

IMMUNIZATION UPDATE

The Iowa Immunization Program Newsletter

Spring 2014

News & Summaries

Dr. Nathan Boonstra Honored as Iowa's Childhood Immunization Champion



The Centers for Disease Control and Prevention (CDC) Childhood Immunization Champion Award, given jointly by the CDC and the CDC Foundation, honors individuals who are doing an exemplary job or going above and beyond to promote or foster childhood immunizations in their communities.

Dr. Nathan Boonstra is honored as Iowa's 2014 CDC Childhood Immunization Champion.

Dr. Nathan Boonstra solidified a 90% vaccination rate at his clinic and fellow physicians share he takes as much time as needed to educate his vaccine-hesitant parents to help them be comfortable with their decision, often providing his email address so he can directly address links to websites with questionable information.

He routinely speaks to parent groups in the area on the importance of infant vaccinations and their safety. Dr. Boonstra is viewed as the go-to expert on immunization education at Blank Children's Hospital in Des Moines.

He developed material for new parents at Blank Children's Pediatric clinic outlining the clinic's strong recommendation of vaccines, and providing reputable resources for further information. He speaks frequently about infant vaccines during weekly morning radio segments aired on two area stations and has done a local public service television spot on influenza vaccination. Dr. Boonstra covers the immunization education for medical students who rotate through Blank Children's Hospital with a monthly interactive didactic lecture, with focus on common vaccine myths and how to address them.

He is a strong Iowa voice for the pro-vaccine movement given his expertise and use of social media as well as traditional media. Dr. Boonstra uses social media to advocate for immunizations, authored a blog post on the importance of the HPV vaccine for the non-profit, parent-led organization Voices for Vaccines (www.voicesforvaccines.org/hpv-vaccines-and-failure-to-communicate/), and has collaborated with the Iowa Immunization Coalition, Iowa Cancer Consortium, Iowa Department of Public Health, and Iowa Public Health Association to produce literature directed towards Iowa health care providers on the importance of the prevention of cancers with the HPV vaccine.

Dr. Boonstra's steadfast commitment to preventing disease in children through leadership, education, and advocacy is what makes him a model immunization partner for the state, his medical system, the community and his patients. Dr. Boonstra truly is a Childhood Immunization Champion.

The Iowa Immunization Program received numerous applications for the Immunization Champion Award. The following individuals were nominated for the 2014 Immunization Champion Award by their peers: Nancy Achenbach - Iowa County Health Department; Julie Bruck - Myrtue Medical Center; Stacy Crill - Keokuk County Medical Center; Delma Hardin - Delaware County Public Health; Thane Kading, - Hy-Vee Pharmacy; Becky Langreck - Winneshiek Medical Center; Maria Mathis - Mercy Medical Center North Iowa; Cheri Schmit,

Medical - GRX Holdings; Dr. Joshua Stubblefield - Broadlawns Medical Center; and Michelle Teberg - Unity Point St. Luke's. We would like to congratulate all nominees and thank them for their work and dedication to promoting immunizations in Iowa.

Program Highlights

We would like to congratulate and acknowledge the following Iowa hospitals for their inclusion into the Immunization Action Coalition's (IAC's) Hepatitis B Birth Dose Honor Roll:

- Myrtue Medical Center, Harlan, IA
 - Reported a coverage rate of 94% from 7/1/2012 to 6/30/2013
- Greene County Medical Center, Jefferson, IA
 - Reported a coverage rate of 100% from 11/1/2012 to 10/31/2013
- Mary Greeley Medical Center, Ames, IA
 - Reported a coverage rate of 93% from 1/1/2013 to 12/31/2013

The Hepatitis B Birth Dose Honor Roll was created in July of 2013 to recognize hospitals and birth centers who achieved 90% or greater coverage rate of administering hepatitis B vaccine prior to discharge. To protect newborns from hepatitis B viral infection, birthing institutions who qualify must also implement written policies, procedures, and protocols including:

- A standing order to administer the hepatitis B vaccine to all infants is included as a part of routine newborn admission orders.
- All newborns routinely receive hepatitis B vaccine after birth, prior to discharge.
- Mother's HBsAg screening test result is reviewed, and original result is included in her chart as well as in infant's chart.
- If incorrect test was ordered or is missing, an HBsAg blood test is ordered ASAP on the mother.
- Infants born to HBsAg-positive mothers receive hepatitis B immune globulin (HBIG) and hepatitis B vaccine within 12 hours of birth.
- Notification to the state or county health department's perinatal hepatitis B prevention program prior to discharge for all mothers whose HBsAg test result is positive.
- Infants born to mothers whose HBsAg status is unknown receive hepatitis b vaccine within 12 hours of birth.
- Infants who weigh less than 2000 grams who are born to mothers whose HBsAg status is unknown receive HBIG within 12 hours of birth.

