



Immunization Newsletter

North Dakota Department of Health

Division of Disease Control

Winter 2006



North Dakota's Universal Status

In 2005, new vaccines were licensed and became routinely recommended for children, but without an increase in federal funding, the North Dakota Immunization Program was unable to continue to provide all routinely recommended immunizations to all children living in North Dakota.

In December 2005, an agreement between the North Dakota Department of Health (NDDoH) and Blue Cross Blue Shield of North Dakota (BCBSND) was reached. BCBSND has agreed to provide funding to the NDDoH for vaccine purchases. This will help to maintain our universal vaccine purchase status. The NDDoH Immunization Program will continue to provide vaccines to all enrolled providers in 2006. We hope the process will not change from the past. We will purchase the vaccines and continue to ship them directly to public and private providers.

There are a few things that providers should understand about the agreement with BCBSND:

1. BCBSND will only provide funding for children who are currently enrolled as a BCBSND member. (Children insured with other insurance companies will be covered by a different funding source.)
2. Funding will be provided to the state based on cost per dose of vaccine given. Funding will not be provided up front. BCBSND will reimburse the state monthly for the cost of vaccine given in the previous month. If vaccines are not given or not documented, then the NDDoH will not receive payment.
3. Each vaccine dose given by the provider will need to be documented in the state immunization registry. Along with doses given, the name of the insurance company and policy number will need to be documented for all children with health insurance.
4. In the future as data becomes available, other insurance companies will be asked to participate in the vaccine purchase program.

The NDDoH is asking for your help and your support in keeping North Dakota a universal vaccination state. Use of the immunization registry will be critical in order for the Immunization Program to receive adequate funding to provide vaccines without delay to children. We are in the process of updating our immunization registry to collect insurance information for all children and adults. When this is completed, instructions will be sent to all providers and training will be initiated with all clinics. We need all providers to participate in the program. Even if one clinic fails to enter the data needed for reimbursement, it could impact the entire program.



Prevention Partnership Enrollment

The annual Prevention Partnership Enrollment was sent to all providers in January. Enrollment was due back to the NDDoH by **March 1, 2006**. Included in the enrollment packet are the enrollment and provider profile forms. The physician that signs standing orders for vaccination at your facility must be the person who signs the forms.

Please throw away any old immunization forms (i.e., unused temperature logs, doses administered reports, etc.) and begin using the new forms in the Prevention Partnership Packet. Also, take a close look at the Vaccine Coverage Table, as it has changed.



MMRV Now Available

Measles, mumps, rubella, and varicella (MMRV) vaccine is now available for order from the North Dakota Immunization Program. MMRV is approved for use in children ages 12 months to 12 years. **The Advisory Committee on Immunization Practices (ACIP) does not recommend routine administration of a second dose of varicella vaccine; therefore, MMRV must be used only when both MMR and varicella vaccines are indicated (i.e. 12 to 15 months of age).**

MMRV must be stored in the freezer at $\leq 5^{\circ}$ F (-15° C). MMRV will be sent to providers directly from Merck (the same method as varicella vaccine).

NDDoH Immunization Program will be supplying MMRV for administration to all North Dakota children. Before ordering MMRV, providers should use up some of their inventories of single antigen MMR and varicella vaccines in order to prevent waste. Providers, however, need to have a small supply of varicella vaccine on hand for children who are up-to-date on MMR but still need varicella vaccine. Providers also will need a supply of MMR vaccine in order to administer the second dose of MMR at 4 to 6 years of age.

Both varicella and MMR Vaccine Information Statements (VISs) must be provided to patients who receive MMRV.



Hepatitis A Vaccine Now Available

The Advisory Committee on Immunization Practices (ACIP) met in October and discussed recommendations for the routine use of hepatitis A vaccine. The following recommendations were made:

- All children should receive hepatitis A vaccine at age 12 months (i.e., 12 to 23 months). Vaccination should be completed according to the licensed schedules and integrated into the routine childhood and adolescent vaccination schedule. Children who are not vaccinated by age 2 can be vaccinated at subsequent visits.
- Counties (i.e., McKenzie, Mountrail, McLean, Sioux, Rolette, Benson, Barnes, Ramsey and Eddy) with existing hepatitis A vaccination programs for children ages 2 to 18 years are encouraged to maintain these programs. In these areas, new efforts focused on routine vaccination of children 12 months of age should enhance, not replace, ongoing programs directed at a broader population of children.

Previously hepatitis A vaccine was approved for use in children age 2 and

older. Hepatitis A vaccine is now approved for all children age 12 months and older. The North Dakota Department of Health (NDDoH) recommends administering the first dose of hepatitis A vaccine at 12 months and the second dose at 18 months, in order to incorporate hepatitis A vaccination into the routine schedule and to avoid missed opportunities.

Final recommendations for hepatitis A vaccination have not yet been published in the Morbidity and Mortality Weekly Report (MMWR).

The NDDoH Immunization Program is supplying hepatitis A vaccine for administration to all North Dakota children.

