Division of Disease Control
Immunization Program

Fall 2011

NORTH DAKOTA DEPARTMENT of HEALTH

Immunization Newsletter

Can't get enough of the Pink Book 12th Edition?

Contact the Immunization Program at 701.328.3386 or toll-free at 800.472.2180 to request additional copies!

INSIDE THIS ISSUE:

Varicella Lot Numbers	2
Discontinued Materials	2
Do You Know Flu?	3
VIS Dates	4
Healthy Steps & VFC	4
Entering Doses in NDIIS	5
Clarifications	6
Tdap in Pregnancy	6
NIS Results	7
Supply Policy Q&A	8

Providers who need additional VFC influenza vaccine must submit an order using the Request for Influenza Vaccine form. Visit our website to access the form: www.ndhealth.gov/immunize. For questions regarding influenza vaccine availability, contact Tatia Hardy at 701.328.2035 or tahardy@nd.gov.

New Immunization Requirement for North Dakota College Freshmen

The State Board of Higher Education (SBHE) has added meningococcal conjugate vaccine (MCV4) as a requirement for students attending North Dakota colleges and universities.

Effective fall 2012, newly admitted students ages 21 and younger residing in campus housing must provide documentation of immunity against meningococcal disease. Documentation of immunity means:

a. Evidence of at least one dose of MCV4 in the five years prior to enrollment or

b. Evidence of two doses of MCV4 administered at age 10 or older and at least eight weeks apart.

Students enrolled in distance learning courses, courses taught off campus, continuing education or non-credit courses; students in attendance at camps, workshops or programs and classes delivered under contract to a third party are exempt from this policy.

The Advisory Committee on Immunization Practices (ACIP) recommends routine vaccination with MCV4 at age 11 to 12 with a booster dose at age 16.

Keith LoMurray Has Left the Building

Keith LoMurray has resigned from the Immunization Program and is pursuing another opportunity with the Department of Human Services. In his three years with the program, Keith was instrumental in the improvement of the North Dakota Immunization Information System (NDIIS). His knowledge and experience will be missed, but we wish him the best.

Providers with questions relating to the NDIIS can contact any member of the Immunization Program.

Varicella Lot Numbers in NDIIS

Most state-supplied lot numbers are automatically entered directly into the North Dakota Immunization Information System (NDIIS) the day after the vaccines are shipped from McKesson. Direct-ship vaccines (varicella and MMRV) from Merck are not entered automatically because the shipping information is not available to the NDDoH.

It is very important that providers notify the NDDoH Immunization Program as soon as shipments of varicella and MMRV are received so the state-supplied lot numbers can be entered. This should be done before entering any administered doses of state-supplied varicella or MMRV into NDIIS to ensure your inventory remains correct.

Please notify Teri Arso at tarso@nd.gov or 701.328.3386 (toll-free 800.472.2180) as soon as possible after receiving a shipment of state-supplied varicella or MMRV. The following information will be needed:

- PIN/Provider name
- Vaccine type
- Lot number
- Expiration date
- Number of doses

Materials No Longer Supplied by NDDoH

The NDDoH has been supplying enrolled Prevention Partnership providers with copies of Vaccine Information Statements (VISs) and thermometers for their vaccine storage units. Effective Jan. 1, 2012, the NDDoH will no longer be supplying these items.

The NDDoH will continue to email providers when VISs are updated. It is a federal law for immunization providers to offer patients or parents/ guardians the most current VIS every time an immunization is administered. Many providers are electing to laminate copies of each VIS to offer for review. Another option is for providers to direct those with capable mobile devices to the CDC's mobile VIS site: www.cdc.gov/vaccines/pubs/vis/vis-downloads.htm. Instead of taking paper copies home, patients and parents can download the VISs directly to their mobile device to review. Providers must continue to supply paper copies to those who prefer them.

Providers are required to have certified, calibrated thermometers to monitor the temperatures of their vaccine storage units. Many providers have already begun using continuous or other advanced temperature monitoring systems. As a reminder, temperatures must be checked twice daily regardless of the type of monitoring system used. Providers may continue to use state-supplied thermometers until the specified calibration date. For more details and for information to consider when purchasing a new thermometer, review the memos posted on our website: www.ndhealth.gov/Immunize/Providers/Memos.htm.

Do you know how to find the calibration date for your state-supplied Fisher Scientific digital thermometer? The thermometer has a blue sticker on its back side. See the example below:

06-664-11
S/N: 111502945
Traceable Calibration
Control Company 281 482-1714
www.control3.com

By: 68 Due: 05/09/13

Influenza Myths

It seems like when it comes to influenza, everyone has a myth to share. Unfortunately, flu myths are common even among the people who should know better. Influenza can be serious and even fatal, so it's crucial that we all know the facts.

