

April 21-28 Is National Infant Immunization Week

April 21 through 28, 2007, has been designated National Infant Immunization Week (NIIW). This annual observance promotes the benefits of immunization and focuses on the importance of immunizing infants against vaccine-preventable diseases by age 2. NIIW offers all immunization partners the opportunity to highlight the positive impact of immunization on the lives of infants and children and to celebrate immunization achievements.



(800.232.4636) they can call to locate a facility that offers free immunizations (Vaccines for Children program) for their infants if they do not have a health-care provider.

The goals of NIIW are to:

- Highlight the importance and benefits of childhood immunizations.
- Educate parents and caregivers about the importance of vaccination in protecting their children against vaccine-preventable diseases.
- Focus attention on immunization achievements and celebrate the accomplishments made possible through successful collaboration.
- Revitalize efforts to protect children against vaccine-preventable diseases and give them a healthy start to life.
- Encourage better communication between parents/caregivers and their health-care providers.
- Remind parents and caregivers they need to make and keep needed immunization appointments.
- Provide parents/caregivers with a toll-free number, 800.CDC.INFO

Here are a few ways in which you can participate in NIIW:

- Encourage local hospitals to conduct grand rounds focusing on infant and childhood immunization.
- Persuade hospitals and health maintenance organizations to promote immunization in prenatal classes and during prenatal visits.
- Provide after-hours and weekend immunization services to reduce wait times and eliminate access barriers.
- Implement an immunization reminder system.
- Create and maintain a patient-friendly environment and provide culturally appropriate immunization education materials.
- Hold in-service seminars focusing on record keeping, eliminating access barriers and reminder-recall systems for medical, health and social service agencies.

For additional information about NIIW, visit www.cdc.gov/nip/events/niiw.

**The Centers for Disease Control
and Prevention Releases a
Statement Regarding
Intussusception and Rotavirus
Vaccine**

The Food and Drug Administration (FDA) recently notified health-care providers and consumers about reports of intussusception following the administration of rotavirus vaccine (trade name RotaTeq®). According to the U.S. Centers for Disease Control and Prevention (CDC), this notification was issued to encourage the reporting of additional cases of intussusception that may have occurred or will occur in the future after administration of RotaTeq®. The CDC released a statement Feb. 14, 2007, stating the following key facts:

- We are not surprised by the number of reported intussusception cases following RotaTeq® vaccination.
- Intussusception, a form of bowel obstruction, occurs spontaneously in the absence of vaccination. There are a number of intussusception cases that occur every year in children in the age group recommended for RotaTeq® (6 to 32 weeks of age) and are not related to the vaccine.
- The number of intussusception cases reported to date after RotaTeq® administration is consistent with the number of cases we expected to see based on background rates in unvaccinated children.
- These cases were detected through routine monitoring of a new vaccine using the Vaccine Adverse Event Reporting System (VAERS). This routine monitoring is done to ensure the safety of all vaccines. We are closely monitoring VAERS reports for this vaccine as we would with any newly licensed vaccine. However, we are

aware of past issues with rotavirus vaccine and intussusception and, therefore, we will continue to closely watch for cases of intussusception following rotavirus vaccination.

- This notice does not mean there is a problem with the RotaTeq® vaccine. CDC is not changing its policy at this time. CDC continues to support the Advisory Committee on Immunization Practices' (ACIP) recommendation for routine immunization of all U.S. infants with three doses of RotaTeq® administered orally at ages 2, 4 and 6 months.
- This report will be discussed at the February 21-22 ACIP meeting.
- CDC and FDA encourage all health-care providers and other individuals to report any cases of intussusception or other severe adverse events to the Vaccine Adverse Reporting System. For a copy of the vaccine reporting form, call 800.822.7967 or report online to www.vaers.hhs.gov.

For more information about rotavirus vaccine and intussusception, please contact the North Dakota Department of Health (NDDoH) Immunization Program at 701.328.3386 or 800.472.2180.

Faxed Orders

When faxing vaccine or material orders to the NDDoH, please do not fax the original goldenrod-colored copy. These faxes are received as a black sheet of paper. Please make a lightened copy and use this to fax your orders. Thank you for your cooperation!





Attorney General's Office
Issues Opinion of Human
Papillomavirus Vaccine and
Adolescents

North Dakota's assistant Attorney General Michael Mullen recently issued an opinion on administering human papillomavirus (HPV) vaccine to minor females. North Dakota law allows minors who are 14 years or older to receive treatment for sexually transmitted diseases without parental or guardian consent. According to Mullen, because preventative products and medications are considered by many clinicians to be treatment, HPV vaccine could be administered to a minor age 14 and older without consent of the minor's parent or guardian. However, minors younger than 14 would require parental or guardian consent to the same extent consent is generally required.

Mullen also addressed the issue of Title X funding and federal regulations. Title X funded services must be made available to all adolescents, regardless of age, without the requirement of parental or guardian consent. Therefore, minors of any age can consent to HPV vaccination without parental or guardian consent at federally-funded Title X clinics.

For more information, contact the NDDoH at 701.328.3386 or 800.472.2180.



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.



North Dakota Receives Award at
National Immunization Conference

The North Dakota Department of Health received an award at the National Immunization Conference in March for being one of three states with the most improved immunization rates since 2002 for six routinely recommended vaccines.

The six recommended vaccines on which the award was based prevent against diphtheria, tetanus, whooping cough, measles, mumps, rubella, hepatitis B, *Haemophilus influenzae* type B, polio and chickenpox. In 2002, the immunization rate for North Dakota children ages 19 months to 35 months was 56.3 percent. In 2005 the North Dakota immunization rate for the same vaccines was 78.7 percent, an increase of 22.4 percent since 2002.

