



Immunization Update

The Iowa Immunization Program Newsletter

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This newsletter is a quarterly publication and contains important updates and immunization information. Please share this newsletter with your coworkers.

Iowa's Immunization Registry Information System (IRIS)

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***Call the IRIS
Help Desk at
1-800-374-3958
for Enrollment Details or
IRIS Questions.***

Help Us Help You!

Is this newsletter helpful to you? What articles would you like to see? Please contact Bridget Konz at bkonz@idph.state.ia.us or 1-800-831-6293 ext. 7.

Inside This Issue

VFC—Eligibility and Newly Recommended Vaccines	2
Hepatitis B: Pediarix, Comvax, and the VFC Program	3
Pre-Booking for Flu 2006	3
Rotavirus Vaccine Recommended for Infants	4
New Immunization Brochures and Poster	4
CDC Four Part Broadcast	4

Limited Menactra Supply - Defer Vaccination of 11-12 Year Olds

On May 19th, the Morbidity and Mortality Weekly Report (MMWR) dispatch was published regarding limited supply of meningococcal conjugate vaccine (Menactra) and recommendations to defer vaccination of individuals 11-12 years of age. Sanofi Pasteur anticipates that MCV4 demand will outpace supply at least through summer 2006. The MMWR recommends that providers continue to vaccinate adolescents at high school entry who have not previously received MCV4 and college freshmen living in dormitories. Current supply projections from Sanofi Pasteur

suggest that enough MCV4 will be available to meet vaccine demand for these groups. Until further notice, administration of MCV4 to persons aged 11-12 years should be deferred. If possible, providers should track persons aged 11-12 years for whom MCV4 has been deferred and recall them for vaccination when supply improves. A complete copy of the MMWR is available at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm55d520a1.htm?s_cid=mm55d520a1e

Varicella and MMRV Orders

Beginning May 22, 2006, the process of ordering VFC varicella and MMRV vaccine was changed. These two vaccines have been incorporated into the regular VFC "Vaccine Order Form" for non-IRIS users and included in the IRIS online ordering feature for IRIS users. VFC Program providers no longer need to use the "Varicella Vaccine Order Form" and all remaining copies should be discarded.

Providers should continue to administer single dose MMR and varicella vaccine before placing orders for MMRV to ensure vaccine is not wasted.

Varicella and MMRV vaccine will be distributed directly from Merck, the vaccine manufacturer. The Immunization Program will not maintain these products in the state's inventory due to handling and distribution temperature requirements. These products will be shipped separately for other state supplied vaccines. IRIS users that have questions regarding the online ordering of these vaccines should contact the IRIS Help Desk at 1-800-374-3958.

2006 Regional Trainings Cancelled

The regional trainings for the 2006 Immunization Update have been cancelled due to the mumps outbreak in Iowa. The Immunization Program regrets any inconveniences this has caused anyone. Participants should contact the entity they registered with for reimbursement.

Enclosed with this newsletter is a CD titled "2006 Immunization Update" which contains all the information that was to be presented at the trainings.

The content of the CD is valuable for any practice providing immunizations. It highlights many areas of immunizations including: Chapter 7 of the Iowa Administrative Code, the Iowa Guide to the Immunization Law, ACIP recommendations, Vaccine Information Statements, the CDC "Pink Book," immunization certificates, and more.

All of the information contained on the CD is public and clinics are free to make copies as needed.

VFC—Eligibility and Newly Recommended Vaccines

The Vaccines for Children (VFC) Program provides publicly purchased vaccine at no charge to enrolled public and private health care providers to vaccinate eligible children. Children, birth through 18 years of age, are eligible if they meet one of the following criteria:

Medicaid enrolled - a child who is enrolled in the Medicaid program. This includes individuals that have Medicaid as secondary insurance coverage.

Uninsured - a child who has no health insurance coverage.

American Indian or Alaskan Native as defined by the Indian Health Services Act.

Underinsured - a child whose health insurance benefit plan does not include vaccinations. Underinsured children are eligible to receive VFC vaccine only if they are served by a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC) or Local Public Health Agency (LPHA).

Underinsured children are defined as those children who have health insurance but coverage does not include vaccines. Children whose health insurance cover only select vaccines or caps the vaccine cost at a certain limit are categorized as underinsured; thus only eligible for VFC program benefits at an FQHC, RHC, or LPHA.

Children whose health insurance covers the cost of vaccinations are not eligible for VFC program benefits, even when the plan's deductible has not been met.

hawk-i (Healthy and Well Kids in Iowa) enrolled children are not VFC-eligible because they are considered insured.

~~New Recommended Vaccines and Covered Age Ranges for the VFC Program~~

The Iowa Vaccines for Children Program (VFC) is making the following changes regarding newly licensed and recommended vaccines and covered age ranges. The following changes will be effective June 5, 2006.

Meningococcal Conjugate-Menactra (MCV4)

Menactra will be expanded to include VFC eligible children from 11 through 18 years of age*. Previously, the VFC Program only covered children 11-12 years of age and 17-18 year old college freshmen living in dorms.