VFC Highlights

Receiving and Unpacking Vaccine Shipments

Vaccines must be stored appropriately from the time they are manufactured until the time they are administered to a patient. Excessive heat or cold can reduce vaccine potency, increasing the risk recipients will not be protected against vaccine-preventable diseases. All staff members (including non-medical staff, e.g., receptionists and other front desk personnel) who accept vaccine deliveries must be aware of the importance of maintaining the vaccine cold chain.

Upon receipt of a VFC vaccine shipment, providers must open and examine the vaccine package immediately:

- Review cold and heat indicators immediately to ensure vaccine was maintained at the appropriate temperatures during shipping.
- Compare the vaccine received with the vaccine products that appear on the packing list. Match the vaccine type, number of doses, lot number and expiration date to the vaccine invoice.
- Immediately store vaccine at appropriate temperatures.
- Accept VFC vaccine orders in IRIS. Instructions can be found on the VFC web page at: <http://www.idph.state.ia.us/ImmTB/Immunization.aspx?prog=Imm&pg=Vfc>
- Maintain vaccine packing slips for both VFC and private vaccine inventory for a minimum of three years.

If there are problems with the temperature monitors or discrepancies with the packing slip, immediately notify the Iowa Vaccines for Children (VFC) Program at 1-800-831-6293. Notification must occur on the same day the vaccine arrived at the provider's office as documented by the carrier.

Any questions regarding this requirement should be referred to Janean Iddings at 800-831-6293, ext. 5 or Tina Patterson at ext. 4.

Required VFC Annual Training

The CDC requires participating VFC program providers (primary and secondary VFC contacts) to complete annual training covering all VFC program requirements. Additionally, annual training is recommended for any staff receiving and handling VFC vaccines to ensure understanding of storage and handling protocols. Completion of the CDC web-based modules, *You Call the Shots*, will satisfy this training requirement. Continuing education credit and certificates of completion are available with both modules.

The training is available at <http://www.cdc.gov/vaccines/ed/youcalltheshots.htm>. The two modules listed below must be completed prior to annual VFC re-enrollment:

1. [Vaccine Storage and Handling-2014](#)
2. [Vaccines for Children \(VFC\)-2014](#)

Question Corner

Q: How many vaccines can be given during a visit?

A: No upper limit exists for the number of vaccines that may be administered during one visit. The Advisory Committee on Immunization Practices (ACIP) and the American Academy of Pediatrics (AAP) consistently recommend all needed vaccines should be administered during an office visit.

Q: Please clarify how to determine the minimum interval or age for administering vaccines.

Recommendations are sometimes written in months, weeks, or days.

A: Recommendations are often written with different time intervals. If the dosing interval is 4 months or more, a calendar month should be used to determine the minimum interval (e.g., October 1 to April 1 is 6 months). If the interval is less than 4 months, convert months into days or weeks (e.g., 1 month = 4 weeks = 28 days).

Q: What does "simultaneous administration of vaccines" mean? Does it mean the same day?

A: Simultaneous means the same day or the same clinic day. If a patient receives a vaccine in the morning and then another the same afternoon, it would be considered simultaneous administration.

Q: Is it safe to administer a vaccine directly into an area where there is a tattoo?

A: Both IM and SC vaccines may be given through a tattoo.

Q: Why do I sometimes get the message that a varicella or MMR dose is INVALID in IRIS when it was given on or after the first birthday?

A: In IRIS, when the blue hyperlink next to the invalid dose is selected it will provide an Explanation of Status. The most common reason for this message is the administration of a dose of MMR or varicella within 28 days of another live virus vaccine. The [General Recommendations on Immunization](#) states, to minimize the potential risk for interference, injectable or nasally administered live vaccines not administered on the same day should be administered greater than or equal to 4 weeks apart. If injectable or nasally administered live vaccines are separated by less than 4 weeks, the second vaccine administered should not be counted as a valid dose and should be repeated. The repeat dose should be administered greater than or equal to 4 weeks after the last invalid dose.

IRIS Update

New IRIS Password Requirements

In the interest of protecting health information and unintended access to IRIS, IDPH will strengthen the security requirements of IRIS passwords. The new IRIS password requirements, which are consistent with the State of Iowa security standards, are as follows:

1. Passwords must be at least eight (8) characters
2. Passwords must contain a mixture of numbers, upper case letters, and lower case letters
3. Passwords must include at least one (1) special character
4. Passwords must be changed at least every sixty days

Effective May 7, 2014, IRIS passwords must meet these requirements. Please call the IRIS Help Desk at 800-374-3958 with questions about IRIS.

