



Strategic Planning Meeting Held

An immunization planning meeting was held Jan. 4, 2007, from 5:30-8:30 p.m. at the Gold Seal Building in Bismarck. The number of people attending on-site, by phone, or via video conference totaled more than 70. The purpose of the meeting was to discuss the changes in funding for North Dakota's Immunization Program and the resulting need for restructuring the state's vaccine supply policy.

Immunization Program Manager Molly Sander briefly summarized the results of the six Immunization Forums that were held across the state in October 2006. These forums were an introduction to begin talks about changes in immunization funding and coverage rates.

State Health Officer Terry Dwelle then discussed Provider choice and why it is the best option for our state at this time. Provider Choice was defined as a vaccine supply policy in which the NDDoH would purchase vaccine from the manufacturer and then broker this vaccine to providers at cost. He explained that Provider Choice was selected by the Governor's Office as the best option and that it seemed to have the most long-term sustainability. Dr. Dwelle also discussed the possibility of Federally Qualified Healthcare Centers (FQHC) deputizing local public health units (LPHU) to give immunizations to underinsured children on their behalf, and the further prospect of the FQHC billing insurance on behalf of the LPHUs. Currently, underinsured children must receive their VFC vaccine from FQHC or Rural Healthcare Centers (RHC). He indicated

that the FQHC have shown interest in discussing this further.

Following Dr. Dwelle's presentation, Molly Sander gave an update on the status of the Vaccine Management Business Improvement Project (VMBIP), which is anticipated to be implemented in North Dakota in September 2007. VMBIP is a combined national, state and local effort to simplify the process of ordering, distributing and managing vaccines by creating a centralized distribution system.

The rest of the evening was spent in open discussions about the perceived barriers to implementing Provider Choice and possible solutions to these barriers. Ten major barriers were identified, including lack of up-front cash flow to purchase vaccine, the need to educate the public on a new program, and the lack of provider business practices in place to sustain the new program. Several viable solutions also were suggested. These included establishing seed money/safety nets, optional staff trainings, and continued support from the NDDoH Division of Disease Control.

The meeting concluded with a request to expand the Immunization Task Force. In particular, volunteers were requested from the following areas: family practice physicians, pediatric physicians, OB/GYN physicians and pharmacists. The task force meets once a month via conference call, currently at 7 a.m. CST. To volunteer or for more information, please contact Molly Sander, Immunization Program manager, at 328.2378 or msander@nd.gov.



Remember: It Is Never Too Late To Get the Flu Shot!

The North Dakota Department of Health wants to remind providers to continue to vaccinate against influenza throughout the winter months. In North Dakota, peak influenza activity typically occurs sometime after the New Year, usually between late January and March. Since flu activity in the state is relatively low, take the opportunity to vaccinate those who have not received the flu shot this season. Remember: It can take up to two weeks for the vaccine to offer its full protection. Vaccinating now will give protection when the peak of the flu season is upon us. For additional information, please visit the NDDoH influenza website at www.ndflu.com.

Influenza Vaccine by the Numbers

According to the CDC’s flu vaccine tracker, as of Jan. 10, 2007, 303,135 doses of influenza vaccine had been distributed across North Dakota. Here is a look at the state-supplied flu vaccine numbers:

<u>Vaccine</u>	<u>Doses Ordered</u>
Chiron	5,800
Sanofi .25 mL syringes	15,020
Sanofi multi-dose vials	3,990
Sanofi 0.5 mL vials	960
<i>Total state doses ordered</i>	<i>25,770</i>

The NDDoH currently has fewer than 600 doses in stock, evidence that providers are doing a great job vaccinating our kids against influenza! Orders for flu vaccine are still coming in weekly, so if you have vaccine in your inventory that you do not anticipate using, especially the .25 pre-filled syringes, please return it to the NDDoH so that we can circulate it to the providers still

in need. If you would like to place an order for influenza vaccine, please contact the Immunization Program at 800.472.2180 or 701.328.3386 for availability.



