

# Immunization Newsletter

## 2014 VFC Enrollment

The 2014 Vaccines For Children (VFC) Program enrollment packet was mailed out on February 18, 2014 and was due by March 14, 2014. Providers will not be able to order vaccine after the due date if the original, signed copies of enrollment were not returned or if two contacts from each facility have not taken the 2013 Storage and Handling and VFC training.

There are new data fields included on this year's enrollment form. The Employer Identification Number (EIN) must be included for the Medical Director or equivalent. This is the same number as Federal tax identification number.

Many of the requirements have not changed from 2013. The administration fee cap has remained the same at \$20.99 per vaccine dose, there must be no charge for the vaccine and the Medicaid reimbursement for administration must be accepted. The VFC Eligibility categories have also remained the same. Patients are eligible to receive VFC vaccine if they are 18 or younger AND:

- Medicaid enrolled or eligible
- American Indian
- Uninsured
- Underinsured-Private insurance does not cover immunizations or only covers certain immunizations. VFC eligible for non-covered immunizations only. Underinsured children may only be vaccinated with VFC vaccine at a rural health center (RHC), federally qualified health center (FQHC), or deputized local public health units.

We also have several 317 Vaccine Programs. Persons who meet one or more of the following categories are considered state vaccine-eligible and are not eligible for VFC-purchased vaccine:

- Underinsured children at private clinics. (Entered as "underinsured" in NDIIS)
- Insured newborns immunized with the birth dose of hepatitis B at enrolled birthing hospitals. (Entered as "other state eligible" in NDIIS or EMR)
- Insured children at participating health units. (Entered as "other state eligible" in NDIIS or EMR)
- Uninsured and underinsured adults for Td, Tdap, HPV, PPSV23, MCV4 and MMR. (Entered as "other state eligible" in NDIIS or EMR)

Annual education will again be required in late 2014. It must be complete prior to enrolling in 2015. The North Dakota Department of Health (NDDoH) is working on producing ND-specific modules.

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## 2014 VFC and AFIX Visits

In 2014, VFC site visits and AFIX assessments will be conducted differently than in the past. VFC site visits will focus on VFC program requirements and recommendations, and will include a questionnaire and inspection. An education session will be offered with every VFC site visit.

VFC site visit follow-up has also changed. Corrective actions will be issued for both requirements and recommendations. Providers will also receive a six-month reminder of their previous corrective actions. Corrective actions will be issued for non-compliance of requirements and if the non-compliance is continued, it could lead to termination from the VFC program. Corrective actions for recommendations will also be issued. These recommendations are not required, but very likely will be in the future and are considered best practices. Please refer to the North Dakota Immunization Program 2014 Vaccine Management Plan for these requirements and recommendations.

AFIX assessments will focus only on infant and adolescent immunization rates and ways to increase them. Each AFIX assessment will include a questionnaire, an educational session and a Quality Improvement Plan.

## Reminder: Immunization Documentation Requirement

All immunization records must contain the following documentation required by federal statute (42 US Code 300aa-25):

- Name of vaccine administered
- Date vaccine was administered
- Date VIS was given
- Publication date of VIS
- Name of vaccine manufacturer
- Lot number
- Name and title of person who administered the vaccine
- Address of clinic where vaccine was administered



## 2014 State Immunization Conference

The 2014 State Immunization Conference will take place July 15 and 16 in Bismarck. Dr. Paul Offit from the Children's Hospital of Philadelphia will be giving two keynotes. Dr. Andrew Kroger from the CDC will also be speaking. All staff who work with immunization are encouraged to attend. This is a great time to learn more about immunizations and find out what other providers are doing to increase their clinics' immunization rates. Nursing and Pharmacy credits will be available. The first 200 participants to register will receive a copy of Dr. Offit's book "Do You Believe In Magic." Registration information can be found at [und.edu/academics/extended-learning/conference-services/immunization/](http://und.edu/academics/extended-learning/conference-services/immunization/).

