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# Immunization Newsletter

## New Adult Vaccine Program Effective Oct. 1, 2012!

Did you know, as of Oct. 1, 2012, providers may order adult vaccine from the North Dakota Department of Health? It's true!

Vaccines (including HPV, Meningococcal Conjugate (MCV-4), Pneumococcal Polysaccharide (PPSV 23), and Td/Tdap) are available for order for all enrolled providers of state vaccine. Eligibility requirements are that the adult must be uninsured or underinsured. These vaccines can be given to any qualifying adult regardless of state of residence. Pneumococcal Polysaccharide is available to high-risk uninsured/underinsured adults (see page 4).



Any time a state supplied vaccine is used for an uninsured/underinsured adult it must be entered into NDIIS as "other state eligible" in the VFC eligibility field. All other adults, including insured, should be entered as "not eligible."

A new coverage table is available on the [ndhealth.gov/immunize](http://ndhealth.gov/immunize) webpage and a copy was mailed to all enrolled providers on Sept. 13, 2012.

## It's the Beginning of Flu Season...are you prepared?



### NDIIS and Flu Vaccinations

For this flu season, when the first dose of flu vaccine is entered into NDIIS for a child younger than 9, it will forecast a second dose as directed in Option 1 of the 2012-2013 Influenza Vaccination Algorithm.

Option 1: If a child received no flu immunization for 2010-2011 or it is unknown, then the child will need two doses separated by four weeks.



Use Reminder/Recall function in NDIIS to get your children that are coming due/past due for vaccination in before the end of the year!

Remember to check their immunization records before every appointment to ensure children are vaccinated on time!

## National Pertussis Rates at a Five-Decade High

The number of pertussis cases in the United States may hit a record high this year. As of October 15, more than 32,000 cases had been reported including 16 pertussis-related deaths.

Washington state illustrates the troubling trend. As of October 27, 4,424 cases of whooping cough were reported there, compared to 595 cases for the same time period in 2011. Most of these cases were seen among teens ages 13 to 14, despite the fact that most of these adolescents were vaccinated as young children, according to the CDC.

Although pertussis comes in waves every three to five years, the current outbreaks may be the result of waning effectiveness of the pertussis vaccine. That is why it is so important to ensure that all adolescents and adults

receive at least one dose of Tdap vaccine after the age of 11. It is especially important for those in close contact with infants, who are at high risk of complications due to pertussis.

Both North Dakota and Minnesota are seeing higher than normal pertussis rates. As of October 30, North Dakota had 179 reported cases in 2012 after seeing only 70 cases in all of 2011. Minnesota had 3,853 reported cases of pertussis as of October 18, compared to 661 cases during 2011.

## Is Your Electronic Medical Records System Ready to Connect to NDIIS?

In order to electronically connect to the NDIIS, your Electronic Medical Record must be able to track VFC eligibility by dose. The VFC eligibility field must contain the options of American Indian, Medicaid-eligible, uninsured, under-insured, other-state eligible, and not eligible. Your system must also be able to send and receive real-time Health Level 7 (HL7) 2.3.1 or 2.5.1 messages. Please check with your information technology department so you will be ready for the future. Currently the NDIIS is working to connect to the seven highest volume providers in the state.

## Current Dates of Vaccine Information Statements (VISs)

Adenovirus.....	7/14/11	Meningococcal.....	10/14/11
Anthrax.....	3/10/10	Multi-vaccine.....	9/18/08
Chickenpox.....	3/13/08	PCV13.....	4/16/10
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.....	2/22/12	Td/Tdap.....	1/24/12
Influenza.....	7/2/12	Typhoid.....	5/29/12
Japanese enceph....	12/7/11	Yellow Fever.....	3/30/11
MMR.....	4/20/12		
MMRV.....	5/21/10		



## 2012-2013 Influenza Vaccination Algorithm

### Option 1:

#### Children 6 months to 8 years

Did the child receive a total of at least 2 total doses of seasonal influenza vaccine since the 2010-2011 season?