Refrigerated Formulation of Flumist® Approved by the FDA

MedImmune Inc. has received approval for its new refrigerated formulation of FluMist®, known as Cold Adapted Influenza Vaccine Trivalent (CAIV-T), which will be available for the 2007-2008 influenza season. The company hopes that because the CAIV-T can be more conveniently stored in the refrigerator rather than in the freezer, it will create better access for providers, which in turn will benefit patients. The new formulation is indicated for healthy children and adults ages 5 to 49 years and continues to provide protection against influenza A and B viruses. Clinical trials currently are underway to expand the age indications, and, in anticipation of this, MedImmune plans to increase its production of the CAIV-T for the 2007-2008 season. For more information, visit www.flumist.com or call 877.633.4411.

Prevention Partnership



It is that time of year again, and the prevention partnership agreements are being sent out. Packets are required to be reviewed, completed in full, and returned to the NDDoH. Please contact the NDDoH with any questions or concerns at 701.328.3386 or 800.472.2180. Thank you for your cooperation.



Changes in State-Supplied Influenza Vaccine Policy

The North Dakota Department of Health Immunization Program will be supplying influenza vaccine for the 2007–2008 season to providers for use in only those who are **Vaccines For Children (VFC) eligible**.

This includes children 18 and younger who are Medicaid-eligible, Native American, uninsured or underinsured. Underinsured children must be referred to a Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC) to receive VFC vaccine.

This is a change from previous years, when the NDDoH supplied influenza vaccine for all children who were recommended to be vaccinated regardless of VFC status.

Providers should order a private supply of influenza vaccine to vaccinate insured children.

The following children are recommended to be routinely vaccinated against influenza:

- Healthy children, ages 6 months through 4 years
- Children and adolescents (≤ 18 years) at increased risk for complications from influenza, including:
 - Children and adolescents who have chronic disorders of the pulmonary or cardiovascular systems, including asthma
 - Children and adolescents who have a condition that can compromise respiratory function or the handling of respiratory secretions, or that can increase the risk of aspiration (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders or other neuromuscular disorders)
 - Children and adolescents who have required regular medical follow-up

or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies or immunosuppression

- Children and adolescents who are receiving long-term aspirin therapy and therefore might be at risk for developing Reye's Syndrome
- Adolescent females who will be pregnant during the influenza season (during any trimester)
- Children and adolescents who are residents of long-term care facilities that house people of any age who have chronic medical conditions
- Children and adolescents (≤ 18 years) who are caregivers or household contacts to children younger than 6 months of or children at high-risk for influenza-related complications.

Please continue to vaccinate all children, regardless of VFC status, who are recommended to be vaccinated for the 2006-2007 influenza season. More information will be available in the future regarding the pre-booking of VFC influenza vaccine for the 2007-2008 influenza season.

Please contact the NDDoH Immunization Program with any questions or concerns at 701.328.3386 or toll-free at 800.472.2180.

Check your Fax



Please note that when sending faxes to the Immunization Program, the correct fax number to use is 701.328.2499. The confidential fax number (701.328.0355) should not be used for orders, temperature logs or monthly reports. Thank you!



What's New?

In 2006, new vaccines were introduced and changes were made to immunization recommendations. A list of the highlights include:

- The new human papillomavirus (HPV) vaccine Gardasil™ was licensed for females ages 9 through 26. Advisory Committee of Immunization Practices (ACIP) recommended routine vaccination of girls at 11 and 12 years; however, the series could be started as early as 9 years. The vaccine should be administered intramuscularly as a three-dose series. The second dose should be given two months after the first dose, and the third dose six months after the first. As with all vaccines, the series does not need to be restarted for late second or third dose vaccinations. Gardasil™ is currently available through the NDDoH for VFC-eligible females.
- A new combination vaccine containing measles, mumps, rubella and varicella vaccines (MMRV), also was licensed. ProQuad® was approved for use in children 12 months to 12 years. MMRV can be given when both MMR and varicella vaccine need to be administered. ProQuad® is a frozen vaccine and must be stored in the freezer at $\leq 5^{\circ}\text{F}$ or -15°C . Please note: In North Dakota, MMRV is shipped directly from the manufacturer. Please allow four to six weeks for delivery. Second dose MMRV is available for VFC-eligible children only.
- A new bovine strain rotavirus vaccine also was introduced. As you may recall, the original rotavirus vaccine was found to cause intussusception in some infants. The ACIP-recommended routine vaccination of infants at 2, 4 and 6 months. The series must not be started

after 12 weeks of age, and the last dose must be given by 32 weeks of age.

