

Immunization Newsletter

2013-2014 School Requirements

It's that time of year again! School requirements have changed and will change annually to accommodate the need for two doses of varicella vaccine. Each year the grade requiring two doses will advance until all grades require two doses of varicella for school attendance. Regardless of the grade requirement, all children without a documented history of chickenpox should receive two doses of varicella.

*One dose of DTaP must have been given on or after the fourth birthday. Only four doses are necessary if the fourth dose was administered on or after the fourth birthday. Three doses of Tdap/Td are required for children ages seven or older who were not previously vaccinated. Tdap should be used as the first dose, followed by two doses of Td for children age 7 or older not previously vaccinated.

Vaccine Type	Minimum Number of Doses Required Per Grade		
	Kindergarten	Grades 1-6	Grades 7-12
DTaP/DTP/DT/Tdap/Td*	5 or more	5 or more	5 or more
Hepatitis B	3	3	3
IPV/OPV [†]	4	4	4
MMR	2	2	2
Varicella (Chickenpox)	2 [§]	2 ^{§#}	1 [#]
Meningococcal [¶]	0	1	1
Tdap [⊖]	0	1	1

[†] In all-IPV or all-OPV schedule: one dose must have been given on or after the fourth birthday. The final dose in the series should be administered on or after the fourth birthday and at least six months after the previous dose. If four doses are administered prior to age 4, a fifth dose should be administered at age 4 through 6 years. Only three doses of IPV are required if the third dose is given on or after the fourth birthday.

[§] For the 2013-14 school year, two doses of varicella vaccine are required for kindergarten through fifth grade. If a child has a reliable history of chickenpox disease, the child is exempt from the vaccine requirement.

[#] For the 2013-14 school year, one dose of chickenpox vaccine is required of children attending sixth grade through ninth grade. If a child has a reliable history of chickenpox disease, the child is exempt from the vaccine requirement.

[¶] Meningococcal vaccine is required for entrance into middle school (sixth or seventh grade, depending on the school.)

[⊖] Tdap vaccine is required for entrance into middle school (sixth or seventh grade, depending on the school.)

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School Immunization Rates

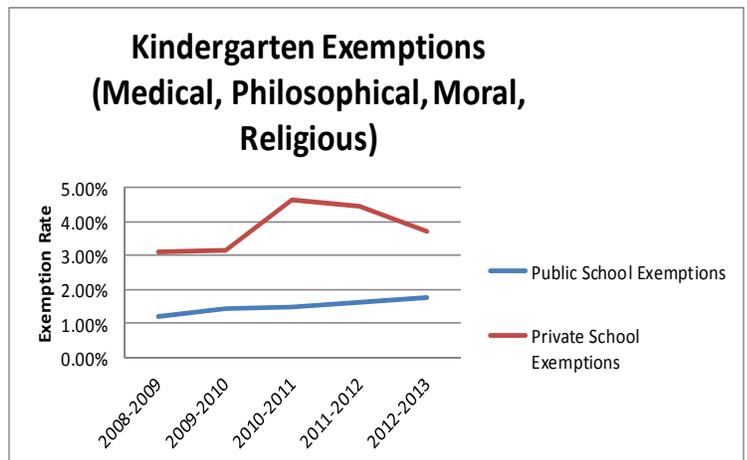


As North Dakota gets ready for another school year, the Immunization Program would like to remind providers that immunizations are an important part of school preparation for children and their communities. The information below is from the school survey submitted for the 2012-2013 school year. Data shows that about 11 percent of all kindergarteners in North Dakota were not up-to-date for DTaP, polio, chickenpox, measles, mumps and rubella. It is the shared responsibility for providers and schools to ensure that students are meeting the North Dakota school attendance requirements by the time the student is entering school. Children that are not up-to-date can and should be excluded from school until they are fully immunized to prevent outbreaks of vaccine preventable diseases. Providers should vaccinate anyone that has missing immunizations within the first 30 days of the school year. The Immunization Program recommends conducting a reminder/recall for all kindergarten age students to ensure that school-age immunization rates are increased. The survey will be completed by schools again in the upcoming first semester of the 2013-2014 school year.

