

Immunization Newsletter

Updated HPV Recommendations for Males

On Oct. 25, 2011, the Advisory Committee on Immunization Practices (ACIP) recommended **routine** use of quadrivalent human papillomavirus (HPV4) vaccine for males ages 11 to 12. Catch-up vaccination is recommended for males ages 13 through 21 who are incompletely vaccinated or have not previously received the vaccine. Vaccination also is recommended for immunocompromised males and men who have sex with men through age 26. Males ages 22 through 26 may be vaccinated.

Although the largest number of HPV-associated cancers occur in women, an estimated 7,000 HPV 16- and 18-associated cancers occur each year in men in the United States. Vaccination of males would provide direct benefits and likely would reduce HPV 6, 11, 16 and 18 transmission and resulting infection, disease and cancers in females through community (“herd”) immunity.



Because HPV4 is prophylactic, it is most effective when given before exposure to HPV through sexual contact. HPV vaccination has been routinely recommended for females ages 11 to 12 since 2007. The recommendations for females have not changed. Catch-up vaccination is still recommended for females ages 13 through 26 for those who are incompletely vaccinated or have not previously received the vaccine.

Join the Immunization Program for Lunch

The North Dakota Immunization Program has begun hosting Lunch & Learn web sessions! On the second Wednesday of every month starting at noon (CST), we are having educational presentations on immunization-related topics. Topic and registration information is e-mailed to providers in the weeks before the session. Previous sessions have been recorded and can be viewed on our website:

www.ndhealth.gov/immunize.

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The 2012
Prevention
Partnership
enrollment
packets will be
sent out in early
March.

Remember to
submit your
enrollment
materials by the
deadline!

Transporting Frozen Vaccines

The Centers for Disease Control and Prevention (CDC) has updated its guidance regarding the transport of frozen vaccines. CDC and Merck do not recommend transporting frozen vaccines, but if they must be transported, a portable freezer unit that maintains temperatures between -58°F and 5°F (-50°C and -15°C) is recommended.

Frozen vaccines may be transported at refrigerator temperature (36°F to 46°F, 2°C to 8°C) for up to 72 continuous hours prior to reconstitution. If transport of frozen vaccine is necessary and a portable freezer is unavailable, follow these instructions:

1. Place a calibrated thermometer in the container used for transport as close as possible to the vaccine.
2. Record:
 - The time the vaccine was removed from the storage unit and placed in the container.
 - Temperature during transport.
 - The time and temperature at the beginning and end of transport.
3. Immediately upon arrival at the alternate storage facility:
 - Place the vaccine in the freezer.
 - Document the time the vaccine was removed from the container and placed in the freezer.
 - Note that this is considered a temperature excursion, so contact Merck at 800.637.2590 for further guidance.
4. Do not discard vaccine without contacting Merck for guidance.

Use of dry ice is no longer recommended, even for temporary storage or emergency transport.

New FDA Approval for PCV13

The Food and Drug Administration (FDA) has approved Prevnar 13[®] (PCV13) for use in adults 50 and older to prevent pneumonia and invasive disease caused by *Streptococcus pneumoniae*. Post-marketing trials currently are underway to assess the clinical benefit of administering PCV13 versus the 23-valent polysaccharide vaccine, PPSV23, to adults 65 and older.

The recommendations of the ACIP have not changed. PCV13 is currently only routinely recommended for children younger than 6.

It is important to note that the recommendations for use of this vaccine have not changed. The Advisory Committee on Immunization Practices (ACIP) recommends routine vaccination with PCV13 only for children younger than 6.

Check Your VISs!

The human papillomavirus (HPV), hepatitis B and Td/Tdap Vaccine Information Statements (VISs) have been updated. Other VISs will be released soon, including MMR and rotavirus. All of the upcoming VISs will be in the updated format.

VISs will soon feature bar codes. Providers with electronic medical records will have the option of scanning these codes as an alternative to manually entering the VIS publication date, date given to the patient, etc.

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!

Human papillomavirus (HPV)	02/22/2012
Hepatitis B	02/02/2012
Td/Tdap	01/24/2012
Polio	11/08/2011
Hepatitis A	10/25/2011
Meningococcal	10/14/2011
Influenza (TIV)	07/26/2011
Influenza (LAIV)	07/26/2011
Rotavirus	12/06/2010
MMRV	05/21/2010
Pneumococcal conjugate	04/16/2010
Pneumococcal polysaccharide	10/06/2009
Shingles	10/06/2009
Multiple vaccines	09/18/2008
MMR	03/13/2008
Varicella	03/13/2008
DTaP	05/17/2007
Hib	12/16/1998

TENIVAC Replacing DECAVAC®

Sanofi pasteur has replaced its tetanus and diphtheria (Td) vaccine, DECAVAC®, with TENIVAC. TENIVAC is now available.