NO OR UNKNOWN: Give 2 doses, separated by 4 weeks  
YES: Give 1 dose

**9 years and older:** Give 1 dose

### Option 2:

#### Children 6 months to 8 years

Did the child received at least 2 seasonal influenza vaccines during any previous season, and at least 1 dose of a 2009 [H1N1] containing vaccine?

NO OR UNKNOWN: Give 2 doses, separated by 4 weeks

YES: Give 1 dose

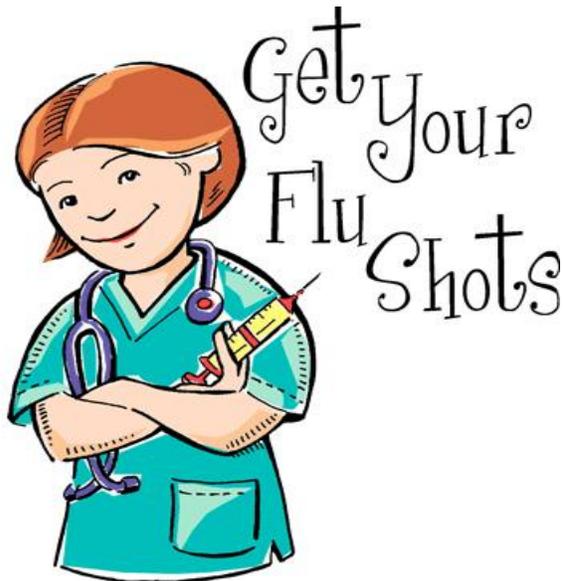
**Children 9 years and Older:** Give 1 dose

Be sure to enter all Influenza vaccinations into NDIIS as soon as possible for the forecaster to work for children in the Option 1 group.

### Frequent Elderly Flu Question

**Q: Which influenza vaccine is recommended for the 65 years and older age group? Regular flu shot or Flu Zone High Dose?**

**A:** The ACIP does not express a preference for one over the other. Either may be administered.



### Influenza Vaccination Rates For Those age 65 and Older

According to the Behavioral Risk Factor Surveillance System (BRFSS), the percentage of North Dakotans older than 65 NOT receiving an influenza vaccination has been increasing since 2008. In 2011, 40 percent of North Dakotans in this age group did NOT receive an influenza vaccination. This is a significant increase from 28 percent in 2008.

This information is concerning, as this age group is considered at **high risk** for complications from influenza.

Hospitalization, pneumonia, bronchitis, sinus infection, ear infections and even death can result from an influenza infection.

ACIP recommends all those 6 months and older receive a seasonal influenza vaccination. Also available for the 65 and older age group is the FluZone® High Dose. This flu shot contains four times the antigen level compared to the regular flu shot.

## ACIP Expands PCV13 Immunization Recommendations to Include Some Adults



The ACIP voted to expand the age recommendation for administration of the 13-valent pneumococcal conjugate vaccine (PCV13) during its June 20-21 meeting in Atlanta. The committee voted to recommend PCV13, which is marketed as Prevnar 13, to adults 19 and older who have certain immunocompromising conditions, such as patients undergoing dialysis or chemotherapy, as well as those with HIV infection. Previously, PCV13 was recommended solely for children ages 6 weeks to 5 years.

If a patient has never received a pneumococcal vaccine, it would be best to first administer a PCV13, followed by pneumococcal polysaccharide vaccine (PPSV23 or Pneumovax<sup>®</sup>) eight weeks later, followed by another PPSV23 five years later. If the patient has already received the PPSV23, they can receive the PCV13 one year later.

As a reminder, pneumococcal and influenza vaccines fall under Medicare Part B coverage. All other vaccines, including zoster and Tdap, are covered under Medicare Part D.