North Dakota Kindergarten Vaccination Rates-Census Data								
No Record	Philosophical Exemption	Medical Exemption	Religious Exemption	Polio	DTaP	MMR	Hep B	Varicella or History of Disease
2.95%	1.42%	.21%	.24%	90.11%	89.68%	88.83%	93.94%	89.32%

Data shows that exemptions for medical, philosophical, moral and religious reasons have been increasing in public school children and decreasing in private school children. Private schools in N.D. report significantly higher exemption rates overall, and even with a decline are still nearly 2 percent higher than their public school peers.

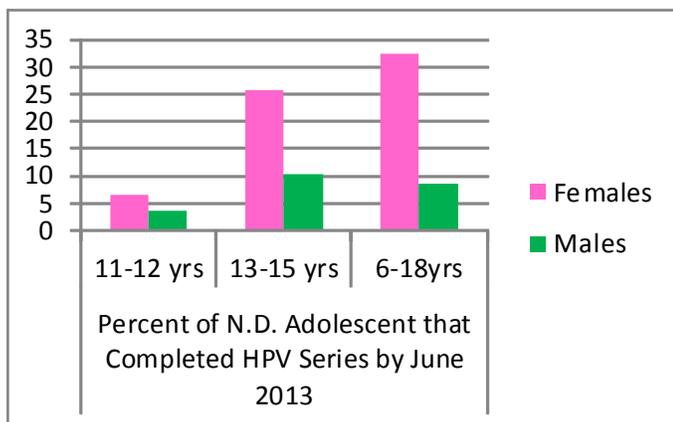
The Immunization Program has created a school immunization website that shows current immunization rates by vaccine and county trends. Providers and schools can use the website to obtain information about their region's immunization rates, as well as to gather information about trends on a yearly basis. When searching by county, providers and schools will be able to track immunization trends and exemptions. Data can then be used to determine interventions and/or education. Data on the website will be available back to the 2008-2009 school year. The website is expected to be available in August 2013 and will be located at the www.ndhealth.gov/immunize website.



New U.S. Study Shows HPV Vaccine Lowering Infection in Teen Girls

A new study published in *The Journal of Infectious Diseases* shows that since the introduction of the Human Papilloma Virus (HPV) vaccine in 2006, vaccine type HPV prevalence has decreased 56 percent among female teenagers 14-19 years of age. This report has shown that the vaccine is effective when administered prior to exposure to the vaccine strains.

The CDC estimates that 79 million Americans in their late teens and early twenties are infected with HPV and that every year 14 million people become newly infected. It is estimated that annually 19,000 cancers caused by HPV occur in women and about 8,000 in men. With low vaccination rates in the U.S., 50,000 girls alive today will develop cervical cancer that could have been prevented if vaccination rates reached 80 percent. Every year that the U.S. rates do not increase, an additional 4,400 girls will develop cervical cancer in their lifetimes. The decline in vaccine type prevalence is higher possibly due to herd immunity, high effectiveness with a completed vaccine series and changes in sexual behavior that were not measured. Only half of all girls in the U.S. begin the series and only a third will finish it. The number is significantly lower for boys. HPV vaccine is a three-dose series completed over six months.



Catch-up vaccination is recommended for girls ages 13-26 years and boys 13-21 years.

HPV vaccine is available from the Vaccines for Children (VFC) program for eligible adolescents and is state supplied for adults who are uninsured or underinsured. Only Gardasil® can be used for males and females. The state adolescent immunization recall includes adolescents 13-18 years that have begun the HPV series. North Dakota providers are encouraged to tell patients or parents all vaccines that they are eligible to receive, including HPV vaccine.

The CDC has a fact sheet titled “Tips and Time-savers for Talking with Parents about HPV Vaccine.” Some helpful tips when discussing cancer prevention for girls and boys include:

- Explaining what HPV is and how it is associated with several cancers to help parents understand the medical necessity.
- Helping parents understand the disease prevalence in the population, which is misunderstood.
- Discussing with parents that like all vaccines, immunization is most effective prior to exposure to the disease.
- Discussing research that shows no increases in promiscuous behaviors, as well as possible side effects that are mild and comparable to other vaccines the child has received.

The fact sheet can be found at www.cdc.gov/vaccines/who/teens/for-hcp-tipsheet-hpv.pdf.

Increasing HPV immunization rates is a shared responsibility!