RotaTeq® is available from the NDDoH for all children at this time.

- The ACIP released a recommendation for a routine second dose of varicella vaccine for children ages 4 to 6. This recommendation was extended to any child, adolescent or adult who had previously received only one dose of varicella vaccine. For children 12 months to 12 years, the first and second dose should be separated by three months, and by one month for those 13 and older. Second dose varicella is available for VFC-eligible children only.
- Hepatitis A also was recommended for routine vaccination for children 12 to 23 months of age. This vaccine is administered in a two-dose series six months apart. In North Dakota, hepatitis A is not recommended to be part of a catch-up effort; however, all providers should use their judgment to take any opportunity to vaccinate children when appropriate. Hepatitis A vaccine is currently available for all children in North Dakota.
- The shingles vaccine ZOSTAVAX® was licensed for the prevention of herpes zoster. The ACIP recommended adults age 60 and older receive a single dose of zoster vaccine, even if they have had a previous episode of shingles. ZOSTAVAX® is a frozen vaccine and must be stored in the freezer at $\leq 5^{\circ}\text{F}$ or -15°C . Provisional recommendations can be found at www.cdc.gov/nip/recs/provisional_rec/.

The above ACIP recommendations can be viewed at www.cdc.gov/nip/publications/acip-list.htm.

In mid-October a new Adult Immunization Schedule reflecting the new ACIP

recommendations was also published. Highlights include:

- The new human papillomavirus (HPV) is recommended for women 26 and younger.
- The new herpes zoster vaccine is recommended for adults 60 years and older.
- Tetanus, diphtheria, and acellular pertussis (Tdap) is recommended as a one-time, one-dose vaccination for people younger than 64.
- Hepatitis B vaccine is recommended for any adult wanting protection from hepatitis B infection.
- Influenza vaccine is recommended for adults in close contact with children ages birth to 59 months
- A second dose of varicella vaccine is recommended for all adults with no evidence of immunity.
- A second dose of mumps vaccine is recommended for adults in specified age groups and with certain risk factors.

The revised Adult Immunization Schedule can be viewed in its entirety at www.cdc.gov/nip/recs/adult-schedule.htm.

Finally, new Morbidity and Mortality Weekly Report's are available for Tdap, Hepatitis B, and general immunization recommendations. They can be found at www.cdc.gov/mmwr.



Did You Know?

The *Immunization Newsletter* can be viewed on the NDDoH Immunization website. Visit www.ndhealth.gov/immunize and click on the "Newsletter" tab to read current and past issues.

Are Your Vaccine Information Statements (VIS) Up-to-Date?

Several VIS were updated in 2006. Please take this time to review the list below to make sure you are providing parents and patients with the most current VIS.

<u>Vaccine</u>	<u>Last Updated</u>
DTaP	7/30/2001
Hepatitis A	3/21/2006
Hepatitis B	7/11/2001
Hib	12/16/1998
HPV	9/05/2006
Influenza (TIV)	6/30/2006
Influenza (LAIV)	6/30/2006
MMR	1/15/2003
Meningococcal	11/16/2006
PPV23	7/29/1997
PCV7	9/30/2002
Polio	01/01/2000
Rotavirus	04/12/2006
Shingles	9/11/2006
Td	6/10/1994
Tdap	7/12/2006
Varicella (New)	01/10/2007

For more information on VIS, please visit www.cdc.gov/nip/publications/VIS/default.htm. If you are in need of any VIS, please use a materials order form and submit it to the NDDoH online, via fax, or by mail. *Please note: If you recently ordered and received the new Vaccine Administration Records (VAR), you will notice that the varicella VIS date is still 12/16/1998. An order was placed for additional VAR and the change was made on these forms.