The provisional recommendations for administration of Prevnar 13 to adults can be found at [www.cdc.gov/vaccines/recs/provisional/downloads/pcv13-adults-ic.pdf](http://www.cdc.gov/vaccines/recs/provisional/downloads/pcv13-adults-ic.pdf).

### Typhim Vi Vaccine Recall

On Sept. 24, 2012, Sanofi Pasteur voluntarily recalled several lots of Typhim Vi vaccine (prefilled syringes and 20-dose vials). At the time of distribution the lots met all release requirements. This action is being taken because these lots are at risk for lower antigen content. There is no safety concern related to this action.

No revaccination is necessary or recommended by the manufacturer or the U.S. Food and Drug Administration (FDA). The lots recalled are listed here:

*Prefilled syringes (NDCa 49281-790-51):  
Lots E1287-1 (Expiration Date 20NOV12),  
E1288-1 (Expiration Date 17NOV12),  
G0481-1 (Expiration Date 07SEP13),  
G0507-1 (Expiration Date 20SEP13), and  
G0508-1 (Expiration Date 27SEP13)  
20-dose vials (NDC 49281-790-20): Lot  
G1130-1 (Expiration Date 18MAR13)*

### Reminders from your VFC/AFIX Coordinators

- Your Vaccine Management Plan must be updated at least once a year. This ensures that all the information stays current and up-to-date. It is also best practice to leave a copy of this plan on your refrigerator and/or freezer. If you need a guide for a proper Vaccine Management plan, it is available on the Department of Health website at [www.ndhealth.gov/Immunize/Documents/Providers/Forms/VaccineManagementPlanTemplate.pdf](http://www.ndhealth.gov/Immunize/Documents/Providers/Forms/VaccineManagementPlanTemplate.pdf).
- Screening for VFC eligibility is required at every immunization visit. If this is not being documented, then it's technically not being done.

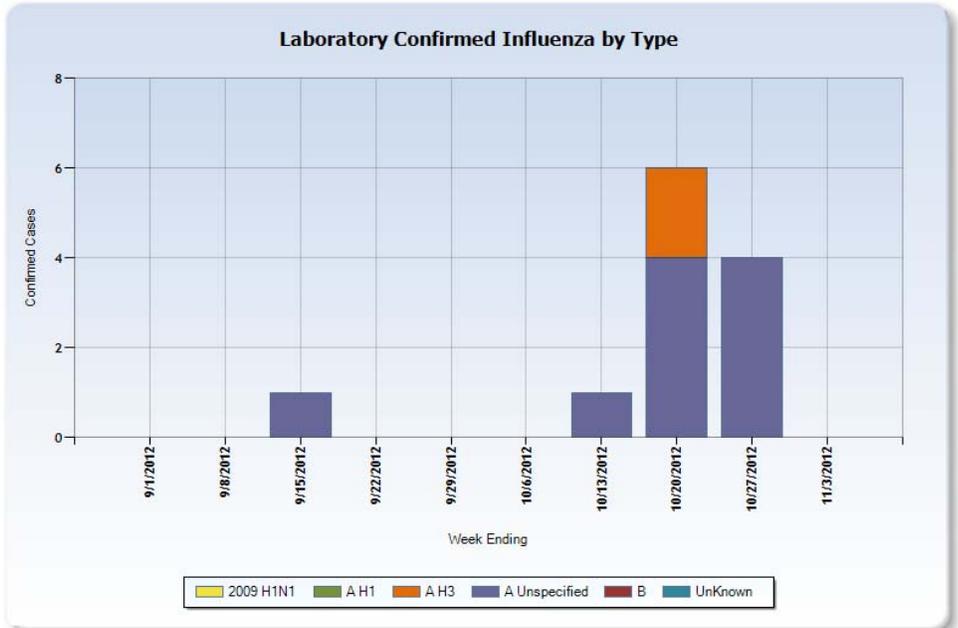


- Influenza vaccine can NEVER be borrowed from state-supplied to private, or private to state-supplied!
- In order to be sure that your facility's immunization rates are accurate, be sure to appropriately designate children as Moved or Gone Elsewhere (MOGE) in the NDIIS. If you don't, these children will be included in your immunization rates.
- Make sure that all VFC vaccine refrigeration and freezer units have up-to-date calibration certificates to ensure accurate temperature recording.