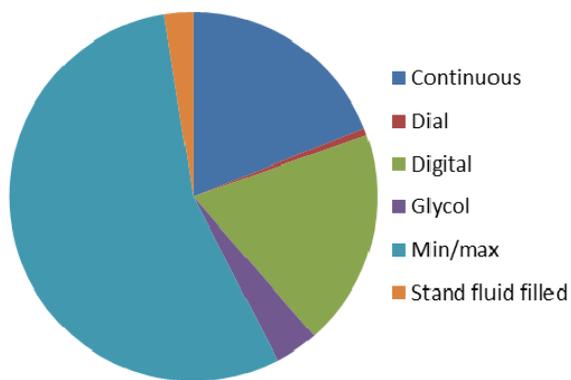
Vaccine Storage and Handling Practices in North Dakota

The National Institute of Standards and Technology (NIST) conducted a series of studies on vaccine storage and handling equipment and their performance. Based on the study, the CDC made a list of recommendations and requirements for vaccine storage. One of the requirements is the use of a calibrated and certified thermometer. About 3 percent of VFC providers in the state are not using a calibrated thermometer with certificate of calibration according to the storage certification submitted with enrollment this year.

Most thermometers that are available on the market have the word “NIST traceable.” However, according to the new CDC recommendation not all certificates of calibration with the phrase NIST traceable are acceptable. Certificates of calibration should identify an accredited laboratory or should have a statement that says the testing conforms to ISO 17025. Please refer to the updated thermometer purchasing guide on the Immunization Program website for details on the standard of the certificates.

The CDC recommends the use of a data logger with a probe in a glycol filled bottle for monitoring vaccine temperatures; however, only 15 percent of vaccine providers in North Dakota use data loggers. Data loggers monitor vaccine temperature at pre-set intervals and provide detailed information on out-of-range temperatures. We encourage vaccine providers to use a data logger for monitoring vaccine storage temperatures. The figure below shows the types of thermometers used by VFC providers in the state.

Thermometer types used by vaccine providers in North Dakota



The other issue addressed by the study was the use of combination refrigerators for storage of frozen vaccines. The study found that the freezer part of a combination unit does not maintain the required temperature for frozen vaccines. Therefore, they are not recommended for storage of frozen vaccines. However, 32 percent of vaccine providers in the state use combination units for storage of frozen vaccines. We encourage providers to purchase a stand-alone unit for storage of frozen vaccines. The Immunization Program has a refrigerator and freezer purchasing guide for providers who wish to buy new

units. Being compliant with vaccine storage and handling recommendation improves the quality of immunization service!

The Immunization Program is currently conducting a pilot test on continuous temperature monitoring equipment or data loggers. The pilot test involves 14 vaccine providers. Three different continuous temperature monitors will be tested at the providers' office from August 2013 to January 2014. Based on the pilot test result, the Immunization Program will make recommendations on the type of continuous temperature monitoring equipment used by VFC providers in North Dakota.

Guidance for purchasing thermometers, refrigerators and freezers, as well as instructions for transporting vaccines, is available at www.ndhealth.gov/immunize/providers/forms.htm.

Vaccine Information Statement Dates

Vaccine Information Statements (VIS's) change intermittently to reflect new recommendations and safety information. The Immunization Program informs providers when new VIS's are available for use and required to have on hand. New VIS's can be printed or ordered in bulk quantities from www.cdc.gov/vaccines/hcp/vis/index.html.

Providers should be on the look out for an updated rotavirus VIS that should be available by August and used immediately.

In May, the Gardasil® (HPV-4) VIS was updated to reflect the pregnancy registry termination by the manufacturer. The reference to the registry was removed from section four of the VIS. Stocks of the previous VIS can still be used as long as patients are made aware that the registry no longer exists. The VIS for Tdap incorporated recommendations for use in pregnant women and should be used when the existing supply is used up. The Td/Tdap VIS should still be used for patients receiving Td until a Td-only VIS is released.

All VIS's will now be available with a 2d barcode for providers that use scanners as part of their electronic medical records. The barcoded versions are not required to be used as long as the current dates are in use. All VIS's will be released with a modified more consistent look and language, though no date has been set for their release and they will not need to be used until the existing stock is depleted.

Influenza VIS's for the 2013-2014 seasonal flu vaccines are being reviewed at the CDC and will hopefully be cleared soon. Officials are also hoping that this will be the first flu VIS that will remain valid for more than one flu season.

Providers should double check their current VIS's on hand to make sure they are the most up-to-date version that is required to have on hand. Providers should be on the look out for the upcoming rotavirus and influenza VIS's coming soon and the Immunization Program will inform providers when these are available for use.



Check your stock of VISs against this list. If you have outdated VISs, get current versions.