Myth #1: The flu is annoying, but harmless.

Influenza, or the "flu," is often thought to be nothing more than a bad cold. Influenza is not a minor illness. It's much worse.

People with influenza feel terrible. The onset is sudden and symptoms may include fever, chills, cough, sore throat, congestion, headache, fatigue and body aches.

Most people recover from the flu after a few miserable days and some time away from work. Others have more serious complications and may be hospitalized. In the 2010-2011 influenza season, a total of 116 pediatric deaths from influenza were reported in the nation.

Myth #2: The flu vaccine can give you the flu.

The influenza viruses in the flu shot are inactivated; they cannot cause infection. While FluMist® contains weakened live viruses, they are cold-adapted, which means that it can only cause infection (an important part of gaining immunity) at the cooler temperatures within the nose. The viruses cannot infect the lungs or other areas with warmer temperatures.

Despite the scientific impossibility of getting the flu from flu vaccines, this widespread myth won't die. Experts suspect two reasons for its persistence. First, people mistake side effects of the vaccine for flu. While side effects tend to be nothing more than a sore arm, yesteryear's vaccine side effects often felt like mild symptoms of the flu. Second, flu season coincides with a time of year when other viruses and respiratory illnesses are in the air. Many people get the vaccine and then, within a few days, get sick with an unrelated cold virus. Who takes the blame? The innocent flu vaccine, not the coworker with the sniffles.

Myth #3: "Stomach flu" is a form of influenza.

The word "flu" is so overused that it's lost much of its actual meaning. Gastrointestinal viruses are often referred to as "stomach flu," but they have no connection to the actual influenza virus. If a person is suffering from vomiting and diarrhea, it probably isn't the flu. Children with influenza may sometimes experience vomiting and diarrhea along with other symptoms, but it is far less common among adults.

Myth #4: Young, healthy people don't need the vaccine.

If you're in good health, you'll probably recover from the seasonal flu without complications. But why suffer through the flu if you can avoid it?

Protecting yourself isn't the only reason to get vaccinated. While young, healthy individuals may be at a low risk for serious complications, other people they encounter might not. People with the weakest defenses, like children younger than 6 months, can't get the flu vaccine. Even those who get the vaccine can remain unprotected, such as those with weakened immune systems or the elderly.

Check Your VISs!

The polio, hepatitis A and meningococcal Vaccine Information Statements (VISs) have been updated. Other VISs will be released soon, including MMR, rotavirus and Td/Tdap. A new format is being introduced with the newly updated VISs. All of the upcoming VISs will be in the same format.

As a reminder, patients must always be offered the most current version of each VIS. The version date also must be documented on the patient's vaccine administration record. Check your VISs to be sure they are up-to-date!

Polio	11/08/2011
Hepatitis A	10/25/2011
Meningococcal	10/14/2011
Influenza (LAIV)	07/26/2011
Influenza (TIV)	07/26/2011
Human papillomavirus	05/03/2011
Rotavirus	12/06/2010
MMRV	05/21/2010
Pneumococcal conjugate	04/16/2010
Pneumococcal polysaccharide	10/06/2009
Shingles	10/06/2009
Td/Tdap	11/18/2008
Multiple vaccines	09/18/2008
MMR	03/13/2008
Varicella	03/13/2008
Hepatitis B	07/18/2007
DTaP	05/17/2007
Hib	12/16/1998

VFC Eligibility & Healthy Steps

Healthy Steps is a form of health insurance for children younger than 19 who do not have insurance, do not qualify for North Dakota Medicaid and live in a family with a qualifying income. This program is administered by the Department of Human Services, and coverage is provided through BlueCross BlueShield of North Dakota. **Children who have Healthy Steps as their health insurance do not qualify for the Vaccines For Children program.** Immunizations are covered by the Healthy Steps program.

To be eligible for the Vaccines For Children (VFC) program, patients must be younger than 19 and meet one of the following criteria:

- Medicaid-eligible
- American Indian or Alaskan Native
- Uninsured
- Underinsured

VFC eligibility must be verified at every immunization visit and must always be documented per dose in the North Dakota Immunization Information System (NDIIS).

Entering Doses in the NDIIS: A Refresher

Please share this information with everyone who is responsible for data entry into the NDIIS at your facility! It is very important that correct information is entered into the system, especially when it comes to date of administration, lot numbers and VFC eligibility. Mistakes do happen, but everyone responsible for data entry must be aware of the importance of the information being entered.

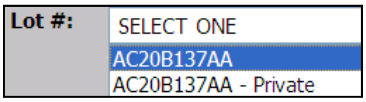
Common Error #1: Dose Date

Because the dose date field defaults to today's date, it is important that this field is changed when entering vaccines at a later date.