While TENIVAC vaccine is the only Td vaccine offered by sanofi pasteur as of Feb. 1, DECAVAC® vaccine will remain on the market through McKesson until DECAVAC vaccine inventory is depleted. TENIVAC was initially approved by the FDA in 2003.

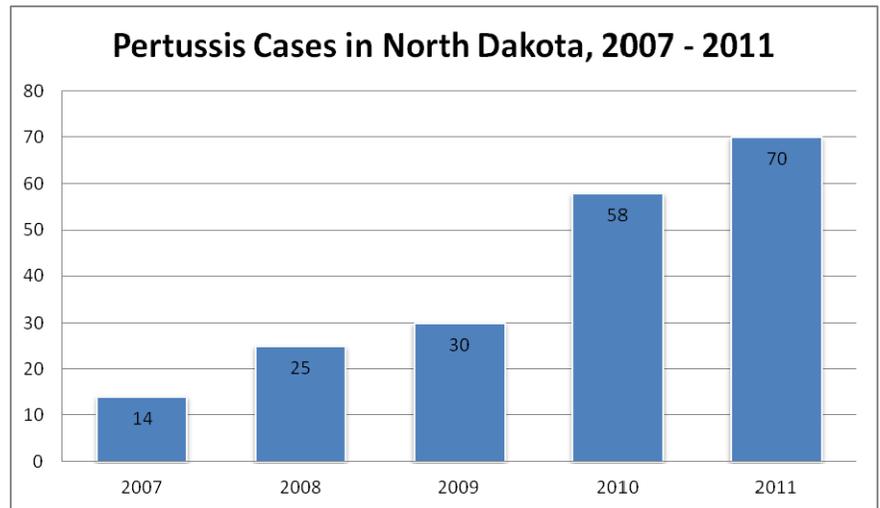
As a reminder, the North Dakota Department of Health supplies Td only for children younger than 19 who are eligible for the Vaccines For Children (VFC) program. Because of updated recommendations regarding the use of Tdap in underimmunized children and adolescents, very few patients are recommended to receive Td.



Vaccine-Preventable Disease Summary

Preliminary data indicates that 70 cases of pertussis were reported from 13 North Dakota counties in 2011. Seven of the cases were hospitalized, and 44 cases were in children and adolescents younger than 18.

The North Dakota Department of Health reported the first case of measles in the state since 1987 in June. The case occurred in an unvaccinated adult male in his 50s from Cass County. The case most likely contracted measles on a domestic airline flight. He was not in North Dakota while contagious.



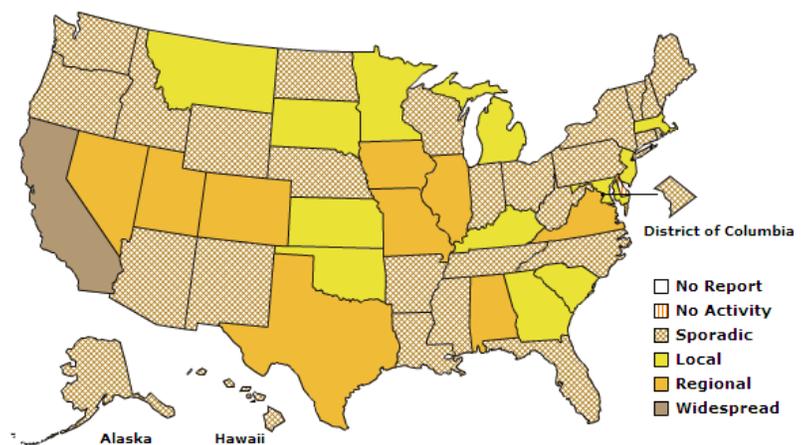
In 2011, seven total cases of mumps were reported, four confirmed and three suspect in four North Dakota counties. Three of the cases were epidemiologically linked. Three suspect cases of mumps were reported in 2010. Two cases of mumps were reported in both 2009 and 2008.

In 2011, a probable case of meningococcal disease was reported in North Dakota, compared to two cases in both 2010 and 2009. The serogroup was not able to be confirmed in the probable case.

No cases of rubella, diphtheria or tetanus were reported.