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

2013 Vaccine Preventable Diseases in North Dakota

So far in 2013 there have been fewer cases of pertussis reported compared to 2012; however, *Streptococcus Pneumoniae*, meningococcal disease, and mumps cases are up when compared to this same time last year. All cases of vaccine preventable diseases (VPD) are reportable and providers should be testing patients that fit the case definitions and reporting them to the Department of Health in a timely manner. Immunizing children on time will prevent many cases of VPDs that occur in children that were not fully vaccinated but eligible for subsequent doses of the vaccine at the time of diagnosis. DTaP vaccine provides protection against pertussis when administered at 2, 4, 6, and 15-18 months with a booster between 4 and 6 years. Pneumococcal vaccine or Prevnar® is a 3-dose series routinely given at 2, 4, and 6 months with a booster at 12-15 months of age. MMR vaccine

provides protection for measles, mumps and rubella when administered at 12 months and boosted at 4-6 years. Meningococcal vaccine is routinely administered at 11-12 years of age with a booster at 16 years. Catch-up vaccination is at 13-15 years with a booster at 16-18 years, or if the first dose is administered after the age of 16, no booster is required. Providers following the ACIP recommended schedule should administer all vaccines for which a child is eligible. Many of the childhood vaccines like DTaP, PCV 13, and MMR are administered at the same ages, respectively.

A provider-based reminder/recall run in NDIIS for the fourth dose of DTaP will catch children that are not up to date with their DTaPs and any additional vaccines they may be eligible for at the time and prevent cases of pertussis in children that were not up to date.

Vaccine Preventable Diseases in North Dakota from Jan. 1- June 30, 2013		
Disease	2013	2012
Pertussis	30	84
Strep Pneumo <5	8	1
Meningococcal Disease	2	0
Mumps	3 (1 confirmed,1 probable, 1 suspect)	1 (suspect)

Multi-State Hepatitis A Outbreak

Hepatitis A vaccine is not required for school entry, but it is recommended for all children at 12 months of age and it is required for children attending child care. It is a two-dose series with the second dose due six months after the first. Travelers are not the only people at risk for Hepatitis A and it is diagnosed in people of all ages. Currently there is a multi-state outbreak of hepatitis A virus infections that are linked to pomegranate seeds from Turkey. As of July 3, 2013, there are 140 confirmed cases in eight states. As a result, Townsend Farms Organic Antioxidant Blend has been recalled. Eight children were ill; none of whom had been previously vaccinated. Cases like this bring attention to the vaccines that are available and that children are eligible to receive. Hepatitis A vaccine is available from the VFC Program for use in children 12 months to 18 years. Increased vaccination has attributed to historically low levels of infection in the U.S. Children ages 2 to 18 years have had the highest rates in the past, but since 2002 rates among this age group are now similar to other ages groups.

VFC Vaccine Borrowing and Returning Update

When the upgrade to NDIIS took effect in May 2013 a change to the vaccine borrowing process was implemented. The paper form is still required to be completed and was updated in May to capture the same information as the NDIIS borrow/return reports. The borrow/return process is now automatic in NDIIS based on data entry. For example, when entering a dose of private-supply vaccine that was borrowed to a VFC-eligible child, the person entering the dose will receive a pop-up to ensure that this error is intended as a borrow. If the person selects "Yes" and continues, a borrow will be generated automatically. Doses should be entered on clients in NDIIS exactly as they are given and the updated paper form must be used to record the borrow and subsequent return. By keeping the form on the vaccine storage unit or in the room where vaccine is prepared, all staff will know when a vaccine is owed to either stock and should record the dose information for the return.

The return also occurs by entering doses exactly as they are given. To return the dose borrowed to the VFC child, a provider should use VFC vaccine of the same type for an insured child who is not eligible. The same prompt will appear and selecting "Yes" will generate the return. Borrow/Return reports in NDIIS should be run monthly so they will catch any data entry issues. If there are more borrowed doses on the NDIIS report than showing on the required paper form, a provider can run the borrow/return detail report and see for what patients and dates the vaccines were used. Comparing the NDIIS information to the charts of patients will expose any data entry issues where the doses were entered incorrectly, but were used on the patient correctly.

All borrowed vaccine should be returned within four weeks, which is why reviewing all borrows on a monthly basis is a good practice. Vaccine borrowing should occur only in rare circumstances. It is important to note that the borrowing prompt in NDIIS will not occur for providers whose EMR is interoperable with the registry, but the borrow will still occur.

