015 Clinic Vaccinology Course March 13 - 15, 2015 in Denver, CO.

2015 Annual Conference on Vaccine Research is April 13 - 15, 2015 in Bethesda, MD.

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Publication is available in alternative forms; for more information, contact Miranda Baumgartner, editor, *Immunization Newsletter*.

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## Immunization Program Updates

### New VFC/AFIX Coordinator

Hi, I am Sherrie Meixner, the new VFC /AFIX Coordinator for the eastern side of North Dakota. I have a BS in Medical Technology from Winona State University. I have worked at several hospitals as a medical technologist, as a lab manager at public health for Fargo and as a lab manager for a blood center. I enjoy reading and spending time with family as well as my extended family. I am married to Steve who is an old car “nut” so we spend time touring in Model T’s locally and out of state. My son, Brad, lives and works in Moorhead. I look forward to meeting all of the coordinators at the VFC sites and being part of the immunization program.



### New NDIIS Coordinator

Hello, I’m Dominick Fitzsimmons, the new Coordinator with the NDIIS at the Department of Health in Bismarck. I am a returned North Dakota native, having spent some years abroad in Ireland, and most recently, northern Sweden. My education background is in Biomedical Sciences and Information Systems (BSc Hons.,

National University of Ireland Galway) and Molecular Studies. In my spare time, my hobbies are studying European languages, and occasional attempts to improve on the tin whistle and piano. Go *raibh mhaith agat*, and looking forward to working with you.

### New AIRA President

In November, Mary Woinarowicz, the NDIIS Sentinel Site Coordinator, was elected as President for the American Immunization Registry Association (AIRA). AIRA is a national, non-profit organization that works to support the efforts of immunization registries in the United States. Additionally, Mary is the new co-chair of AIRA’s Standards in Interoperability

Steering Committee that works with other national organization to develop standards for the electronic exchange of immunization data between immunization registries and provider electronic health record system. Mary was previously on the AIRA Executive Committee as Secretary and will be in her new role as President through October 2017.

### Wedding Bells

Congratulations to Jon and Abbi Berg. The couple wed in December 2014.

Abbi is the Vaccines for Children Manager. Abbi’s new email address is [alberg@nd.gov](mailto:alberg@nd.gov).