# Adult Immunizations in NDIIS

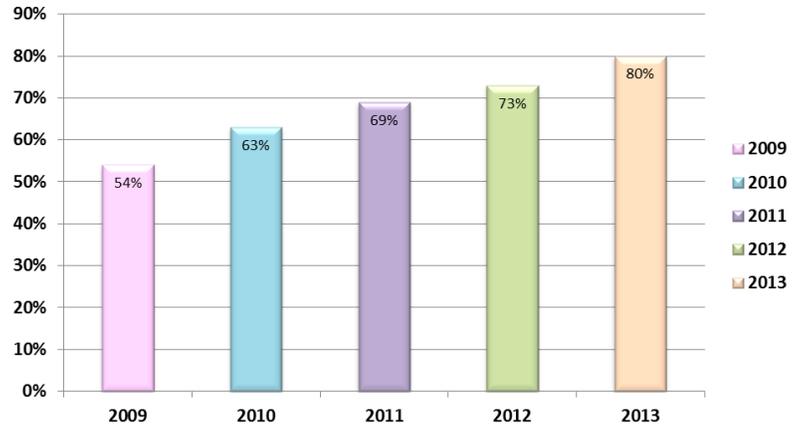
The North Dakota Immunization Information System (NDIIS) was first established in 1988 as a confidential, population-based, computerized information system that attempts to collect vaccination data for all North Dakotans. The current system was developed in 1996 and was upgraded in early 2013. ND Century Code requires that North Dakota providers enter all childhood (18 and younger) immunizations into the NDIIS within four weeks of administration. Although it has never been required, entering adult immunizations in the NDIIS has always been encouraged. Over time the number of adult records in the NDIIS with at least one adult (administered at age 19 or later) immunization has gradually increased, allowing better and more accurate evaluation of adult immunization rates in North Dakota.

According to the NDIIS Confidentiality Policy, which can be found on the NDIIS web page at [www.ndhealth.gov/Immunize/Documents/Providers/NDIIS/Confidentiality%20policy%202014.pdf](http://www.ndhealth.gov/Immunize/Documents/Providers/NDIIS/Confidentiality%20policy%202014.pdf) and in the NDIIS Help menu, adults do have the option to “opt out” of the NDIIS.

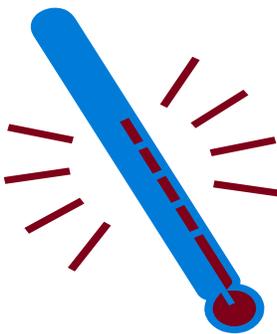
This means that an adult can choose not to have their information entered in the NDIIS. Written consent for adult participation in the NDIIS is not required, however all providers must somehow notify an adult that the immunization being given will be entered into the NDIIS, including through an electronic connection with a provider electronic health record (EHR) system. If an adult chooses to opt out, no new doses should be added to the NDIIS for that adult and the “Opt Out” box on the Maintenance tab in the adult’s NDIIS record should be checked if there is an existing record for that patient. Any NDIIS user with read/write access can check the “Opt Out” box.

Percent of adults with at least one adult immunization in the NDIIS

(as of the last day of the year)



## Coming up! New Vaccine Storage and Handling Equipment



The immunization program conducted a needs assessment on vaccine storage and handling equipment in January, 2014. Based on the needs assessment, the NDDoH will purchase new data loggers (for vaccine storage and vaccine transport) and vaccine transport coolers for providers who requested them. If funding is available, the immunization program may also purchase standalone freezers for providers who are using combination vaccine storage units for frozen vaccines.

# Influenza Update

Influenza cases for the 2013-14 season peaked in the first week of January. Laboratory-reported cases remained high for January, and have since begun to taper off. As of April 10, 2014, there have been 2,810 lab-confirmed cases of influenza reported to the North Dakota Department of Health this season, including 2,725 cases of Influenza A and 85 cases of Influenza B. The 2009 A H1N1 Pandemic strain (pH1N1) has been the predominant A strain this season; after a single A H3 specimen at the beginning of the season, all other specimens undergoing additional testing have come back positive for pH1N1. Children and young to middle-aged adults have been hit especially hard this season, with children under 10, adults in their 30s, and adults in their 20s seeing the most cases. Of the four deaths this season, three were adults under the age of 65. These results are typical for pH1N1, which disproportionately affects children and working-age adults compared with other strains of seasonal influenza. This trend is heightened by the fact that working-age adults are the least likely demographic to obtain a seasonal influenza vaccination.

For more information, visit the NDDoH influenza website at [www.ndflu.com](http://www.ndflu.com).