Winter Vaccine Shipments

Please remember that vaccine will be shipped to providers and can be returned to the NDDoH only if the temperature is 0° F or above. Please note that this does not apply to the frozen vaccines, MMRV and varicella, which ship directly from the manufacturer.



HELP!

Do you need help staying on top of the fast-changing world of new vaccines and immunization recommendations? Below is a list of resources to assist you in keeping up-to-date on immunization information:

NDDoH Immunization Program
www.ndhealth.gov/immunize

North Dakota Influenza Website
www.ndflu.com

CDC National Immunization Program
www.cdc.gov/nip

MMWR
www.cdc.gov/mmwr

ACIP Recommendations
www.cdc.gov/nip/publications/acip-list.htm

IAC Express
www.immunize.org/express

National Network for Immunization Information
www.immunizationinfo.org/index.cfm

Reminders for Placing Vaccine Orders



With implementation of the Vaccine Management Business Improvement Plan (VMBIP) right around the corner, the need to place orders correctly and efficiently is very important. Under VMBIP, at the maximum, providers will be able to order once a month, and some only once every six months, depending on clinic size, with no exceptions. It will be essential to plan ahead and anticipate vaccine needs accurately.

This will be a change for all of us and something we need to become acclimated to. As a reminder, the current policy for vaccine ordering is as follows:

- Orders are accepted by mail, fax or via the online ordering form, but *not over the phone*. This is to ensure accuracy.
- Order forms should be filled out completely, including the doses on hand. Orders can not be filled if accurate inventories are not included.
- A Doses Administered report must be submitted monthly. Orders can not be filled and will be held until this report is received.
- Providers **must allow two weeks for delivery**, weather permitting. Because vaccine cannot be shipped on Thursdays or Fridays, this only allows 6 working days for all orders to be processed. Unless there are extenuating circumstances and phone approval has been attained from the NDDoH, requests for vaccine orders to be filled in less than two weeks (shipped or picked up) will not be honored. The NDDoH fills requests in the order they are received, making every effort to process and ship orders in less than two weeks.
- Providers may order once per month. Multiples orders each month slow down the process for everyone, which means that it takes longer for all providers to receive their orders.
- Providers may order a maximum of a two-month supply. This ensures availability of vaccine to all providers, promotes fiscal accountability, and also helps protect against vaccine wastage that occurs due to expired vaccine. If there are special circumstances, such as upcoming vaccination clinics or back-to-school immunizations, warranting the need for a larger-than-usual order, please call ahead or write a note explaining this.

To determine how much vaccine to order using our current two-month supply policy, begin by looking at the number of doses you have on hand of each vaccine. Then look at your Doses Administered report from the previous month. For each vaccine, multiply the doses administered by 2 (to determine how much a two-month supply would be), and subtract the number of doses of that vaccine currently on hand. This is the number of doses that need to be ordered to maintain a 2-month supply. Keep in mind unit sizes when ordering; i.e., most vaccines must be ordered in 10-dose increments. Here is an example:

You need to order PCV-7. You currently have 27 doses on hand and administered 22 last month. You would multiply 22×2 for 44, and then subtract the 27 doses on hand. To maintain a two-month supply, you would need 17 additional doses. Because this is not an appropriate unit size, you would need to place an order for 20 doses. This would be done for each vaccine. Please keep in mind when ordering IPV, DTaP, and hepatitis B that these vaccines are all included in Pediarix™ and only the doses administered of each after the age of 1 year are used in determining the amount needed of each vaccine.

Most of our providers do a great job following these policies. By everyone becoming accustomed to ordering vaccine in this way, we all will be able to have a smoother transition to VMBIP. If you have any questions, comments or concerns, please contact the NDDoH at 701.328.3386 or 800.472.2180.

