IOWA
Immunization Program

IMMUNIZATION UPDATE

The Iowa Immunization Program Newsletter *Winter 2011*

News & Summaries

Hepatitis B Vaccine & Testing Recommendations for Pregnant Patients

All pregnant women should be tested for Hepatitis B Surface Antigen (HBsAg)
Federal guidelines recommend all pregnant women be tested for HBsAg at an early prenatal visit (i.e., in the first trimester) during each pregnancy, even if they have been previously tested or vaccinated. The CDC Advisory Committee on Immunization Practices also recommends the following:

If a pregnant patient is HBsAg-negative and anti-HBs (surface antibody)-negative:

- Send a copy of the lab report documenting the woman's HBsAg status to the birth hospital.
- Provide the hepatitis B vaccine. The vaccine is safe even when given during pregnancy.

If a pregnant patient is HBsAg-positive:

- Send a copy of the lab report documenting the woman's positive HBsAg status to the birth hospital.
- Send another copy of the lab report to the local health department for case management (reporting all HBsAg-positive cases is required by law in Iowa).
- Emphasize to the expecting mother the importance of having her newborn receive Hepatitis B Immune Globulin (HBIG) and the birth dose of hepatitis B vaccine to prevent perinatal hepatitis B transmission.

All newborns should be vaccinated at birth
Federal guidelines recommend all newborns be vaccinated against hepatitis B virus (HBV) at birth, regardless of the mother's HBV status. It is important for all newborns to complete the vaccination series to receive lifelong protection against hepatitis B.

Infants born to women with chronic HBV must also receive the Hepatitis B Immune Globulin shot at birth
Without immunoprophylaxis, infants born to HBsAg-positive mothers are at the highest risk of developing chronic HBV infection. Therefore they must:

- Receive the first dose of hepatitis B vaccine *and* the HBIG shot within 12 hours of birth.
- Complete the vaccine series.
- Be tested at 9–18 months of age for HBsAg and anti-HBs to confirm protection against HBV.

Timely vaccination will be more than 95 percent effective in protecting the newborn against HBV infection.

Tdap Vaccine Recommendations Broaden

The Advisory Committee on Immunization Practices (ACIP) broadened recommendations for the use of Tdap vaccine in a Morbidity and Mortality Weekly Report (MMWR) dated October 21, 2011 / 60(41); 1424-1426. The recommendations now include the following:

- Tdap can be given regardless of the interval since the last Td was given. There is NO need to wait two to five years to administer Tdap following a dose of Td.
- Adolescents should receive a one-time dose of Tdap (instead of Td) at the 11 to 12-year-old visit.
- Adolescents and adults younger than age 65 years who have not received a dose of Tdap, or for whom vaccine status is unknown, should be immunized as soon as feasible. (As stated above, Tdap can be administered regardless of interval since the previous Td dose.)
- Adults age 65 years and older who have not previously received a dose of Tdap, and who have or anticipate having close contact with children younger than age 12 months (e.g., grandparents, other relatives, child care providers, and health care personnel), should receive a one-time dose to protect infants.
- Other adults 65 years and older who are not in contact with an infant, and who have not previously received a dose of Tdap, may receive a single dose of Tdap in place of a dose of Td.
- Children ages 7 to 10 years who are not fully immunized against pertussis (i.e., did not complete a series of pertussis-containing vaccine before their seventh birthday) should receive a one-time dose of Tdap.
- Administer Tdap to pregnant women who previously have not received the vaccine, preferably late in the second trimester (after 20 weeks gestation) or during the third trimester. If not administered during pregnancy, Tdap should be administered immediately postpartum.

As of December 1, 2011, 170 cases of pertussis have been reported in Iowa. Please continue to vaccinate patients to prevent and control pertussis illness in our state.

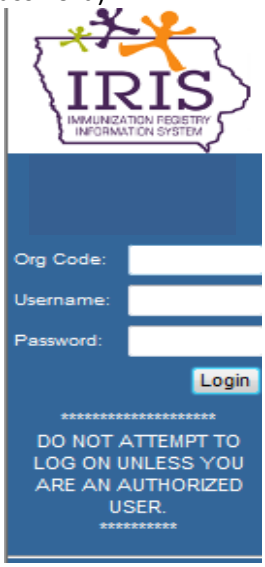
For more information on Tdap vaccination recommendations, visit
www.cdc.gov/mmwr/preview/mmwrhtml/mm6041a4.htm?s_cid=mm6041a4_w

For more information on pertussis, visit
www.idph.state.ia.us/IDPHChannelsService/file.ashx?file=35CC8474-C267-4559-B7A1-8782BEB56EE5