2011-2012 Influenza Update

Influenza activity is increasing in the United States. In mid-February, FluView, the weekly influenza surveillance report from the CDC, reported an increase in the national percentage of respiratory specimens testing positive for influenza. This is the first time this season that the percent of respiratory specimens testing positive for influenza has surpassed 10 percent, which is generally a marker to indicate that flu season is beginning.



While influenza activity in North Dakota has been low (29 reported cases as of Feb. 9), providers should continue to encourage vaccination. For more information on influenza, visit www.ndflu.com or www.cdc.gov/flu.

What's New on the Website?

If you haven't visited the Immunization Program website in a while, you could be missing out!



You can now **report wasted/expired vaccine electronically** with the new online form. After submitting the form, providers can print copies of the reported waste to keep on hand and send with the return shipment.

A new **page for provider education** features all of the archived Lunch & Learn sessions, a link to trainings and courses offered by the CDC and a list of presentations offered by the Immunization Program for continuing education credit.

Forms and policies are updated as needed. Some facilities are still using order forms from 2002! New materials, including a new report and a vaccine administration record, for family planning clinics are now available. The Fraud and Abuse Policy, VFC Questions & Answers and vaccine management plan template have all been recently updated. Please be sure your facility is using the most current materials!

Visit us often!

www.ndhealth.gov/immunize

Presenting Vaccines to Parents

Parents often have questions about vaccines. Nurses and other clinic staff members play key roles in addressing those concerns. It is important for parents to know that choosing to have their child vaccinated is vital not only for the child's health, but for the health and safety of others around them.

In North Dakota, child-care facility and school immunization requirements are in line with the recommendations of the Advisory Committee on Immunization Practices (ACIP) and are in place to keep children safe and healthy. These requirements are state law, and changes are made periodically as ACIP recommendations are updated. When presenting vaccines to parents, it should be made clear that there is no difference between the requirements and recommended immunizations.

In the event of a vaccine-preventable disease outbreak, unimmunized or underimmunized children may be unable to attend the child-care facility or school until deemed appropriate by the NDDoH. Parents who choose to delay or reject vaccines should properly document their decision, using either the NDDoH [Certificate of Immunization](#) or a refusal to vaccinate form. These forms should be kept on file both with the primary care provider and the child-care facility or school. All exemptions, including philosophical, moral, religious, medical and history of disease, also should be documented in the NDIIS.

The Centers for Disease Control and Prevention (CDC), American Academy of Family Physicians (AAFP) and American Academy of Pediatrics (AAP) came together to develop educational materials for parents who have questions about vaccines. These materials, found at www.cdc.gov/vaccines/spec-grps/hcp/conversations.htm, are useful for providers, parents and patients who want to learn more about the recommended vaccines and the diseases they prevent.

Fargo Cass Public Health Reminder/Recall

Submitted by Cheryl Wavrin, RN, BSN

Reminder/recall (RR) is an imperative piece in the puzzle of keeping our children up-to-date on their immunizations and maintaining high immunization rates in our clinics, counties and state. Fargo Cass Public Health (FCPH) started pursuing RR for all of Cass County in February 2010 using a Pfizer-sponsored program called Televox. It was implemented in January 2011.

In June 2010, the Red River Valley Immunization Coalition was formed and private providers were asked their thoughts and concerns about public health sending out reminder postcards and phone calls using Televox. Private providers in Cass County supported and approved, providing confidence to continue the process. Although FCPH would administer the program, NDDoH ensured HIPAA laws were being followed and the business agreement was their responsibility to approve and sign. Ultimately, Televox would work most efficiently in conjunction with the NDIIS RR system, which became operational in November 2010. The Televox system includes an automated telephone message. It took time to write, send, listen to and edit the phone message, so FCPH chose in the end to record their own message to expedite the process. After almost a year, RR using the Televox system became operational.

A report currently is run every month through the NDIIS RR system for all children ages 8 and 17 months for those behind on PCV. After some minor editing and formatting, it is uploaded into the Televox system. Within days of the upload, postcards are sent to the households of children indicated for PCV, and 15 days later the automated phone message is sent to the phones of these households. Every month, five to 10 postcards are returned to FCPH. Using Women, Infants and Children (WIC), a few of these addresses are corrected and the postcards are resent. A majority of these children have moved, however, without forwarding addresses. As FCPH is not the "medical home" for most children in Cass County, they are unable to designate them as MOGE (Moved or Gone Elsewhere) in NDIIS.

While working to implement reminder/recall, FCPH noticed a steady increase in their county's immunization rates. As this happened before reminder/recall efforts were in place, the author feels the need to acknowledge the benefit of local immunization coalitions and public and private providers working together to enhance awareness about the importance of immunizations.