Still Confused About Vaccines for Children (VFC)?



Vaccines for Children (VFC) is a federal entitlement program that ensures eligible children access to free immunizations. To be eligible for VFC, children must be 18 years of age or younger and meet at least one of the following criteria:

- Medicaid eligible
- Native American
- Alaskan Native
- Uninsured
- Underinsured (Underinsured is defined as a child who has health insurance, but whose plan does not cover vaccines. Those with high deductible insurance plans are not considered underinsured.)

The NDDoH is required to supply vaccine to participating providers for VFC children at no cost to the provider.

If you have any questions about the VFC program, please contact the NDDoH at 701.328.3386 or 800.472.2180.

Old Vaccine Administration Form Deleted

The Vaccine Administration Record (Series) form, SFN number 50922, has been discontinued. If you are still using these forms in your facility, please replace them with the updated Vaccine Administration Record (VAR) form, SFN 18385. This VAR is a two-part form that contains the same information as the prior series form but is organized in a more readable and user-friendly format. Please contact the NDDoH with any questions or concerns at 701.328.3386 or 800.472.2180.

Watch Your Expiration Dates!

Please remember to watch the expiration dates on your vaccine. Vaccine that is allowed to expire and that is of a value of \$500 or greater will require reimbursement to the NDDoH by the provider. Usable vaccine that is returned to the NDDoH at least three months before the expiration date can be redistributed and will not incur a charge to the provider. In the case of varicella and MMRV, which can not be returned to the NDDoH, please attempt to transfer the vaccine to another provider if feasible. Please keep in mind these vaccines are frozen, so it is very important that transfer time be very minimal and cold chain techniques be followed. If you have made efforts to transfer or use vaccine nearing expiration, please contact the NDDoH so we can make a note of your attempts.

If you have any questions or concerns, contact the NDDoH at 701.328.3386 or 800.472.2180.

VFC Contact Person

Requests for vaccines or materials, temperature logs (including HOB0), and monthly doses administered reports should be submitted to Darcey Tysver, new VFC/AFIX coordinator. Darcey can be reached by phone at 701.328.2035, toll free at 800.472.2180 or by email at dtysver@nd.gov.



2007 AFIX Visits

Provider visits for the AFIX program are beginning for 2007. At least 25 percent of enrolled VFC providers are required to receive an AFIX visit from the NDDoH each year. Those providers with more than 250 children and those with immunization rates of 70 percent or less receive visits yearly. Those with 100 to 249 children are to be visited every other year, and those with fewer than 100 children, at least every four years.

If you have been selected for an AFIX visit this year, you will receive a letter, a report indicating missing/invalid immunizations for each child evaluated, and a preliminary immunization rate report. This information will be sent at least one month prior to the intended date of the visit. You will then have the opportunity to make corrections/additions to the missing/invalid doses report, which will be returned to the NDDoH. If appropriate, adjustments to your immunization rates will be made. At this point you will be contacted to schedule your visit.

During the visit, feedback will be given regarding immunization rates, including suggestions for rate improvement, and immunization updates and resource materials will be given. During your visit, we would also like to hear from you about any strategies your facility has used to improve immunization rates so that we may share them with other providers. We all have the common goal of protecting the health of our children through immunizations.

If you have any questions about the AFIX visit process, please contact the NDDoH at 701.328.3386 or 800.472.2180. We look forward to meeting with you this year!





2007 Legislative Update

There are many immunization-related bills this legislative session. House Bill 1136 would add immunization requirements for pneumococcal disease, meningococcal disease, rotavirus and hepatitis A for schools and day cares. House Bill 1136 was passed by the House of Representatives and will now go to the Senate. House Bill No. 1435 adds only the second dose of varicella vaccine and meningococcal vaccine to school and day-care requirements. It also adds appropriations for the state health department to purchase vaccine. It is unknown at this time how House Bill 1435 and 1136 will be combined.