Expanded Travel Vaccine Recommendations

In June 2013, the ACIP expanded the use of Vero Cell culture-derived Japanese encephalitis (JE) vaccine (Ixiaro®) to include travelers ages 2 months to 16 years. Previous recommendations were for at-risk individuals 17 years and older. These new recommendations allow young U.S. travelers to be vaccinated against the potentially severe infection of JE. The infection kills 20-30 percent of victims and 30-50 percent of survivors are left with serious neurological problems. There is currently no effective treatment available, making prevention even more important. In the U.S., those at risk for infection is limited to travelers spending time in areas of Asia where the virus is endemic for a period of one or more months during the virus transmission season and will be spending substantial time outdoors. It is not recommended for use in short-term travelers who will be in urban areas outside of the virus transmission period. JE vaccine is a primary series of two doses administered 28 days apart. The ACIP also issued recommendations for a booster dose in travelers 17 and older who remain at risk of exposure and received the primary series more than one year ago.

Expired 2012-2013 Influenza Vaccine

The Immunization Program would like to remind providers that all of the 2012-2013 seasonal flu vaccine expired on June 30, 2013. Any providers that still have doses of the expired lots must report the expired vaccine and return unopened vaccine to McKesson Specialty. All unopened vials and pre-filled syringes of spoiled or expired vaccine must be reported and returned. Multi-dose vials that are open must be reported, but can be disposed of. Open vials cannot be returned to McKesson Specialty. The vaccine should be removed from the refrigerator, marked "Do Not Use," and reported. The Return and Wastage Form has been updated in 2013 and is available at www.ndhealth.gov/Immunize/Documents/Providers/Forms/VaccineReturn2013.pdf.

Providers should report all doses of expired and wasted influenza and other vaccines. A packing slip will be e-mailed or faxed from the Immunization Program to be included in the box of vaccine to be returned. Once the shipping label arrives, the vaccine can be returned with regular UPS pick-up or pick-up can be arranged for providers that do not have regular pick-ups. Reporting wasted or expired vaccine is required for VFC and state-supplied vaccine.



Quadrivalent Formula Flu Vaccine Update

For the 2013-2014 influenza season, there will be three quadrivalent flu vaccines available. Most recently the Food and Drug Administration (FDA) approved Sanofi pasteur's Fluzone® quadrivalent for people ages six months and older. The approval was released on June 7, 2013. This quadrivalent formula joins MedImmune's FluMist® quadrivalent, approved February 29, 2012, and GlaxoSmithKline's Fluarix® quadrivalent that was approved December 14, 2012.

All three of these quadrivalent vaccines are licensed for use in preventing two A and two B strains of influenza. The inclusion of an additional B strain in seasonal influenza vaccine was recommended by an FDA advisory committee in 2012 after studies showed that in six of the last 12 flu seasons, the dominantly circulating B strain was not from the same B lineage contained in the trivalent vaccine formulas. Fluzone® Quadrivalent is the only flu vaccine available for children younger than 2.

FluMist® Quadrivalent is available for use in people ages 2 to 49 and Fluarix® is licensed for use in people ages 3 years or older. All three quadrivalent flu vaccines are available from the VFC Program for use in uninsured or underinsured, American Indian, or Medicaid eligible children. Local public health units that are universal providers may also use state-supplied vaccine on insured children.

Vaccine Recalls

Voluntary Recall of Menveo® (MCV4) Vaccine

On July 3, 2013, Novartis issued a voluntary market recall of Menveo® Lot Number M12118. The recall is a precautionary and voluntary action following the observation of higher than specified levels of residual moisture within the lyophilized MenA component vial from the recalled lot. This residual moisture content is not expected to impact product quality, but it is a deviation from registered specifications. All other aspects of this lot have met the required quality standards.

Novartis Vaccines is not aware of any safety issues that could be attributed to the higher moisture content. There is no action required for patients previously vaccinated with a dose from this lot. Providers should check their lots of Menveo® for Lot # M12218 (Men A vial Lot # A12118 and Men CWY vial lot # X12118). Only these Menveo® vials from these specified lots are subject to this market recall.

