



Immunization Newsletter

North Dakota Department of Health

Division of Disease Control

Fall 2006

Immunization Forums

The North Dakota Department of Health (NDDoH) is at a strategic point for planning and decision making regarding immunizations. In the past, the NDDoH supplied all recommended vaccinations to providers throughout the state to immunize all North Dakota children. The immunization program currently is facing both reduced funding and increases in the recommended number of vaccinations and their associated costs. Because of this, decisions need to be made regarding the future of the NDDoH Immunization Program. In addition, immunization rates in North Dakota are remaining stable, instead of increasing. It is important that immunization stakeholders throughout the state address these important issues.

To address these issues, six forums were held throughout the state. Legislators, insurance companies, vaccine manufacturers, family practice physicians, pediatricians, local public health units, Medicaid Services, Department of Public Instruction personnel, Healthy North Dakota members, the Governor's Office, Senators Conrad and Dorgan and Representative Polmeroy were all invited.

Anticipated outcomes for the forums were:

- Determine whether or not and how the NDDoH will continue to supply

vaccines to all children in North Dakota.

- Identify possible strategies to increase immunization rates.
- Identify four people from each region to participate in a North Dakota Immunization Strategic Planning Meeting scheduled for Jan. 4, 2007.



Heather Weaver Left NDDoH

Unfortunately, Heather Weaver's last day with the NDDoH was September 8th. She was the Immunization Program manager for more than three years and will be greatly missed. Heather did a lot of good for immunizations in the state of North Dakota.

Molly Sander is the new Immunization Program manager. Molly was previously the immunization surveillance coordinator for the NDDoH.

Stacy Lovelace is the new immunization surveillance coordinator. She previously was the Vaccines for Children/AFIX coordinator.



New VFC/AFIX Coordinator

Darcey Tysver has been hired as the new VFC/AFIX Coordinator for the NDDoH and started her position in November. Darcey grew up in Carson, N.D., and graduated from Carson High School. She received her bachelor's degree in nursing and is currently licensed as a registered nurse. Darcey worked as a staff nurse at Glendive Medical Center in Glendive, Mont., and Medcenter One before accepting her new position. Darcey lives in Bismarck and has three sons, ages 11 and 5 years, and 3 months.

New NDDoH Immunization Website

Check out the new immunization program website at www.ndhealth.gov/Immunize/. Information available on the website includes vaccine ordering, forms, memos, vaccine-preventable disease information, North Dakota Immunization Information System (NDIIS) information, school and day-care immunization requirements and many other items.

We would appreciate your feedback. Please contact Molly Sander at 701.328.4556 or toll-free at 800.472.2180 if you think there are items that need to be added to the new site.



NDIIS Data Quality

In order to ensure that good quality data is entered into the North Dakota Immunization Information System, please follow these suggestions:

- Look up clients based on the date of birth and the first letter of the first name. This will help you to avoid misspellings and duplicate data entry. You may even find duplicates by entering data this way.
- Call the NDDoH with any duplicates found in the NDIIS. The NDDoH will delete the duplicates.
- Call the NDDoH when any children move out of state. The NDDoH will delete these clients from your provider list.
- Always enter doses into the NDIIS by lot number for state-supplied vaccines. The NDDoH does not get reimbursed by Blue Cross Blue Shield of North Dakota if lot numbers are not added. Without this reimbursement, North Dakota will be unable to remain a universal select state.

Contact the NDDoH immunization program at 701.328.3386 or toll-free at 800.472.2180 with any questions or concerns about the NDIIS.

Menactra™ Update

In May 2006, the CDC recommended deferral of routine meningococcal conjugate vaccination (Menactra™) of children ages 11 and 12 because of the national supply limitations. Because the supply has improved, the **CDC is now recommending a return to routine vaccination according to ACIP recommendations.** The recommendations are that Menactra™ be administered to children ages 11 and 12, with a catch-up at high school entry (age 15), and college freshman living in dorms.

Menactra™ from NDDoH is available only for VFC-eligible children. VFC-eligible children are those ages 18 and younger who are Medicaid-eligible, are American Indian, have no insurance or are underinsured (have health insurance, but it doesn't cover vaccinations). Underinsured children must be vaccinated at rural health clinics or federally qualified health centers.

HPV Now Available for VFC-eligible Children

HPV vaccine is now available from the NDDoH. **State-supplied HPV vaccine will be available only to VFC-eligible children.** VFC-eligible children are those ages 18 and younger who are Medicaid-eligible, are American Indian, have no insurance or are underinsured (have health insurance, but it doesn't cover vaccinations). Underinsured children must be vaccinated at rural health clinics or federally qualified health centers. A vaccine information statement for HPV vaccine is available at www.cdc.gov/nip/publications/VIS/default.htm#hpv

State-Supplied Second Dose Varicella Vaccine: VFC-Only

The NDDoH is supplying the second dose of varicella vaccine for only those children who are eligible for the VFC program. Private vaccine must be purchased if providers want to vaccinate insured children with a second dose of varicella. The provider will need to bill the insurance company for the vaccination.