House Bill 1434 would establish a viral hepatitis program, including hepatitis A and B vaccination at local public health units of individuals at high risk for hepatitis.

House Bill 1471 would require the state health department to educate the public about human papillomavirus (HPV) and the availability of HPV vaccine. House Bill 1434 and 1471 have not yet been heard in committee.

The North Dakota Department of Health has also requested appropriations for two fulltime employees to assist in implementing

the state health department's new vaccine supply policy. Please contact Molly Sander at 701.328.4556 with any questions regarding immunization-related legislation. Legislative updates can be found at www.legis.nd.gov/information/bills.



Summary of Selected Vaccine-Preventable Disease Surveillance for 2006

Pertussis

Preliminary data indicates that 40 cases of pertussis were reported in 11 counties in 2006. Three of the cases were hospitalized. In 2005, 167 cases of pertussis were reported, decreasing 77 percent in 2006. In 2004, 757 cases of pertussis were reported, decreasing 78 percent in 2005. Most of the cases in 2004 were attributed to a large outbreak that occurred between June and October. This was the largest outbreak of pertussis investigated in North Dakota in the previous 10 years.

In 2006, recommendations were published in the Morbidity and Mortality Weekly Report (MMWR) for Tdap (tetanus, diphtheria and acellular pertussis vaccine) administration in adolescents and adults. Currently, the North Dakota Immunization Program makes Tdap available to all children. To view the published recommendations, visit www.cdc.gov/nip/recs/provisional_rec/default.htm.

Tetanus

In 2006, one case of tetanus was reported in North Dakota.

Mumps

In 2006, 14 cases of mumps were reported in North Dakota in nine counties. In 2005, four cases of mumps were reported in North Dakota. The cases were not epidemiologically linked. The cases ranged in age from 1 to 72. Of the 14 cases, seven had a history of receiving two doses of MMR (measles, mumps and rubella vaccine), three cases had a history of receiving one dose of MMR, three had not received any doses of a mumps vaccine, and one had an unknown vaccination history.

Two vaccines that protect against mumps virus are available. MMR is recommended at ages 12 to 15 month and 4 to 6 years. A new combination vaccine, MMRV (MMR and varicella vaccine) was approved by the Food and Drug Administration in 2005. MMRV should be used when both MMR and varicella vaccine are recommended to be given.

It is now recommended that health-care workers born before 1957 receive at least one dose of MMR and health-care workers born in or after 1957 receive two doses of MMR if they are not already immune to mumps. Proof of immunity includes documentation of previous vaccination, documented history of mumps that was diagnosed by a physician, or laboratory evidence of immunity to mumps. Health-care workers born in or after 1957 who have received only one dose should be given the second dose. It is also recommend that during an outbreak situation, two doses of MMR should be considered for health-care workers born before 1957 if they don't have proof of immunity.

Chickenpox

Preliminary data for 2006 indicates that 112 cases of chickenpox were reported in North Dakota. In 2005, 120 cases of chickenpox

were reported. Although health-care providers, schools, day cares and local public health units are mandated to report all cases of chickenpox to the North Dakota Department of Health (NDDoH), chickenpox continues to be under-reported in North Dakota.

In June, the ACIP updated the varicella vaccination recommendations to include administration of a second dose of varicella vaccine to be given at ages 4 to 6. For more information about the new varicella vaccination recommendations, visit www.cdc.gov/nip/recs/provisional_rec/default.htm.

For more information or questions about 2006 vaccine-preventable disease surveillance, please contact Stacy at 701.328.3324 or 800.472.2180.



Welcome New VFC Providers!

The NDDoH would like to welcome these new VFC providers:

- Pediatric Arts Clinic, Fargo
- Spirit Lake Early Childhood Tracking, Ft. Totten
- Northland Community Health Center, McClusky





Rotavirus Vaccine Q & A

Q: At what ages are infants routinely given rotavirus vaccine?

A: Rotavirus vaccine is routinely given orally as a three-dose series at 2, 4 and 6 months of age.

Q: At what age should the first dose be given?