**THANK YOU**  
for  
participating  
in the VFC  
Program.

## North Dakota Influenza 2012-2013

Influenza season is upon us again, so to stay up-to-date with the latest information, it's essential to visit [www.ndflu.com](http://www.ndflu.com). The North Dakota Department of Health influenza website is the place to find case counts and trends of flu in the state. The website is updated each Friday with case counts by county, gender and age group, along with hospitalized cases and deaths. Graphs and charts are available to allow the user to see the trends of influenza-like illness in the state, school absenteeism and laboratory testing statistics. A printable two-page summary is also available and archived for future use.



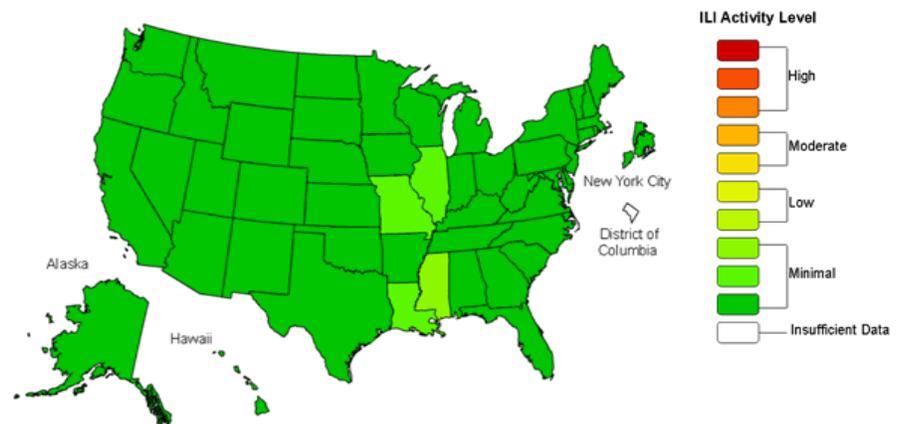
As of Oct. 27, 2012, 12 cases of influenza have been reported to the NDDoH. After testing to determine the exact strain, it was determined to be influenza A H3. This strain is one expected to be seen this season and the flu vaccine this year should protect against it.

To be included on our listserve to receive the weekly update and the most up-to date information about influenza in North Dakota, please e-mail [lvanderbusch@nd.gov](mailto:lvanderbusch@nd.gov).

## Influenza Nationwide

Nationally, influenza activity remains minimal according to the CDC in week 42 of the 2012-2013 Influenza Season. Most cases reported appear sporadic with no reports of widespread infection and only three states reporting localized activity (Wyoming, Iowa and Texas).

**Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet  
2012-13 Influenza Season Week 42 ending Oct 20, 2012**



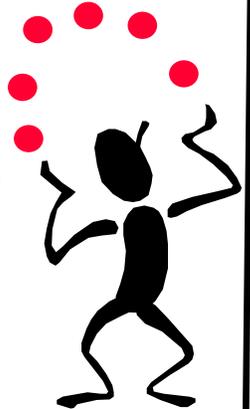


## North Dakota State Immunization Conference a Success

The 2012 North Dakota State Immunization Conference, held on June 12 and 13, 2012, was hailed as a success! Attendees widely praised the conference objectives and speakers. Particularly popular presentations included both Dr. Andrew Kroger, during which he discussed ACIP general recommendations on immunization and updated

attendees on childhood and adult immunization for 2012 and Dr. Aaron Gunderson's presentation about discussing vaccine safety with hesitant parents. Overall, the conference was praised for the practical applications of the content, especially in relation to practice in North Dakota. The North Dakota Department of

Health would like to thank both presenters and attendees for making this year's conference a worthwhile learning experience. We look forward to the next conference in 2014!