The NDDoH will continue to provide the first dose of varicella vaccine for all children, including those with insurance. The NDDoH also will continue to supply two doses for all children who receive their first dose when they are age 13 or older.

Proquad® (MMRV) is approved for a two-dose series for children ages 12 months to 12 years. State-supplied MMRV can be used for all children for the first doses of MMR and varicella at ages 12 months to 15 months, if both vaccines are indicated. State-supplied MMRV can be used only for VFC-eligible children for the second doses of MMR and varicella at ages 4 to 6, if both vaccines are indicated.



Second Dose of Varicella Vaccine NOT Required for School

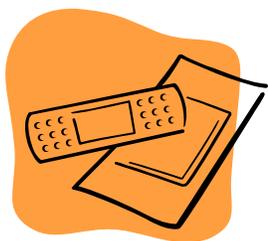
The Attorney General's office has clarified the varicella vaccination school requirement law. It is the opinion of the Attorney General's office that the current rules

regarding the requirement of one dose of varicella vaccine for day care and school entry, implemented in 2004, cannot be applied to new recommendations that are made after the rules went into effect, such as the newly recommended second dose of varicella vaccine. This means that a second dose of varicella vaccine is not required for school entry at this time.

Delays in Receiving Certain Vaccines

Sanofi pasteur is experiencing temporary supply constraints affecting Tdap (brand name Adacel™). Customers may experience backorders for these vaccines and may call 800.VACCINE for information about availability. GSK's adolescent Tdap (brand name Boostrix®) is in good supply. Please note that Adacel is indicated for adolescents and adults ages 11 through 64, while Boostrix is indicated for adolescents ages 10 through 18. Updates will be provided as they become available.

The above delays should not affect state-supplied vaccine.



Influenza Vaccine

The ACIP has extended the recommendations for the use of influenza vaccine to include children ages 2 through 4 and their contacts. This means all children ages 6 months through 4 years, as well as

their contacts, should receive a dose of influenza vaccine every year. Children ages 6 months to 9 years who are receiving their first influenza vaccination should receive two doses at least one month apart.

Children ages 5 through 18 who are at high risk for complications from influenza also should be immunized. Those at high risk for complications include:

- Anyone who has chronic disorders of the pulmonary or cardiovascular systems, including asthma.
- People with conditions that compromise respiratory function or the handling of respiratory secretions, or that can increase risk of aspiration (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders or other neuromuscular disorders).
- People who required medical follow-up or hospitalization during the previous year because of chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies or immunosuppression (including immunosuppression caused by medications or by HIV).
- Children taking long-term aspirin therapy and who might be at risk for Reye's syndrome after influenza.
- Females who will be pregnant during the influenza season (during any trimester).
- Residents of long-term care facilities that house people of any age who have chronic medical conditions.

The NDDoH is supplying influenza vaccine for all children ages 6 months through 4 years, for children ages 5 through 18 years who are at high risk for complications from influenza, for children and adolescents (ages 18 and younger) who are caregivers or household contacts to children younger than 6 months and for all VFC-eligible children,

even healthy children who would like to receive influenza vaccine.

The following describes which age group each vaccine can be used for.

Trade Name	Manufacturer	Dose	Age group
Fluzone [®]	sanofi pasteur	0.25 mL	6 – 35 mos
		0.5 mL	≥ 36 mos
Fluvirin [™]	Novartis Vaccine	0.5 mL	≥4 yrs

Influenza Vaccine Supply

A delay in receiving influenza vaccine has been seen throughout the country; however, at total of 110 to 115 million doses will be produced this year. This is 16 percent more doses than were available in the 2005-2006 season.

The NDDoH has been receiving vaccine in multiple shipments. Every effort has been made to ensure that all of our providers have some vaccine available. By the end of November, all providers should have received their full orders.

National Influenza Vaccination Week (NIVW) November 27 through December 3

The U.S. Centers for Disease Control and Prevention (CDC) in collaboration with U.S. Department of Health and Human Services and the National Influenza Vaccine Summit have designated the week of November 27th through December 3rd, 2006, as National Influenza Immunization Week – designed to emphasize the value of vaccination not only during the months of October and November but that it is never too late.

Influenza season in North Dakota occurs during the months of October through May. Vaccination typically begins in October and should continue during November, December and throughout the remainder of the season. During National Influenza Immunization Week, people are encouraged to utilize this time to get their flu shot. In addition, people should also be aware that getting vaccinated beyond October and November is beneficial and that influenza activity usually does not peak until after the New Year. **REMEMBER: It is never too late to get the flu shot!**

To read more about National Influenza Immunization Week, visit www.cdc.gov/flu. Additional materials, videos and public service announcements will be made available throughout the week on the [CDC's flu gallery](#) – be sure to visit often!

To see if there is a vaccine clinic in your area or to register a clinic, visit www.flucliniclocator.org.

NDDoH Influenza Website

The NDDoH influenza website is up and running again this year. Along with tracking the number of lab-reported influenza cases in the state, you can find fact sheets and information about influenza and pneumococcal vaccine. You can also order influenza campaign materials. Visit www.ndflu.com.