Common Error #2: Lot Number

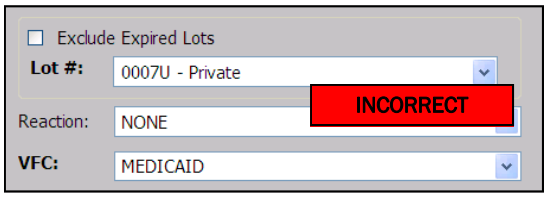
Occasionally, providers may have the same lot number for both privately purchased and state-supplied vaccines. **It is very important that the correct supply is chosen.** While this seems very trivial, when the incorrect supply is chosen it appears as though a VFC-eligible child received privately purchased vaccine or a child who is not eligible (insured) received VFC vaccine. According to the North Dakota Immunization Program Fraud and Abuse Policy, VFC vaccine used to immunize a privately insured child may warrant further investigation.

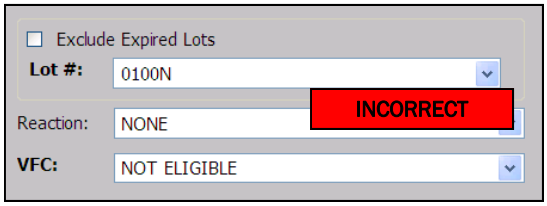
Using the example below highlighted in blue, state-supplied lot numbers appear "as-is." Private lot numbers are entered by the facility and have " - Private" following the lot number. If a state-supplied lot number is not found in the drop-down box, providers should contact the NDDoH.

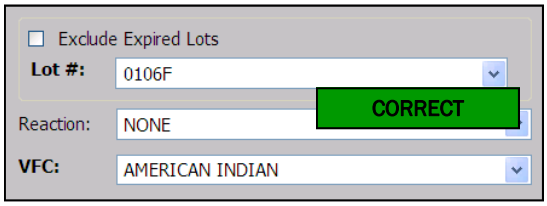


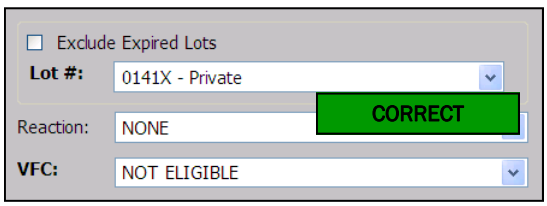
Common Error #3: VFC Eligibility

When entering a dose for any patient younger than 19, a VFC eligibility category must be selected. It is a requirement of the VFC program that all patients are screened for eligibility at every immunization visit. The vaccine administration record (VAR) provided by the NDDoH has a section for VFC eligibility screening. If a parent/guardian or patient does not supply this information when they fill out the form, the nurse administering the vaccine should make sure to note the patient's VFC eligibility status.









In the examples pictured at right, the first two show inappropriate screening and/or misuse of vaccine. If a child is eligible for VFC vaccine, a state-supplied lot number should have been administered. Insured patients, who are not eligible for VFC vaccine, must not receive VFC vaccine.

To request training on how to use the NDIIS, contact the North Dakota Immunization Program at 701.328.3386 or toll-free at 800.472.2180.

Clarifications from the Summer Newsletter

The Summer 2011 Newsletter featured a table containing guidance on how to use vaccine diluents. The table listed the refrigerator as the only acceptable storage environment for the sterile water diluent for MMR vaccine, which is incorrect. This diluent can be stored either at room temperature or in the refrigerator.

In the "Ask the Editor" section from the same issue, information about tetanus vaccine during flooding was included. There is no evidence to date of increased risk of tetanus because of flood waters. Injuries may increase because of the debris and the possibility for cuts and wounds while cleaning, rebuilding or tearing down flood-damaged homes. Because tetanus is a risk associated with wounds, it is important for children, adolescents and adults to be up-to-date on their vaccinations at all times.

Every area of the state had a unique experience this past summer. The decision about whether to hold mass vaccination clinics during a flood emergency needs to take in account many factors, including the public demand for the vaccine, timing and the resources available in the local community. The NDDoH recognizes the hard work done by all providers in the state during the stressful spring and summer of 2011. Thank you for your continued efforts to keep all North Dakotans healthy!

Recommendations for the Use of Tdap in Pregnant Women

On Oct. 21, 2011, the Advisory Committee on Immunization Practices (ACIP) issued their updated recommendations for the use of Tdap (tetanus, diphtheria and acellular pertussis vaccine) for pregnant women. The new recommendations are in line with the overall Centers for Disease Control and Prevention (CDC) strategy to reduce the burden of pertussis disease in infants.