With electronic health record (EHR) implementation at Essentia Health in 2011 and the upcoming EHR upgrade at Sanford Health in 2012, information should be much more accurate in NDIIS as the EHRs will transfer immunization and demographic information to NDIIS, ensuring it is current for most children. The problem still remains, however, about the ability to designate MOGE children. FCPH strongly encourages private providers to implement RR, allowing them to designate MOGE children when they receive returned postcards.

Overall, Televox has been well-received by the residents in Cass County and private providers are appreciative of the current process. FCPH is sensitive to some residents who view public health reminders as being a form of government surveillance and intrusiveness. Phone calls questioning privacy issues are received monthly since implementing Televox. Less suspicion and defensiveness may occur if postcards and phone calls were being sent by a child's private provider/medical home.

Whether using a commercial system or creating your own postcards and sending them out with the help of the NDIIS, RR is a great tool to communicate with patients about immunization needs. Reminder/recall will, in conjunction with other provider partnerships, improve clinic, county and state immunization rates. FCPH wishes to extend assistance and/or training to anyone wanting to implement a RR system in their clinic or county. Please contact Cheryl Wavrin via e-mail (cwavrin@cityoffargo.com) or phone (701.241.8189).

2011 AFIX Awards



AFIX (Assessment, Feedback, Incentive, eXchange) is a continuous quality improvement tool that consists of assessment of the health-care provider's vaccination coverage levels and immunization practices; feedback of the results to the provider, along with recommended strategies to improve coverage levels; motivating the provider through incentives to improve vaccination coverage levels; and exchanging health-care information and resources necessary to facilitate improvement. The NDDoH began conducting these quality assurance visits in 2000. In 2011, coverage rates were assessed excluding Hib vaccine because of a previous shortage of Hib-containing vaccines.

The following providers have been recognized as "Immunization Leaders" by achieving immunization rates of 85 percent or higher by 24 months of age for the 4:3:1:0:3:1:4 (4 DTaP:3 HepB:1 MMR:0 Hib:3 IPV:1 varicella:4 PCV) series in 2011.

Private Providers:

***West River Health Services — Hettinger**
***Sanford Children's — Fargo**
***Medcenter One Bismarck Clinic Downtown**
Trinity Community Clinic Western Dakota — Williston

Public Providers:

***Cavalier County Health District**
***Lake Region District Health Unit — Ramsey County**
McIntosh District Health Unit

***These providers are receiving the "Immunizations: Tradition of Excellence" award for achieving rates of 85 percent or higher in three out of the last five years.**

Nationally and in North Dakota, coverage rates for the fourth dose of DTaP lag behind other antigens. In 2011, the following providers achieved the program goal of 90 percent or higher for the fourth dose of DTaP and are being recognized with the second annual "DTaP 4" award.

Private Providers:

Medcenter One Bismarck Family Clinic South
Essentia Health South University — Fargo

Public Providers:

McIntosh District Health Unit
Lake Region District Health Unit — Ramsey County

The following providers increased their rates by 10 percent or more since their last documented AFIX visit and are receiving the "Most Improved Immunization Rates" award.

Private Providers:

Essentia Health West Acres — Fargo
Great Plains Clinic — Dickinson
Trinity Community Clinic Western Dakota — Williston
Independent Family Doctors — Fargo
Essentia Health South University — Fargo
St. Alexius Center for Family Medicine — Mandan
Essentia Health West Fargo

Public Providers:

Early Childhood Tracking — Fort Totten
Dickey County Health Department

The awards will be handed out at the 2012 North Dakota Immunization Conference. Not all providers are assessed each year. The above providers were assessed in 2011.



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Save the Date!

**North Dakota
Immunization Conference**

June 12 - 13, 2012

Radisson Inn, Bismarck



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Thanks to www.sp-studio.de for
the mini Immunization Program!

New NDIIS Sentinel Site Coordinator

Mary Woinarowicz was hired in late November as the new IIS Sentinel Site Coordinator.

Mary grew up in Bismarck and after graduating from Century High School moved to Grand Forks where she completed her master's degree in sociology at

the University of North Dakota. Her previous experience includes teaching at UND and Northland Technical Community College and working at Altru Health System in Grand Forks.

Mary and her family recently moved to Bismarck where she

spends her free time chasing after her two young kids. She is excited to be back in her home town and is looking forward to the new challenges with her position.

Please help us welcome Mary to the Immunization Program!

Terry Dwelle, MD, MPHTM

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Kirby Kruger

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

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