IRIS Update

Work continues on the transition of IRIS to a version of the Wisconsin Immunization Registry (WIR). The timeline is still on track to implement the new application in June 2012. In the meantime, Iowa's Immunization Program staff has been working closely with Hewlett Packard Enterprise Services (HPES) staff on project details. The following describes the progress as of November 2011:

1. IRIS Design - HPES has created several Functional Design Documents that will guide the development of IRIS 3.0. Testing will begin in the next couple of months, and screen shots will be available via the electronic IRIS distribution list. To receive IRIS updates directly in your inbox, please send a blank e-mail to: **join-IRISUSERS@lists.ia.gov.**
2. Iowa's User Acceptance Testing (UAT) region is available for IDPH staff. Other regions are still being developed, including Development, Training, and Production.
3. Immunization Data Exchange -Details about immunization data exchange will be available in early 2012. The Department is developing a plan to outline the pilot phase for data exchange, which is tentatively planned for the first few months after IRIS 3.0 is released.
4. VFC Vaccine Ordering - All VFC providers will be required to use IRIS for VFC vaccine ordering. The VFC Program will no longer accept faxed vaccine order forms.
5. IRIS Login Process - The new version of IRIS will be completely web based and will be accessed via a web address. To log in to IRIS 3.0, users will need a three-part login. The image below shows how the login screen will appear.
    a. Organization code (5-digit number assigned to each existing IRIS organization and assigned by IDPH). The 5-digit organization codes are available on our website: **IRIS Codes for Organizations**
    b. User ID (same as current IRIS user ID)
    c. Password (same as current IRIS password)



If you have any questions about the new version of IRIS, please call the IRIS Help Desk at 800-374-3958 or email Kim Tichy, IRIS coordinator, at **Kimberly.tichy@idph.iowa.gov**.

Vaccines for Children Program (VFC)

Announcements

Vaccines for Children Program Operations Guide

Multiple changes were made to the VFC Operations Guide effective October 2011. Please print a copy from the VFC web page to replace the original guide distributed in 2010. The VFC Operation Guide is available on the VFC web page or by following the link **here.**

VFC Restitution Policy

Effective November 1, 2011, the Iowa Immunization Program implemented a vaccine restitution policy as mandated by the Centers for Disease Control and Prevention, Vaccines for Children Program requirements**.** The purpose of this policy is to establish requirements for VFC Program providers to replace, at the provider's expense, VFC vaccine that is unaccounted and wasted (expired, spoiled or improperly stored) due to negligence on behalf of the provider. This policy is intended to address instances of extreme/on-going negligence resulting in the wastage of VFC vaccine. The Restitution Policy is available on the VFC web page or by following the link **here.**

Economic Order Quantity (EOQ)

The Immunization Program has developed guidance and a worksheet to help VFC providers identify vaccines and quantity of vaccines to order. When ordering vaccine it is important to take into account the total amount of vaccine needed considering combinations and single antigen. If you would like to receive the vaccine ordering worksheet or have EOQ questions email Sharon Kasper at **Sharon.Kasper@idph.iowa.gov**.

VFC Vaccine Distribution

During the holiday season McKesson will **NOT** ship vaccine from December 21, 2011- January 2, 2012.

In addition, vaccine orders will NOT be distributed during periods of extreme cold and snow. It is crucial vaccine wastage is minimized and vaccine remains efficacious and viable. For questions regarding vaccine shipping, call Janean Iddings at 1-800-831-6293 ext. 5.

VFC Vaccine Shipments

Upon delivery of vaccine shipments, VFC Program providers should verify the vaccine received matches the shipping invoice included in the shipping container.

IRIS users should also verify the vaccine lot number information in IRIS matches the information on the order receiving tab. If a discrepancy is identified contact the IRIS Help Desk at 800-374-3958. It is important to contact the IRIS Help Desk staff to correct this issue prior to receiving the order through IRIS.

Vaccine Storage and Handling

Severe Winter Weather Events-Time to Review your Emergency Response Plan

A winter blizzard or ice storm can suddenly put your vaccine supply at risk when power and transportation resources are interrupted. Every Iowa VFC provider should have a written Emergency Response Plan that identifies a refrigerator and freezer in another location (ideally, a storage unit with a back-up generator) in which to store vaccine in the event of a power outage or natural disaster. Consider arranging in advance for a local hospital or similar facility to be your back-up location if you should need it. Be sure back-up location staff understand vaccine storage and will allow you to supervise

the management of vaccine and verify storage temperatures so vaccine is not damaged. A template to develop a Vaccine Storage and Handling Plan is available on the Immunization Program web page or by following the link **here**.