A letter was sent from the manufacturer to all providers that received this lot and would have included a business reply card for shipping the vaccine back. The vaccine does not have to be kept cold and can be returned. If this lot number is part of your state supply, the same letter would have been received and vaccine should be returned according to the instructions. Replacement doses will be supplied by Novartis. When replacement doses are received, please call the Immunization Program so that the new lot numbers can be added to the provider inventory.

For questions about the recall, please contact Novartis Vaccine Customer Service at 1.877.683.4731 and select option 3.

Recombivax® HB Voluntary Recall

Merck Sharp & Dohme Corp. initiated a voluntary recall of Recombinant Hepatitis B Adult Formulation Lot J001183 due to the potential for a limited number of cracked vials to be present in this lot. The lot was distributed between March 12, 2013, and May 2, 2013. An investigation by the manufacturer concluded that for certain vials in this lot, the potential exists for a crack to have occurred in the vial. If a vial is cracked, this can effect the integrity and sterility of any product remaining inside. If any of this product has been administered, revaccination is not necessary and supply of Recombivax® HB Adult Formulation will not be impacted. The recall is limited to the U.S. only and is being conducted with the knowledge of the Food and Drug Administration.

Providers should examine their private inventory and quarantine all product from Lot J001183. The vaccine can be returned using the postage paid Business Reply Card and the packing slip with the lot information on it. Any providers that have this lot and have questions about returns should contact Stericycle directly at 877.245.8143. For questions regarding the recall, please contact Merck National Service Center at 800.672.6372 and select prompt #1, then prompt #2.

Lunch & Learn Schedule

Lunch and Learn Schedule for the remainder of the year is as follows:

August 14, 2013

September 11, 2013

October 9, 2013

November 13, 2013

December 11, 2013



Please remember that all Lunch and Learns are the second Wednesday of every month from 12 p.m. to 1 p.m. CST. The topic and registration links are e-mailed on the first Monday and second Monday of every month. Providers can look forward to topics including vaccinating high-risk individuals, storage and handling recommendations, interactive Frequently Asked Questions, administering vaccine safely, and influenza vaccine 2013-2014. Topics will be announced on the first Monday of each month.

The Immunization Program has changed the post-test question availability to two weeks from the presentation date. Credit for nurses can now be obtained for up to two weeks from the original presentation.

Rabies Vaccine Shortage is Over

On June 2, 2013, the CDC announced that the rabies vaccine shortage is over. Currently there are no supply restrictions. Rabies vaccine produced by Novartis (RabAvert®) is available for pre-exposure (PreEp) and postexposure prophylaxis (PEP) from wholesale distributors. Rabies vaccine produced by Sanofi Pasteur (IMOVAX®) is available for PreEP and PEP.

Human rabies immune globulin produced by Sanofi Pasteur (Imogam®) is currently restricted, but the human rabies globulin produced by Grifols (HyperRAB®) is available with no restrictions.

Pre-exposure rabies vaccine is available for people at high risk for exposure to rabies, such as veterinarians, animal handlers, rabies laboratory workers, spelunkers, and rabies biologics production workers. The vaccine should also be considered for people whose activities bring them into frequent contact with rabies virus or with possible rabid animals and international travelers who are likely to come in contact with animals in parts of the world where rabies is common.

The pre-exposure schedule for rabies vaccination is three doses, given at 0, 7 days, and 21-28 days after dose one. Post exposure for an unvaccinated person is a four-dose rabies vaccine series. Dose one should be given immediately, and additional doses on the 3rd, 7th, and 14th days. They should also get the Rabies Immune Globulin shot at the same time as the first dose. Previously vaccinated people should get only two doses of rabies vaccine, on day one and another on the day three, but the immune globulin is not needed.

ACIP Does not Recommend Tdap Booster

In June the ACIP decided to not recommend routine booster doses of Tdap for adolescents. This does not change the recommendation for pregnant women to receive a booster dose during each pregnancy. The CDC collaborated with the state health department in Washington to understand how well and for how long Tdap vaccines protect from pertussis. In the study, the overall vaccine effectiveness was 65 percent. Initial vaccine effectiveness within one year of Tdap vaccination was slightly higher at 75 percent, but declined substantially after. Of those 2 to 4 years post-vaccination, only 39 percent were still protected. This decrease in immunity or protection is consistent with trends observed in the U.S. The decision not to recommend boosters came in light of comparing scenarios where a booster is given at age 16 or 21. Due to the vaccine's short duration of protection, only a small number of cases would be prevented and therefore would not be cost effective. The current adolescent recommendations have a greater impact on preventing pertussis because there is a much higher incidence of pertussis in this age group. The study indicated that if the dose at 11-12 years was no longer administered, pertussis cases would double in that age group. At this time, providers should continue using Tdap at 11-12 years of age and during every pregnancy. Any adolescent or adult that has not received a Tdap should still receive a one-time dose. A single dose of Tdap is required in N.D. for entry into middle school (sixth or seventh grade depending on the school).