### Pentacel<sup>®</sup> Update

The North Dakota Department of Health (NDDoH) Immunization Program was notified by the CDC on Sept. 28, 2012, that the Pentacel Shortage will continue into March 2013. As a result, monthly allocations of Pentacel to the state were reduced starting Oct. 1, 2012, to less than 150 doses per month for all providers in the state Vaccines for Children Program.

Therefore, the NDDoH Immunization Program has decided to utilize a lottery system for providers requiring less than 150 doses of Pentacel<sup>®</sup> per month per NDIIS, only plan to have Pentacel<sup>®</sup> on hand, and have an adequate monthly private supply of Pentacel<sup>®</sup>. The Immunization Program determined which N.D. providers would receive the Pentacel<sup>®</sup> doses until the shortage is over. If federal allocations continue to decline, chosen providers may have to use Pediarix. Providers should immediately begin ordering Pediarix<sup>®</sup> (DTaP-HBV-IPV) and single antigen *Haemophilus influenzae* type B (Hib) vaccine instead of Pentacel<sup>®</sup> for use in VFC eligible children. All orders for Pentacel<sup>®</sup> will be supplied as Pediarix<sup>®</sup> effective immediately.

The difference between Pediarix<sup>®</sup> and Pentacel<sup>®</sup> is that Pediarix<sup>®</sup> contains Hepatitis B instead of Hib, so separate single antigen Hib vaccine must be administered along with Pediarix<sup>®</sup> doses at 2, 4, and 6 months of age (the 6-month dose of Hib may not be needed if using PedvaxHIB<sup>®</sup>). Single antigen DTaP and single antigen Hib vaccines should be administered at 12 to 18 months of age, as Pediarix<sup>®</sup> is not licensed for the fourth dose in the DTaP series. All newborns are recommended to receive the birth dose of hepatitis B vaccine and should continue to do so.

A copy of the Pentacel<sup>®</sup> to Pediarix<sup>®</sup> Transition Table is available at <http://www.ndhealth.gov/Immunize/Documents/Providers/Forms>.



## 2011 National Immunization Survey (NIS) Teen Results

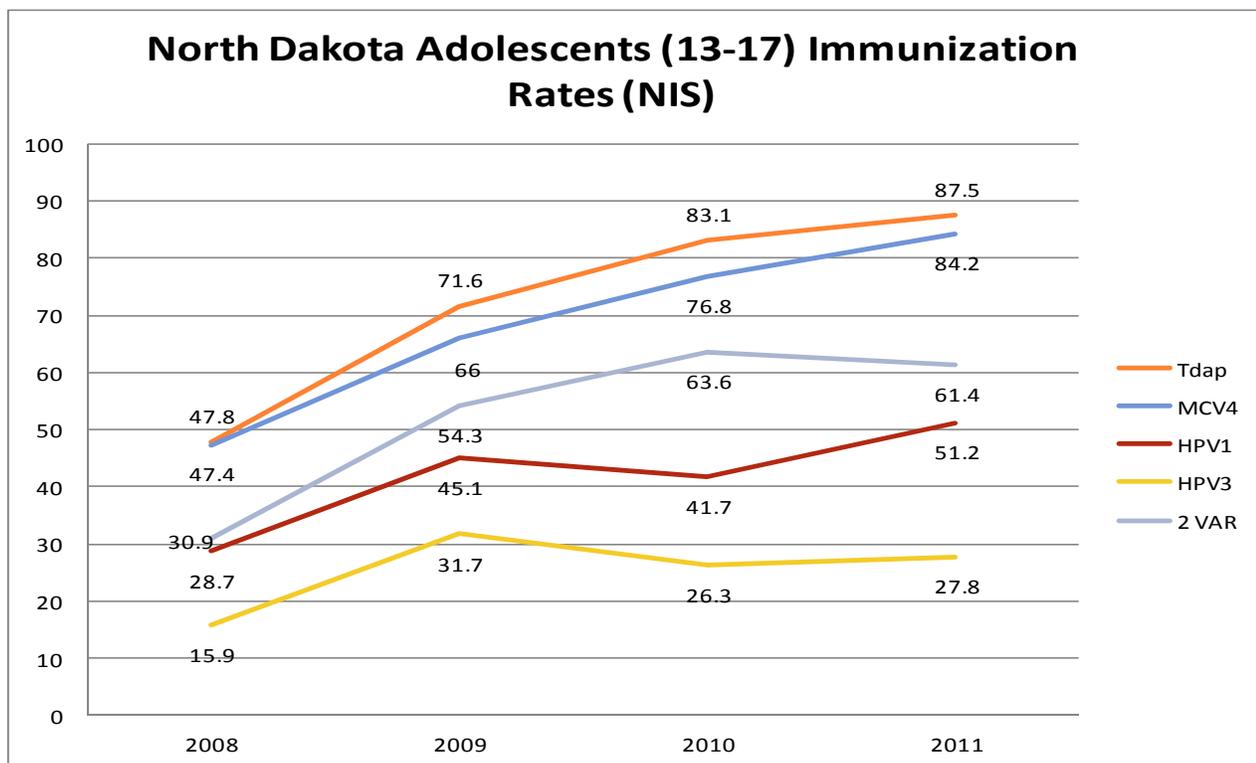
The National Immunization Survey (NIS) is a random digit dialing survey conducted annually by the CDC to assess immunization rates. For 2011, data collected by the CDC was for adolescents born during January 1993 to February 1999 (13- to 17-year olds).