Question Corner

Q. With Boostrix (Tdap, GSK) now licensed for use in people age 65 years and older, should we stop using Adacel (Tdap, sanofi pasteur) for this age group and use only Boostrix?

A. No. CDC allows use of either product for people age 65 years and older.

Q. Why is Merck now using gel packs instead of dry ice to ship its frozen vaccines (i.e., Varivax [varicella vaccine], MMRV, and Zostavax [shingles vaccine])?

A. Merck instituted this improved shipping practice in June 2011 to prevent its frozen vaccines from being exposed to temperatures lower than -58°F (-50°C) and the chance that the vial stopper would contract and possibly expose the vaccines to contamination.

CDC and the vaccine manufacturer do not recommend transporting varicella-containing vaccines to off-site clinics. If transport of frozen vaccine to off-site clinics is necessary, CDC recommends transporting the vaccine with a portable freezer unit that maintains the temperature between -58°F and +5°F (-50°C to -15°C). According to the manufacturer's product information, varicella-containing vaccines may be stored at refrigerator temperatures, between 35°F and 46°F (2°C to 8°C), for up to 72 continuous hours prior to reconstitution. If transporting frozen vaccine under refrigerated conditions, monitor and document the following EXPLICITLY:

1. Place a calibrated thermometer in the container as close as possible to the vaccine.
2. Record:
   a. The time refrigerator storage began
   b. The time the refrigerator storage ended
   c. Storage temperature during transport
3. Because this is considered a temperature excursion, contact the manufacturer (1-800-637-2590) and the immunization program 1-800-831-6293 immediately upon arrival at the alternate storage facility for further guidance. Do not discard vaccine without contacting the manufacturer and the immunization program for guidance.

Q. What is meant by "minimum intervals" between vaccine doses?

A. The timing and spacing of vaccine doses are two of the most important issues in the appropriate use of vaccines. Vaccination schedules are determined by clinical trials, prior to licensure of the vaccine. All vaccines have interval (spacing) requirements. A "minimum interval" is shorter than the recommended interval, and is the shortest time between two doses of a vaccine series in which an adequate response to the second dose can be expected. Optimal response to a vaccine depends on multiple factors including the type of vaccine, age of recipient, and the immune status of the recipient. Vaccines are recommended for members of the youngest age group at risk for experiencing the disease for which efficacy and safety have been demonstrated. Vaccination providers should adhere as closely as possible to recommended vaccination schedules. Vaccine doses should not be administered at intervals less than the minimum intervals or at an age that is younger than the minimum age as this can lead to a suboptimal immune response. Doses of vaccine that violate the minimum interval or age should not be considered valid and should be repeated. The repeat dose should be spaced after the invalid dose by the recommended minimum interval. The minimum spacing between doses is included in the ACIP recommendation for that vaccine which can be found at www.cdc.gov/vaccines/pubs/ACIP-list.htm. In addition, an extensive listing of recommended and minimum intervals and ages for vaccination can be found at www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/A/age-interval-table.pdf.

Immunization Resources

FluMist Replacement: Select doses of FluMist vaccine can be replaced at no cost. Information regarding FluMist replacement can be found at the following link: **http://www.cdc.gov/vaccines/programs/vfc/forms/default.htm**

National Immunization Conference Online: Abstracts are now being accepted online for the 1st National Immunization Conference Online (NICO). Find out more about the **virtual conference**, which will take place March 26–28, 2012.

Save the Date: The 10th National Conference on Immunization and Health Coalitions (NCIHC) will be in New Orleans on May 23-25, 2012. Please visit **NCIHC** for additional information.

ACP Immunization Webcasts: The American College of Physicians (ACP) invites interested providers to their series of four webcasts. The first was on November 15, 2011, and it was a review of the new ACIP recommendations. Other webcasts look at vaccine ordering, quality improvement, and risk-benefit communication. For more information, please visit **ACP Immunization Webinar Series**.

Welcome

The Iowa Immunization Program welcomes Sharon Kasper to the VFC Program as the VFC/AFIX manager. Sharon comes to the program from the Center for Disaster Operations and Response where she served as the exercise coordinator. In addition to working with the VFC and AFIX programs she is responsible for coordinating the Immunization newsletter and education events as well as annual school and child care center immunization audits. You can reach Sharon at 515-725-2081 or **Sharon.Kasper@idph.iowa.gov**. ***Welcome Sharon!***