FDA Approval and ACIP Recommendations for the Use of Rotavirus Vaccine

Rotavirus is the leading cause of diarrhea in infants and young children in the United States. Rotavirus is a viral infection that causes severe diarrhea, vomiting, fever and dehydration. Each year, the illness is responsible for more than 400,000 doctor visits; more than 200,000 emergency room visits; 55,000 to 70,000 hospitalizations; and 20 to 60 deaths in children younger than 5 in the United States. Rotavirus costs \$300 million in direct medical costs and \$900 million in total societal costs.

On Feb. 3, 2006, the Food and Drug Administration (FDA) approved Merck's rotavirus vaccine (RotaTeq™). RotaTeq™ is a live, oral vaccine for use in preventing rotavirus in infants. In 1998, the FDA approved a different rotavirus vaccine that later was found to

be associated with intussusception. That vaccine was quickly taken off the market. About 72,000 infants were enrolled in the study to test the safety of RotaTeq™. In the study, RotaTeq™ was not associated with intussusception.

In studies, RotaTeq™ prevented 74 percent of all rotavirus gastroenteritis cases and 98 percent of the severe cases. RotaTeq™ also prevented about 96 percent of hospitalizations due to rotavirus.

RotaTeq™ is a liquid vaccine given by mouth in three doses. It was approved for children between the ages of 6 and 32 weeks.

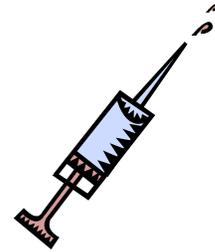
On Feb. 21, 2006, the ACIP met to discuss recommendations for the use of rotavirus vaccine. The ACIP voted to approve draft recommendations for infants to receive three doses of the oral vaccine at ages 2, 4 and 6 months. Children should receive the first dose of the vaccine by 12 weeks of age and should receive all doses of the vaccine by 32 weeks of age.

The NDDoH will notify providers when rotavirus vaccine is available for order. Due to various issues (i.e., federal funding, supply, etc.), it may be a few months until the vaccine is available from the state.



Prevnar® Syringes

In the near future, pneumococcal conjugate vaccine (Prevnar®) will be available only in 10 packs of pre-filled syringes. Vials will no longer be available from the vaccine manufacturer (Wyeth). This change is expected to occur in April. The North Dakota Vaccine Order Form will reflect this change when it occurs.



Vaccination Expedition 2006

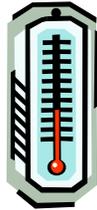
The Greater Grand Forks Immunization Coalition is holding an Immunization Conference, titled Vaccination Expedition 2006, on May 18 and 19 at the Alerus Center in Grand Forks. Anyone interested in immunizations or vaccine-preventable diseases is invited to attend. Registration brochures for the conference will be sent to providers in the near future.

Dr. William Atkinson, MD, MPH, medical epidemiologist, from the National Immunization Program, Centers for Disease Control and Prevention, will be a featured speaker. Paul Offit, chief of pediatrics at the Children's Hospital of Philadelphia, also will speak. Sessions at the conference will cover information about vaccine-preventable diseases, immunizations, immunization registries, storage and handling, and many other topics.

Childhood Influenza Vaccination Coverage in 2003- 2004

According to the 2004 National Immunization Survey, influenza vaccination coverage among children ages 6 to 23 months in the United States was 17.5 percent for one or more doses and 8.4 percent for fully vaccinated against influenza. North Dakota's rates were above the national average at 31.9 percent for one or more doses of influenza vaccine and 22.5 percent for fully vaccinated against influenza. North Dakota's rates for influenza vaccination in children 6 to 23 months are second in the nation.

Influenza vaccine is recommended for all children ages 6 to 23 months. Children receiving influenza vaccine for the first time need two doses separated by at least four weeks to be considered fully vaccinated.



New Temperature Monitors

The North Dakota Immunization Program has purchased new min/max refrigerator temperature monitors for providers. The monitors are able to measure temperatures in Celsius and Fahrenheit. The new monitors also have alarms to notify providers when temperatures are out of range. Freezer thermometers also were purchased. The new freezer thermometers measure temperatures in Celsius. The

thermometer is in liquid for a more accurate temperature of vaccine.

Please contact Molly Sander at msander@state.nd.us if you need a freezer or refrigerator thermometer for your clinic.

New temperature logs were created by the North Dakota Immunization Program. Previously, the only temperature log available was in Fahrenheit. Celsius and Celsius/Fahrenheit logs are now available for order on the North Dakota Materials Order Form.

ACIP Recommends Universal Influenza Vaccination For Children Ages 2 to 5

At the ACIP meeting on Feb. 22, 2006, the committee voted to recommend routine influenza vaccination of all children ages 2 to 5. The recommendation goes into effect next influenza season.

The recommendation is based on data showing that one child out of every 1,000 children younger than 5 is hospitalized for influenza every influenza season. Another 60 to 164 children per 1,000 require emergency room visits or visits to outpatient clinics due to influenza.