Immunization rates for Tdap and MCV4 in North Dakota were high at 87.5 and 84.2 percent respectively, both above the national average. Rates for both vaccines increased in comparison to 2010, where Tdap rates were 83.1 percent and MCV4 rates were 76.8 percent in North Dakota.

HPV immunization rates remained poor in the United States. North Dakota's HPV vaccination rates were below the national average at 51.2 percent for females receiving at least one dose and 27.8 percent for females completing the three-dose series. The national average was 53 percent for females starting the HPV series and 34.8 percent for females receiving three doses.

Of note, North Dakota is also below the national average for the number of 13- to 17-year olds receiving varicella vaccine. More than 61 percent (61.4%) of North Dakota adolescents had received two doses of varicella vaccine if they hadn't had a history of disease, compared to 68.3 percent nationwide.

Again, providers are encouraged to vaccinate adolescents with all ACIP recommended vaccines, not just those required for school (Tdap and MCV4).



\*HPV 1 and HPV 3 measure only female adolescent immunization rates

**92 percent of North Dakota teens have had a Td or Tdap after the age of 10! Of the teens that have had a Td or Tdap, 87.5 percent have had the Tdap.**

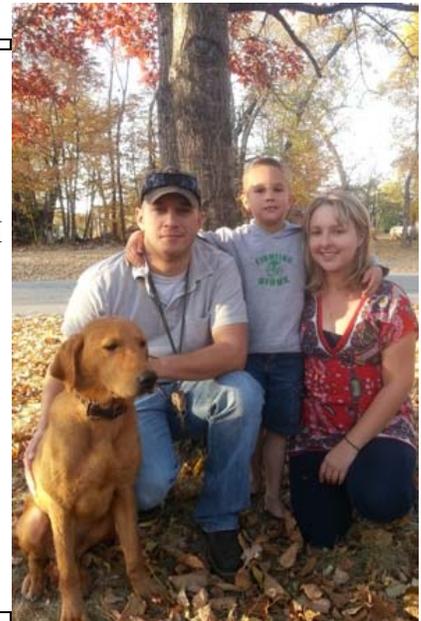
## New Employee Profiles

# Welcome!

**Stacy Lovelace**- Stacy Lovelace is returning to the Immunization Program after nearly five years as the Field Epidemiologist in the Fargo area. She loved working with the variety of conditions as a Field Epi, but has a special place in her heart for immunizations. Prior to working at the North Dakota Department of Health, Stacy worked in the Clinical Bacteriology Laboratory of Mayo Clinic in Rochester, Minn. She grew up in Mott, N.D. before attending Concordia College in Moorhead, Minn., where she earned a Bachelor of Arts degree in Medical Technology and Biology. Stacy lives in Fargo with her husband and two children. In her spare time, she loves to spend time with her family, play piano, read and help lead her daughter's Girl Scout troop.