Tetanus, diphtheria, acellular pertussis (Tdap)

The use of Tdap will be expanded to include VFC eligible children 10-18 years of age. Tdap vaccines may be administered through the VFC Program as follows:

Adacel (Sanofi) 11-18 years of age
Boostrix (GSK) 10-18 years of age
Previously, the VFC Program only covered children 11-12 years of age.

Hepatitis A

On October 27, 2005, the Advisory Committee on Immunization Practices (ACIP) voted to recommend the routine use of hepatitis A vaccine for all children 12-23 months of age. The Iowa VFC Program will provide hepatitis A vaccine for children 12-23 months of age. The recommended schedule for hepatitis A vaccine is to provide dose one at 12 months of age and dose two 6-18 months later. Any VFC-eligible child who began the two dose series between 12-23 months of age may complete the series at any age using VFC vaccine if the child is still VFC eligible. Individuals requesting hepatitis A vaccine outside of the 12-23

months of age will need to be vaccinated with privately purchased vaccine. Providers that administer hepatitis A vaccine to Medicaid-enrolled patients who are outside of the covered cohort may seek reimbursement from Medicaid. Medicaid will reimburse providers a maximum of \$29.52 for the vaccine and \$4.95 for administration.

Measles, mumps, rubella, varicella (MMRV)

On October 27, 2005, the ACIP voted to recommend the routine use of measles, mumps, rubella, and varicella (MMRV) combination vaccine as a single dose for VFC-eligible children 12 months to 12 years of age. MMRV should not be administered for the second dose of MMR except when a dose of varicella is also indicated. Providers should continue to administer single dose MMR and varicella before placing an order for MMRV to ensure that vaccine is not wasted. Orders for MMRV may be reduced or denied if provider inventories contain large amounts of MMR and varicella vaccine.

Rotavirus

On February 22, 2006, the ACIP voted to recommend the routine use of rotavirus vaccine for infants aged 6 weeks through 32 weeks. The recommended schedule for rotavirus is to provide dose one at 2 months of age, dose two at 4 months of age and dose three at 6 months of age. The first dose of rotavirus vaccine should be initiated for infants between 6 and 12 weeks of age with two additional doses administered at 4-10 week intervals. The last dose of rotavirus vaccine should be administered by 32 weeks of age.

** See limited Menactra supply article on page 1.*

Hepatitis B: Pediarix, Comvax and the VFC Program

As indicated on the 2006-Childhood and Adolescent Immunization Schedule it is permissible to administer 4 doses of Hepatitis B vaccine when combination vaccines (Comvax or Pediarix) are given after the birth dose.

While this is an allowable schedule, it is not the best use of the VFC Program funds. The VFC dollars available to Iowa are limited, and IDPH strives to work with providers to vaccinate as many children as possible with a limited budget. By using single antigen vaccine, when possible, it will allow IDPH and VFC providers to stretch the limited dollars to keep more Iowa children healthy.

VFC clinics should stock single antigen vaccine, such as hepatitis B, to allow for the most cost effective administration of VFC vaccine. If monovalent Hepatitis B vaccine is used, a dose at 4 months of age is not necessary. The following table illustrates the cost savings achieved by using single antigen vaccine when possible. The IDPH VFC program suggests VFC providers review their current policy to determine if this cost saving technique is appropriate for their clinic.

By adopting this policy change, VFC providers will assist IDPH in its stewardship of the limited VFC dollars our state receives.

If you have questions about the VFC program please contact Tina Patterson at 1-800-831-6293 ext. 4.

Combination Hepatitis B Containing Vaccine - Price Comparison

Hib	\$7.92 - \$10.62 per dose
Hep B	\$9.10
<i>Total</i>	<i>\$17.02 - \$19.72</i>
Comvax	\$26.25
Savings	\$6.53 - \$9.23
DTap	\$12.25 - \$13.25
Hep B	\$9.10
e-IPV	\$10.82
<i>Total</i>	<i>\$32.17-\$33.17</i>
Pediarix	\$43.75
Savings	\$10.58 - \$11.58

Hepatitis B "Recommendation Alert"

In March 2006, providers across the state were sent the "Recommendation Alert for Hepatitis B." This quick reference guide was designed to give clinic staff and providers an "at a glance" summary of the recommendations to eliminate transmission of Hepatitis B as put forth in the December 23, 2005 issue of the MMWR. An additional copy of the document is included with the newsletter.

The Recommendation Alert is available on the Iowa Department of Public Health's website: www.idph.state.ia.us/adper/common/pdf/hepatitis/hep_b_alert_march_2006.pdf.

For questions regarding Maternal Hepatitis B please contact Bridget Konz, RN at 1-800-831-6293 ext. 7

2006-07 VFC Influenza Vaccine

In February 2006, the Advisory Committee on Immunization Practices voted to expand the VFC influenza vaccine resolution to include all VFC eligible children 6 months through 18 years.