FLULAVAL[™] Approved by the FDA

GSK's new influenza vaccine, FLULAVAL[™], was approved by the U.S. Food and Drug Administration this month. It is indicated for use in adults 18 and older

and contains influenza virus subtypes A and B. It is not indicated for use in children.

Vaccine Loss Policy

The North Dakota Vaccine Loss Policy has been in effect since Aug. 1, 2006, but many providers have not returned the Addendum to the Prevention Partnership Program Provider Enrollment Form regarding vaccine loss. The signed form was due back to the NDDoH by Sept. 1, 2006.

Please return the form as soon as possible. If you need another form, please contact Stacy at 701.328.3324 or slovelace@nd.gov.



Temperature Logs

As part of the Prevention Partnership Program, the temperatures of vaccine refrigerators and freezers must be monitored twice daily and a log of the temperatures must be kept. The NDDoH must receive a copy of the temperature logs every month. The originals must be kept by providers for a minimum of three years.

Make sure that if you have a Celsius thermometer, you are recording temperatures on a Celsius temperature log, not a Fahrenheit temperature log, and vice versa. NDDoH has charts available for both Celsius and Fahrenheit thermometers and

any combination of the two you may use in refrigerators and freezers.

Contact the NDDoH Immunization Program at 701.328.3386 or toll-free at 800.472.2180 with any questions or concerns about temperature recording or to order new temperature charts.

October ACIP Meeting

The ACIP fall meeting was held in Atlanta, G.A. October 25 and 26, 2006.

Recommendations for the use of Zostavax, a vaccine to protect against shingles, were among the topics discussed. The ACIP has recommended the use of shingles vaccine in adults 60 and older. Other topics discussed were rabies vaccine, the child and adolescent immunization schedule, influenza vaccine, and HPV vaccine.

Meeting minutes will be available in the future. More information can be found at www.cdc.gov/nip/ACIP/default.htm.





Questions and Answers

1. Do all children need four doses of IPV?

- A. No. Children who receive three doses of IPV before the 4th birthday should receive a fourth dose before or at school entry. If the third dose is given on or after the 4th birthday, the fourth dose is not needed

2. What is the catch-up schedule for Prevnar™?

- A. See chart below:

Age at examination	Previous pneumococcal conjugate vaccination history	Recommended regimen*
2-6 months	0 doses	3 doses 2 mos apart, 4th dose at 12-15 mos
	1 dose	2 doses 2 mos apart, 4th dose at 12-15 mos
	2 doses	1 dose, 4th dose at 12-15 months
7-11 months	0 doses	2 doses 2 mos apart, 3rd dose at 12-15 mos
	1 or 2 doses before age 7 months	1 dose at 7-11 mos with another at 12-15 mos (≥ 2 mons later)
12-23 months	0 doses	2 doses ≥ 2 months apart
	1 dose before age 12 months	2 doses ≥ 2 months apart
	1 dose at ≥ 12 months	1 dose ≥ 2 months after the most recent dose
	2 doses before age 12 months	1 dose ≥ 2 months after the most recent dose
24-59 months		
Healthy Children [#]	any incomplete schedule	Consider 1 dose ≥ 2 months after the most recent dose
High Risk [^]	< 3 doses	1 dose ≥ 2 months after the most recent dose and another dose ≥ 2 months later
	3 doses	1 dose ≥ 2 months after the most recent dose

* For children vaccinated at age < 1 year, the minimum interval between doses is 4 weeks. Doses given at ≥ 12 months should be at least 8 weeks apart.

Providers should consider 1 dose for healthy children 24-59 months, with priority to children 24-35 months old, children of Alaska Native, American Indian, or African-American descent, or those who attend group day care centers. Children at high-risk for pneumococcal disease may require 2 doses 2 months apart.

[^]Children with sickle cell disease, asplenia, human immunodeficiency virus infection, chronic illness, cochlear implant, or immunocompromising condition.

1. Centers for Disease Control and Prevention. Prevention of pneumococcal disease among infants and young children: recommendations of the Advisory Committee on Immunization Practices. MMWR Rep 2000; 49 (No. RR-9):1-35.

3. How many doses of PedvaxHIB® are recommended?

- A. A child should be given PedvaxHIB® at ages 2, 4 and 15 to 18 months. **A dose of PedvaxHIB® is not needed at age 6 months.** This is different from the schedule when ActHIB® is used. ActHIB® is a four dose series with immunizations given at ages 2, 4, 6 and 15 to 18 months. If a combination of ActHIB® and PedvaxHIB® is used, a total of four doses are needed.

4. Can dorm-style freezers be used for the storage of varicella vaccine or MMRV?

- A. No. The freezer in a dorm style fridge does not have a separate control to adjust temperature, nor does it maintain an even temperature. Varicella vaccine and MMRV should be stored in either a stand-alone freezer or a combination refrigerator/freezer with a separate exterior opening for the freezer.

Upcoming Events:



- Adult Immunization Update Satellite Broadcast: **Dec. 7, 11 a.m. – 1:30 p.m.**
- Immunization Strategic Planning Meeting: **Jan. 4, 2007, 5:30 p.m. – 8:30 p.m.**
- National Immunization Conference in Kansas City, M.O.: **March 5 – 8, 2007**

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