Nods to Nurses

Nurse in North Dakota Sparks Change to the Pink Book and Guide to Contraindications and Precautions!

Brett Kallis of Great Plains Clinic in Dickinson brought to the Immunization Program's attention an oversight in both the pink book and the CDC provided *Guide to Contraindications and Precautions* that will be corrected in the newest editions of these resources. Anaphylactic allergies to yeast is currently a contraindication for the Hepatitis B and HPV vaccines. However, Menveo® brand meningococcal vaccine and Prevnar® (PCV13) pneumococcal conjugate vaccine include yeast or yeast extract in their list of ingredients. These vaccines were not included in the contraindications list, but thanks to a nurse that knew her patient's history and her quick research, the mistake was found. Please keep this in mind when administering either of these vaccines.

Hepatitis B Vaccine Honor Roll

The Immunization Action Coalition (IAC) is urging hospitals to meet the national standard of care by providing a universal birth dose of hepatitis B vaccine (HBV). The IAC launched the Birth Dose Honor Roll on July 16, 2013, to recognize hospitals and birthing centers that have attained high coverage rates for administering HBV at birth.

The birth dose of HBV prevents 70 to 95 percent of transmission to infants born to Hepatitis B Surface Antigen positive women. It also protects the infant from infected family members or other caregivers. The birth HBV dose provides protection should a medical error occur.

To be included in the IAC Hepatitis B Birth Dose Honor Roll, the institution must meet the criteria that at least 90 percent of babies (weighing 2,000 grams or more) born during a 12-month period receive HBV prior to discharge; and has written policies, procedures, and protocols for implementing the universal HBV birth dose in place.

These policies must include:

- Informing parents about the importance of the birth dose and recommendations for all newborns.
- Routinely administering HBV to infants before discharge.
- Requiring staff to review the hepatitis B surface antigen (HBsAG) test result on all women admitted to labor and delivery or order the HBsAG test as soon as possible if it has not already been completed.
- Giving HBV and hepatitis B immune globulin (HBIG) within 12 hours of birth to babies born to women with a positive status or unknown status if the infant is less than 2,000 grams at birth.
- Standing Orders to administer HBV as part of newborn admission orders.
- Protocols to notify state or local health departments perinatal hepatitis B prevention program prior to the discharge of the mother whose HBsAG test is positive.

The birth dose in North Dakota is provided by the Immunization Program for all infants regardless of their insurance status. All 11 birthing hospitals are enrolled to

receive state-supplied hepatitis B vaccine for infants at no cost. Insured infants can receive state-supplied HBV for the birth dose only, unless the series is completed at a universal local public health unit.

Facilities that attain the high coverage rates for HBV birth doses should be recognized for their achievements. The Immunization Program encourages birth dose providers to implement the policies, procedures and protocols outlined by IAC to be included on the honor roll. Hospitals and birthing units that meet these qualifications can apply for the Honor Roll by contacting IAC by e-mail at birthdose@immunize.org.

2011 National Immunization Survey- Birth Dose Coverage

Hepatitis B Birth Dose	Within 1 day	Within 2 days	Within 3 days
United States	60.2	66.7	68.6
North Dakota	62.9	75.6	83.4



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Calendar of Events

**August is National
Immunization
Awareness Month!**

**National Influenza
Vaccination Week
(NIVW) is December
8-14, 2013**

**The North Dakota
Immunization
Conference is July 15
and 16, 2014, in
Bismarck, North Dakota**



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**Immunization Program
Facebook Launch**

In late spring, the Immunization Program launched a Facebook page to share information from reliable vaccine sources with parents, providers and the community. As social media becomes an increasingly important communication tool, we want to be sure that information regarding immunizations is being disseminated to the public in a timely and relevant way. Every week the page is updated with vaccine stories in the news, CDC vaccine updates, as well as pages by Sounds of Pertussis, Vaccinate Your Baby, Autism Science Foundation, and Families Fighting Flu. To view and like the page, please visit www.facebook.com/NDImmunization.

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