The Centers for Disease Control and Prevention (CDC) has established federal vaccine contracts for influenza vaccine with Sanofi Pasteur, Chiron, and MedImmune Vaccines. The amount of influenza vaccine available from the CDC contracts may not be sufficient to meet the need of all states. IDPH cannot guarantee providers will receive specific influenza products other than FluMist.

Influenza vaccine orders will be distributed this fall once product is available. The manufacturers distribute influenza vaccine as it is produced and released by the Food and Drug Administration (FDA). As in past years, influenza vaccine will be distributed in partial shipments to allow all providers to receive a portion of their vaccine order prior to the beginning of the influenza season.

If your clinic has missed the VFC influenza pre-booking deadline, please contact Tina Patterson, VFC Program Coordinator at 1-800-831-6293 ext. 4.



IRIS Help is a Call Away

If you have any questions or concerns regarding the on-line ordering please contact the IRIS Help Desk at 1-800-374-3958. Help Desk staff is available Monday-Friday, 7:30-4:30 p.m.

Rotavirus Vaccine Recommended for Infants

The Advisory Committee on Immunization Practices (ACIP) recommended universal immunization for infants at 2, 4 and 6 months of age with the newly approved live, oral, pentavalent rotavirus vaccine (PRV; RotaTeq, Merck).

Virtually all children experience rotavirus. Every year in the United States 2.7 million children are infected with rotavirus: 500,000 visit their physicians, 250,000 visit emergency departments, 55,000 to 70,000 are hospitalized and 40-60 die. During the winter months, rotavirus infections are one of the most common reasons for children to be hospitalized. About 20% of all first-time rotavirus infections are moderate to severe with the infant quickly becoming dehydrated due to persistent vomiting, diarrhea and the difficulty of orally rehydrating an infant.

The licensure of RotaTeq provides an opportunity to prevent, not treat, rotavirus. The vaccine has a 74% efficacy against any disease, and 98-100% efficacy against severe disease. The vaccine is an oral liquid (live-attenuated) that contains the five

human serotypes that cause the most rotavirus disease worldwide: G1, G2, G3, G4 and P1. Each dose is supplied in a ready to use squeezable plastic latex-free dosing tube.

The first dose is recommended for infants between 6 and 12 weeks of age, with a four to 10-week interval between the three doses. All doses are recommended to be completed by 32 weeks of age.

The vaccine can be given with other vaccines given at 2, 4, and 6 months of age. There are no restrictions on the infants' consumption of food or liquid, including breast milk, either before or after vaccination. Infants who regurgitate the vaccine should not receive another administration of that dose.

Premature infants who are clinically stable, at least 6 weeks old and are going to be or have been discharged from the nursery, can receive the vaccine.

The vaccine is not recommended for children who have serious allergies to any vaccine component or to a

previous dose of vaccine. Precautions were recommended for children who have experienced intussusception in the past or have either T or B cell deficiency. There is a theoretical risk that the live virus vaccine can be transmitted to non-vaccinated contact. The potential risk of transmission of vaccine virus should be weighed against the risk of acquiring and transmitting natural rotavirus.

A large-scale clinical trial the Rotavirus Efficacy and Safety Trial (REST) involved more than 68,000 infants who were followed through two years of age. Researchers reported no significant adverse events or complications. The vaccine is well tolerated with respect to all adverse experiences, including intussusception, with some mild increase in vomiting, and diarrhea.

The vaccine should be stored in the refrigerator 35-46°F (2-8°C), protected from light, administered as soon as possible after removing from refrigerator and the plastic tube discarded in an approved bio-waste container.

New Immunization Brochure and Poster

The Immunization Program is proud to announce the arrival of a new immunization poster and several brochures. The poster and brochures include Iowa's new slogan "Immunize for a Better Life."

There are two topic specific brochures focusing on influenza and the Iowa Immunization Law, and there are three brochures focusing on appropriate immunizations for infants, adolescents, and adults.

The brochures are free and are available by calling the Clearinghouse at 1-888-398-9696.

CDC Four Part Broadcast

It is not too late to watch CDC's annual four-part broadcast Epidemiology and Prevention of Vaccine-Preventable Diseases.

The four-part broadcast is now available in two formats; internet-based program or DVD. The internet version can be found at:

<http://www.phppo.cdc.gov/PHTN/webcast/epv06/default.asp>

The DVD can be ordered using the online order form found at: <http://www.cdc.gov/nip/publications/default.htm> The four-part series is the last item listed on the "CDC Online Order Form."

News You Can Use

Useful Websites for Immunization Providers

Centers for Disease Control and Prevention / National Immunization Program
www.cdc.gov/nip

The Immunization Action Coalition
www.immunize.org

Children's Hospital of Philadelphia
www.vaccine.chop.edu

American Academy of Pediatrics
www.aap.org

Iowa Immunization Program
www.idph.state.ia.us/adper/immunization.asp