## It's Not Too Late to Administer Flu Vaccine

As we approach warmer weather, don't stop giving flu vaccine. If you still have doses in stock, you can administer them. Flu season can last as late as May in the U. S., so it is still possible to become infected. Some children six months through 8 years of age need two doses of vaccine. Now is a good time to get make sure children who are presenting at your facilities have received both doses if needed. The algorithm to determine if they need two doses can be found at [www.ndhealth.gov/Immunize/Documents/Providers/Forms/influenzaalgorithm.pdf](http://www.ndhealth.gov/Immunize/Documents/Providers/Forms/influenzaalgorithm.pdf)

## Cost Effectiveness of the Childhood Immunization Program

A study published in *Pediatrics* shows that the routine childhood immunization program is still one of the most cost-effective public health programs. The study followed a hypothetical 2009 birth cohort of 4,261,494 children from birth to death using the 2009 ACIP schedule. This included 5 DTaP, 3 or 4 Hib, 4 IPV, 2 MMR, 3 HepB, 2 Var, 4 PCV7, 2 HepA and 2 or 3 Rota. The study also assumed coverage rates that were estimated by the 2009 National Immunization Survey (NIS).

Children born in 2009 will have 20,000,000 fewer cases of vaccine-preventable diseases and 42,000 fewer early deaths from vaccine-preventable diseases. Vaccines will also save \$76 billion in direct and indirect costs. Direct costs include any medical visits or intervention needed including public health responses that could have been necessary. Indirect costs include premature mortality and missed work by parents to care for ill children, or disability as a result of the vaccine-preventable disease.

To see the entire article, visit [pediatrics.aappublications.org/content/early/2014/02/25/peds.2013-0698d.abstract](http://pediatrics.aappublications.org/content/early/2014/02/25/peds.2013-0698d.abstract).



# Changes to the Vaccine Loss Policy

Starting January 1, 2014, vaccine losses will have to be paid back. Providers will have to purchase private doses of the vaccine to replace the wasted state-supplied doses. This includes wasted, lost or spoiled state-supplied vaccines that meet thresholds defined in the 2014 Vaccine Management Policy. Providers will receive an invoice from the immunization program outlining wasted vaccine that will need to be replaced. The provider will have 60 days to replace this vaccine with the same type of privately purchased vaccine. Proof of purchase must be submitted to the immunization program including lot information. The NDDoH will then put the lots in the provider's inventory in NDIIS as state vaccine. Vaccine should not be administered to patients until the doses are in your NDIIS inventory.

## Vaccine Information Statements

Take a moment to make sure that all Vaccine Information Statements (VIS) are up to date. Please note that the Tdap vaccine information statement is separate from the Td information statement which was recently updated. The Multi-vaccine VIS used for infants is currently being revised. Until it is available, use individual VISs when vaccinating with DTaP, Hib, Hepatitis B, PCV13, Polio and rotavirus. The immunization program will inform all providers when new VISs are available for use and required.

Offering a VIS for each vaccine at all immunization appointments, including mass clinics, is a federal requirement. VISs can be printed and laminated for each room as long as they are sterilized between patients, or provide as paper copies at each immunization appointment. The VIS must be offered prior to immunization, not after. Not all patients will have internet access or take time to go online to view VISs prior to the appointment, so please do not offer this as the only method of disseminating the VIS to patients.

DTaP	5/17/2013
Hib	2/4/2014
Hep A	10/25/2011
Hep B	2/2/2012
HPV-2	5/3/2011
HPV-4	5/17/2013
MMR	4/20/2012
MMRV	5/21/2010
MCV	10/14/2011
Multi-vaccine	Use individual antigen VIS
PCV13	2/27/2013
PPSV	10/6/2009
Polio	11/8/2011
Rotavirus	8/26/2013
Tdap	5/9/2013
Td	2/4/2014
Anthrax	3/10/2010
Adenovirus	7/14/2011
J. Encephalitis	12/7/2011
Shingles	10/6/2009
Typhoid	5/29/2012
Y. Fever	3/30/2011



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## Calendar of Events

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

**Suggestions for areas of  
interest to be addressed  
during the conference  
are welcome! Please  
email Abbi Pierce with  
Suggestions!**

**National Infant  
Immunization Week  
April 26-May 3, 2014**

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## Upcoming Immunization Conferences in 2014

17th Annual Conference on Vaccine Research	April 28-30
2014 Massachusetts Adult Immunization Conference	May 20
National Conference on Immunization and Health Coalitions	May 21-23
National Adult and Influenza Immunization Summit Meeting	May 13-15
North Dakota State Immunization Conference	July 15-16

For a complete list of immunization events in 2014, please visit [www.immunize.org/calendar/](http://www.immunize.org/calendar/)

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