A: The first dose **MUST** be given between the ages of 6 and 12 weeks. The series **CANNOT be started after the age of 12 weeks.**

Q: What is the minimum interval between doses?

A: The minimum interval between doses is four weeks.

Q: At what age should the last dose be given?

A: The last dose must be given by 32 weeks of age. **DO NOT** give any doses after the age of 32 weeks.

Q: Can rotavirus be given at the same time as other vaccines?

A: Yes. Rotavirus can be given at the same time as other routine childhood vaccines.

Q: Can rotavirus be given to a child who is living with a pregnant woman or an immunocompromised person?

A: Yes. Rotavirus can be given to a child living with a pregnant woman or an immunocompromised person.

Q: Can rotavirus vaccine be frozen?

A: No. Rotavirus vaccine cannot be frozen and should be stored in the refrigerator at 35° to 46° F (2° to 8° C).

Q: Should doses of rotavirus vaccine that are regurgitated be repeated?

A: No, do not repeat doses that are regurgitated. Count the dose and give the next dose as scheduled.

Q: Are there any contraindications to administering rotavirus vaccine?

A: Yes. Giving rotavirus vaccine to infants who have had a previous anaphylactic reaction to rotavirus vaccine or any components of the vaccine is contraindicated.

Q: What are the precautions to administering rotavirus vaccine?

A: Precautions include the following:

- Acute gastroenteritis, diarrhea
- Moderate to severe illness, including a temperature of 100.5° F
- Preexisting chronic gastrointestinal disease
- Previous history of intussusception
- Altered immunocompetence
- Moms who are HIV/AIDS positive and the infant's status is unknown
- History of receiving blood or blood components, including immunoglobulins, within 42 days

For more information on rotavirus vaccine, please visit www.cdc.gov/mmwr/preview/mmwrhtml/rr5512a1.htm or contact the NDDoH at 701.328.3386 or 800.472.2180.



The 2006 AFIX Results are in!

The following providers achieved immunization rates above 85 percent for the 4:3:1:3:3:1 (4 DTaP:3 HepB:1 MMR:3 Hib:3 IPV:1 varicella) series in 2006!!

Private Health

- Q&R Clinic Mandan East
- Dickinson Clinic/Medcenter One Health Systems – Dickinson
- Mid Dakota Clinic Kirkwood – Bismarck
- Grafton Family Clinic – Grafton
- Altru Health Clinic Pediatrics – Grand Forks
- Altru Health Clinic Family Medicine – Grand Forks
- Grand Forks Family Residency Clinic
- Meritcare Medical Group – Fargo
- MeritCare Southwest Pediatrics – Fargo
- MeritCare Clinic Jamestown
- MeritCare Clinic Valley City
- MeritCare Clinic West Fargo
- Medcenter One Q&R Pediatrics – Bismarck



Public Health

- Cavalier County Health District – Langdon
- Lake Region District Health Unit Ramsey County – Devils Lake
- Ransom County Public Health Department – Lisbon
- Central Valley Health District – Jamestown
- Upper Missouri District Health Unit – Williston
- Spirit Lake Health Center – Ft. Totten

***Not all providers are assessed each year. The above providers were assessed in 2006. The overall average for North Dakota for the 4:3:1:3:3:1 series in 2005 was 72.4 percent.**

Congratulations on a job well done. Keep up the good work!!



Upcoming Events

- Part three of four of CDC's Epidemiology and Prevention of Vaccine-Preventable Diseases annual satellite broadcast: **February 8, 2007; 11 a.m.-3 p.m. CST**
- Part four of four of CDC's Epidemiology and Prevention of Vaccine-Preventable Diseases annual satellite broadcast: **February 15, 2007; 11 a.m.-3 p.m. CST**
- ACIP meeting in Atlanta, Ga: **February 21-22, 2007**
- National Immunization Conference in Kansas City, Mo.: **March 5-8, 2007**
- National Infant Immunization Week: **April 21-28, 2007**

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



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EQUAL OPPORTUNITY EMPLOYER