Resources

Iowa Department of Public Health, Immunization Program Email Lists

The Iowa Immunization Program has several email list serves available to help health care providers receive important and timely immunization related information. Providers can send a blank email to the addresses below to receive updates directly in their inbox.

- Vaccines for Children Program (VFC) List: join-VFC@lists.ia.gov
- Immunization Program List: join-IMMUNIZATION@lists.ia.gov
- Immunization Registry Information System (IRIS) List: join-IRISUSERS@lists.ia.gov

Pneumococcal Conjugate (Pevnar) Chart

The Pneumococcal Conjugate Vaccine Chart provides recommendations for children with a lapse in recommended vaccine series. The chart was changed to updated recommendations for children 7 through 11 months who had previously received 1 dose of vaccine. Please discard old copies of the Pevnar Chart and replace them with the current version (4/14). The chart is included on the following page and also available [here](#).

2013 Immunization Program Annual Report

The 2013 Immunization Program Annual Report is now available. The report provides a summary of the activities and achievements of the Immunization Program and Iowa health care providers during the 2013 calendar year. The report includes sections on Funding, Special Projects, Immunization Registry Information System (IRIS), Vaccines for Children Program (VFC), Perinatal Hepatitis B, and Immunization Assessments. The report serves as an informational resource for stakeholders, local partners, policy makers and the general public. Click [here](#) to view the full report.

Recommended Regimen for Pneumococcal Conjugate Vaccine Among Children With a Lapse in Vaccine Administration

How to use this chart:

1. Locate the child's age in the left column.
2. In the row with the child's age, locate the number of previous doses of PCV received.
3. The corresponding cell to the right of the number of previous doses in the "recommended regimen" column provides the recommended total number of doses for the child.

Child's age now	Previous Pneumococcal Conjugate Vaccination	Recommended Regimen	Total Doses in the Series
2 through 6 months	0 doses	Give 3 doses at least 8 weeks apart. The 4th dose will be given at 12-15 months as the final dose	4
	1 dose	Give 2 doses at least 8 weeks apart. The 4th dose will be given at 12-15 months as the final dose	4
	2 doses	Give 1 dose. The 4th dose will be given at 12-15 months as the final dose	4
7 through 11 months	0 or 1 dose	Give 2 doses at least 4 weeks apart, 3 rd or 4th dose given at 12-15 months as the final dose (at least 8 weeks later)	3 or 4
	2 doses before age 7 months	Give 1 dose at 7-11 months, with another dose given at 12-15 months as the final dose (at least 8 weeks later)	4
12 through 23 months	0 doses	Give 2 doses at least 8 weeks apart as the final dose	2
	1 dose before age 12 months	Give 2 doses at least 8 weeks apart as the final dose	3
	2 doses before age 12 months	Give 1 dose at least 8 weeks after the most recent dose as the final dose	3
	1 dose on or after age 12 months	Give 1 dose at least 8 weeks after the most recent dose as the final dose	2
24 through 59 months	No previous doses	Give one dose as the single and final dose	1
	If 1, 2 or 3 doses before 12 months	Give 1 dose at least 8 weeks after the most recent dose as the final dose	2, 3, or 4
	If 1 dose between 12-23 months	Give 1 dose at least 8 weeks after the most recent dose as the final dose	2
	If 2 doses between 12-23 months (separated by at least 8 weeks)	No additional doses. Child is complete.	2
	If 1, 2, or 3 doses before 12 months and 1 dose between 12-23 months (separated by at least 8 weeks)	No additional doses. Child is complete.	2, 3, or 4
	If 1 dose after 24 months	No additional doses. Child is complete.	1

- o For children with underlying medical conditions, a supplemental PCV13 dose is recommended. For a list of conditions and recommendations, see the Morbidity Mortality Weekly Report (MMWR), Use of 13-Valent Pneumococcal Conjugate Vaccine and 23-Valent Pneumococcal Polysaccharide Vaccine Among Children Aged 6-18 Years with Immunocompromising Conditions: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2013, available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6225a3.htm> and MMWR, Prevention of Pneumococcal Disease Among Infants and Children – Use of 13-Valent Pneumococcal Conjugate Vaccine and 23-Valent Pneumococcal Polysaccharide Vaccine: Recommendations of the ACIP, 2010 available at <http://www.cdc.gov/mmwr/pdf/rr/rr5911.pdf>.
- o Infants and children who began immunization with PCV7 may complete series by switching to PCV13 at any point in the immunization schedule.
- o Children who have completed the infant series with PCV7 (4 doses of PCV7 or other age-appropriate complete PCV7 schedule) should be administered a single PCV13 dose prior to turning 5 years of age.

Rev 4/14