**Janna Hoisington**- I'm Janna Hoisington, the new VFC/AFIX Coordinator for western North Dakota. I started August 20, 2012. I have a Bachelor of Arts degree in Sociology from Keene State College in New Hampshire and a Master's Degree in Public Health (MPH) from Benedictine University in Illinois with a Certificate in Health and Wellness Education. I loved everything I learned about and researched so much and am excited for the opportunity to work at the NDDoH.

I love yoga, hiking, kayaking, baking and crafting. The love of my life, Barrett, my puppy, takes up most of my free time! I moved to North Dakota two years ago from New Hampshire and am still learning how much there is to love here.



**Amy Schwartz**- Hello, I'm Amy Schwartz, the new Immunization Surveillance Coordinator. I am from Amarillo, Texas, and I received a B.S. in Microbiology from Iowa State University. I graduated with my MPH in Epidemiology from Tulane University in December 2011. I recently spent seven months in Guyana, South America, where I participated in the Peace Corps. While there I compiled regional information about Malaria, Dengue Fever, and Typhoid. I am really excited to start my new position here in Bismarck, especially since I was born here. When I am not working I like cooking, hiking, fishing, reading and camping. I am really excited to try ice fishing for the first time!



## Division of Disease Control

2635 East Main Avenue  
P.O. Box 5520  
Bismarck, N.D. 58506-5520

Phone: 701.328.3386  
Fax: 701.328.2499

Molly Howell, MPH  
Immunization Program Manager  
[mahowell@nd.gov](mailto:mahowell@nd.gov)

Abbi Pierce, MPH  
Vaccines for Children Manager  
[apierce@nd.gov](mailto:apierce@nd.gov)

Amy Schwartz, MPH  
Immunization Surveillance Coordinator  
[amschwartz@nd.gov](mailto:amschwartz@nd.gov)

Mary Woinarowicz, MA  
NDIIS Sentinel Site Coordinator  
[mary.woinarowicz@nd.gov](mailto:mary.woinarowicz@nd.gov)

Janna Hoisington, MPH  
VFC/AFIX Coordinator (West)  
[jahoisington@nd.gov](mailto:jahoisington@nd.gov)

Stacy Lovelace, BS  
VFC/AFIX Coordinator (East)  
[slovelace@nd.gov](mailto:slovelace@nd.gov)

Teri Arso  
Administrative Assistant  
[tarso@nd.gov](mailto:tarso@nd.gov)

Molly Sander, Immunization Program Manager, got married on August 25, 2012, in Grand Forks, to Brian Howell, a commercial insurance producer with Dawson Insurance Agency. Molly's last name will now be Howell and her e-mail address has been changed to [mahowell@nd.gov](mailto:mahowell@nd.gov). Please change this in your contact list. Congratulations to Brian and Molly!



## Special Thanks

The Immunization Program would like to thank Jennifer Schmidt for joining us from July–November as the VFC/AFIX Coordinator for Eastern North Dakota. Your hard work helping our providers is much appreciated and we wish you luck upon your return to field epidemiology for the Devils Lake region!

**Terry Dwelle, MD,  
MPHTM**  
State Health Officer

**Kirby Kruger**  
Chief, Medical Services  
Section

**Tracy Miller, MPH**  
State Epidemiologist  
Deputy Division Director

**Molly Sander, MPH**  
Immunization Program  
Manager

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