Children in this age group receiving influenza vaccine for the first time will need to receive two doses, at least one month apart.

The Centers for Disease Control and Prevention (CDC) is expecting that at least 100 million doses of influenza vaccine will be available next season.

“An Update on New Immunizations for Adolescents and Adults”

The University of North Dakota School of Medicine and Health Sciences Office of Continuing Medical Education and Outreach is presenting a Grand Rounds titled “An Update on New Immunization for Adolescents and Adults.” The featured guest speaker for the session is Armando Correa, MD, Texas Children’s Hospital. Information covered in the session includes a description of the epidemiology of vaccine-preventable diseases in adolescents and adults, a review of recently introduced vaccines for adolescents and adults, and a discussion of upcoming vaccines.

The session will be held at the St. Alexius Medical Center Boniface Auditorium in Bismarck Wednesday, April 12, 2006, from 12 p.m. to 1 p.m. All health professionals are welcome to attend. Lunch will be provided at the session.

Congratulations to the Following Providers For Achieving Immunization Rates Above 85% for the 4:3:1:3:3 Series in 2005 (AFIX Results)

Private Health

- Pediatric South Medical Arts – Minot
- Altru Clinic – Cavalier
- Center for Family Medicine – Minot
- Meritcare Southwest Pediatrics – Fargo
- Altru Health Clinic Pediatrics – Grand Forks
- Dakota Clinic Pediatrics – Fargo
- Altru Family Medicine Center – Grand Forks
- Pediatric North Medical Arts – Minot
- Mid Dakota Clinic – Bismarck
- Meritcare Medical Group – Fargo
- First Care Rural Health Clinic – Park River
- Medcenter One Q & R Pediatrics – Bismarck

Public Health

- City-County Health Department – Valley City
- Foster County Health Department – Carrington
- Emmons County Health – Linton
- Wells County District Health Unit – Fessenden
- Indian Health Services – Belcourt
- Trenton Community Clinic – Trenton



***Not all providers are assessed each year. The above providers were assessed in 2005.**
If you would like to request a Vaccines for Children (VFC) or Assessment Feedback Incentive Exchange (AFIX) visit for your clinic in 2006, please contact the North Dakota Immunization Program at 701.328.3386 or toll-free at 800.472.2180.



Questions and Answers

1. **Can state-supplied vaccine be used for non-North Dakota residents?**

A. Vaccine provided by the NDDoH may be used for non-North Dakota residents only if the out-of-state resident is Vaccines For Children (VFC) eligible. In order to be VFC eligible, the child must be younger than 18 and be Native American, Medicaid-eligible, have no insurance or be underinsured. North Dakota providers who see out-of-state residents must use privately purchased vaccine for out-of-state children with health insurance.

2. **If Tdap is accidentally administered for one of the doses of DTaP, is the dose considered invalid and does it need to be repeated?**

A. If the Tdap was administered as the fourth or fifth dose of the DTaP series, the NIP does not recommend it be repeated. However, this is an off-label and efforts should be made to prevent this from happening again.

If the Tdap was administered as the first, second or third dose of the DTaP series, the NIP recommends that the correct vaccine (DTaP) be administered as soon as the error is discovered. No data is available on the incidence of local reactions after this sequence because Tdap has not been studied in young children.

3. **Should varicella vaccine be administered to children younger than 12 months during outbreak situations or after exposure to chickenpox?**

A. The NIP does not recommend administration of varicella vaccine to infants younger than 12 months of age in any setting. Varicella vaccine is not approved by the FDA for this use. Most infants younger than 12 months will have maternal antibodies to chickenpox.

Champions of Vaccination

The NDDoH would like providers to let us know who the “Champions of Vaccination” are in your area. If you know of someone who has an innovative and effective approach to immunizations, please let us know. We would like to honor these important North Dakota immunization providers in upcoming newsletters. “Champions of Vaccination” can be anyone, nurses, doctors or community leaders. For example: has your clinic implemented an effective reminder/recall system for immunizations? Do you know of a physician who is a strong advocate for administering the birth dose of hepatitis B vaccine to all babies? Or do you know a nurse who has developed creative immunization education materials for parents? Please let us know by calling toll-free 800.472.2180 or by e-mailing Heather Weaver or Molly Sander at hweaver@state.nd.us or msander@state.nd.us.

Upcoming Events:



- National Immunization Conference in Atlanta: **March 6 – 9**
- International Conference on Emerging Infectious Diseases in Atlanta: **March 19 – 22**
- Grand Rounds: “An Update on New Immunizations for Adolescents and Adults” in Bismarck: **April 12, 12 p.m. – 1 p.m.**
- Vaccination Expedition 2006, The Greater Grand Forks Immunization Coalition Conference in Grand Forks: **May 18 – 19**

The *Immunization Newsletter* is a quarterly publication distributed to Prevention Partnership Providers.



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