The ACIP now recommends that women's health-care providers implement a Tdap vaccination program for pregnant women who have not previously received Tdap. Pregnant women should be given Tdap during pregnancy, preferably during the late second (after 20 weeks) or third trimester. Alternatively, if not administered during pregnancy, Tdap should be administered immediately postpartum.

If a tetanus and diphtheria booster is indicated during pregnancy (i.e., for wound prophylaxis) for a woman who has not previously received Tdap, health-care providers should administer Tdap, preferably during the late second (after 20 weeks) or third trimester. To ensure protection against maternal or neonatal tetanus, pregnant women who never have been vaccinated against tetanus should receive three tetanus-containing vaccines during pregnancy. Tdap should replace a single dose of Td, preferably during the late second (after 20 weeks) or third trimester.

2010 National Immunization Survey Results

The results of the 2010 National Immunization Survey (NIS) were published in the Aug. 26, 2011, issue of Morbidity and Mortality Weekly Report (MMWR). The table below shows that North Dakota is doing well at vaccinating adolescents against Tdap and MCV4. However, much more work needs to be done at vaccinating adolescents against HPV. North Dakota's rates for females having at least one dose of HPV declined between 2009 and 2010, from 45.1 percent to 41.7 percent. For three doses of HPV vaccine there was also a decline, from 31.7 percent to 26.3 percent. According to North Dakota Tdap and MCV4 rates, these adolescents are in provider offices to be vaccinated but are not receiving HPV vaccine. This is a missed opportunity. CDC is very concerned about HPV vaccination rates in the United States and will be working on some initiatives to increase rates in the future.

				Females Only		
	≥1 Td or Tdap	≥1 Tdap	≥ 1 MCV4	≥ 1 HPV	≥ 3 HPV	HPV 3 dose series completion*
U.S.	81.2	68.7	62.7	48.7	32.0	69.6
North Dakota	88.4	83.1	76.8	41.7	26.3	67.4
Minnesota	93.2	70.3	57.0	51.3	37.8	80.1
South Dakota	60.8	52.5	30.9	68.8	54.5	85.5
Montana	84.5	76.1	40.2	45.5	33.2	77.3

*Percent of females who received 3 doses among those who had at least one HPV dose and at least 24 weeks between the first dose and interview date

The results of the NIS indicate that immunization rates among adolescents in North Dakota remain high for MMR and hepatitis B. Rates for the second dose of varicella increased slightly from the previous year at 54.3 percent, but at a much lower rate in comparison to Tdap and MCV4.

	≥2 MMR	≥3 Hep B	≥ 1 Varicella*	≥ 2 Varicella*
U.S.	90.5	91.6	90.5	58.1
North Dakota	94.2	96.6	90.7	63.6
Minnesota	93.5	92.8	92.7	68.0
South Dakota	84.6	78.3	74.0	19.7
Montana	88.8	84.4	82.9	41.4

*Does not include history of disease

The results for the 2010 NIS for infants 19 through 35 months were published in the Sept. 2, 2011, issue of MMWR. North Dakota rates for infants remained fairly stable, with a 4:3:1:0:3:1:4 (four or more doses DTaP, three or more doses polio, one or more doses MMR, zero doses Hib, three or more doses hepatitis B, one or more doses varicella, four or more doses PCV) coverage rate of 79.8 percent. The estimated coverage in 2009 was 77 percent.

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Mark Your Calendars!

National Immunization Conference Online (NICO)
March 26-28, 2012 NO TRAVEL REQUIRED!

North Dakota Immunization Conference
June 12-13, 2012 Bismarck, N.D.

Vaccine Supply Policy Q&A

Q: What should local public health units (LPHUs) do when insured children from out-of-state come in for immunizations?

A: State-supplied vaccine from the NDDoH must only be used at LPHUs for children who are eligible for VFC, regardless of their state of residency, and insured North Dakota children. LPHUs that anticipate seeing insured patients from out-of-state should consider either keeping a small amount of privately purchased vaccine on hand or referring those patients to another provider.

Q: Do LPHUs still need to screen patients for VFC eligibility?

A: Yes.

Q: Who can give HPV vaccine to uninsured and underinsured adults ages 19 through 26?

A: Both LPHUs and private providers may continue to provide HPV vaccine to uninsured and underinsured adults ages 19 through 26.

Q: Are patients ages 19 through 26 with Medicaid eligible for state-supplied vaccine?

A: Medicaid covers HPV vaccine for adults ages 19 through 21. Privately purchased vaccine should be used to immunize these individuals and billed to Medicaid. Adults ages 22 through 26 with Medicaid are considered underinsured and can be given state-supplied vaccine.

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