"Local public health units, physicians, parents, the state health department and all their partners have worked hard to achieve this success for our children," said Gov. John Hoeven. "Because of their commitment to good public health, a generation of North Dakota children is growing up protected from diseases that in the past have been a source of great concern to parents, schools and communities. We congratulate them, and thank them for their dedication and their service."

To hear recordings from the 2007 National Immunization Conference or to view slides, visit www.cdc.gov/nip/NIC/default.htm.

Supply of Vaccines Containing Varicella-Zoster Virus

Merck & Co. has notified CDC that it has lower than expected amounts of varicella-zoster virus (VZV) from recently manufactured bulk vaccine. Merck is the only U.S. supplier of VZV-containing vaccines, which includes Varivax®, ProQuad® and Zostavax®.

To conserve existing bulk vaccine, Merck is prioritizing continued production of varicella and zoster vaccine over production of MMR-V. Current supplies of U.S. varicella vaccine are expected to be adequate to fully implement the recommended two-dose immunization schedule for all age groups, including catch-up for those children and adolescents who received only one dose. Merck expects the MMR-V vaccine supply to be depleted toward the end of 2007, depending on market demand. At that point, supplies of separate MMR and varicella vaccines are expected to be adequate to fulfill the need for these two products in place of MMR-V vaccine.

Updates on vaccine shortages and delays are available at www.cdc.gov/nip/news/shortages/default.htm.

Updated Vaccine Management Plan Now Available

North Dakota's Vaccine Management Plan has been updated and is available on the NDDoH immunization website. To view the updated version, visit www.ndhealth.gov/Immunize/Documents/Providers/VMP/VACMGMT.pdf.



Receiving Vaccine

In recent months, there have been several instances of vaccine wastage due to improper receipt at the provider level. It is essential that employees responsible for receiving vaccine are trained in proper vaccine storage and handling techniques. A back-up employee also should be trained, and providers should have a written protocol in place for receiving vaccine.

For questions regarding vaccine handling and storage, contact the NDDoH at 701.328.3386 or 800.472.2180, or visit www.ndhealth.gov/Immunize/Documents/Providers/VMP/VACMGMT.pdf

Community Health Information Collaborative To Hold Conference

The Community Health Information Collaborative (CHIC), a Minnesota non-profit organization, will be holding a "Connections in Health Care Conference" June 20-21, 2007, in Duluth, Minn. The keynote speaker will be Dr. William Atkinson from the CDC. Topics that will be covered include new vaccines, emerging diseases and secure communication.

For more information, contact Shauna Porter at 218.625.5515 or sporter@medinfosystems.org.

Chickenpox Outbreak in Sioux County

On Feb. 9, 2007, the NDDoH was made aware of a case of chickenpox in a Sioux County school. The school, whose student population numbers 340, was called and 24 cases of chickenpox were identified, with onsets starting in mid-December. The school was not aware that varicella is a mandatory reportable disease in North Dakota, so none of the cases were previously reported. In order to prevent further cases, an immunization clinic was scheduled for Feb. 22, 2007.

On Feb. 22, 2007, a case of chickenpox in one of the Sioux County Head Starts was reported. The Head Start was contacted and nine cases including the original report were identified from several locations. Head Start was also unaware of chickenpox being a reportable condition. This brought the total cases in the county since mid-December to 33.

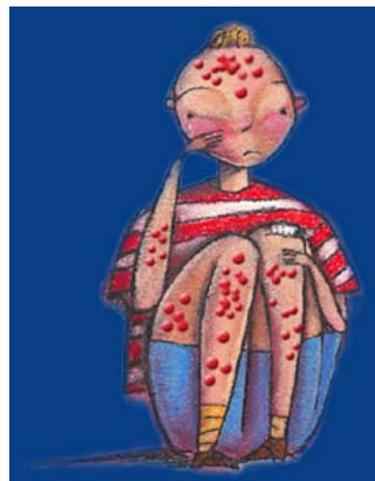
One final case of chickenpox was reported on Feb. 23, 2007, bringing the total number of cases in the county to 34. Of these cases, 24 cases (71 percent) had received one dose of varicella vaccine. Four cases (12 percent) received no doses of varicella vaccine. Two cases (6 percent) had an unknown vaccination history. Two cases (6 percent) were from South Dakota. One case (3 percent) had two doses of varicella vaccine, with the second doses received four days after a sibling's onset with chickenpox and two weeks before onset of symptoms. One case (3 percent) had a medical exemption because of a previous report of varicella.

Two vaccination clinics were held. On Feb. 22, 2007, approximately 68 children were vaccinated. On Feb. 26, 2007, an additional 22 kids were vaccinated.

These vaccination clinics were intended to administer a second dose of varicella vaccine to children who had received only one dose of the vaccine. MMRV was also administered to children who required both antigens as well as the first dose of varicella vaccine, if it was required.

This is a great example of why reporting all cases of chickenpox is important. Once NDDoH has received reports of three cases of chickenpox in a location, such as a classroom, it is considered an outbreak. Vaccination can then be done to prevent further cases, as varicella vaccine given from 72 to 120 hours following exposure can prevent or modify the disease. Chickenpox reporting is also necessary to evaluate vaccine effectiveness and to identify possible vaccine storage issues.

Cases of chickenpox may be reported online at www.ndhealth.gov/Disease/Disease%20Reporting/DiseaseCard.aspx or by calling the NDDoH at 701.328.2378 or 800.472.2180.



**Advisory Committee on
Immunization Practices Issues new
Pediatric Influenza Vaccination
Recommendations**

Following the February 2007 meeting of the Advisory Committee on Immunization Practices (ACIP), a new pediatric influenza vaccination recommendation was released. Beginning in the 2007-2008 influenza season, all children ages 6 months through 8 years who receive only one dose of influenza vaccine in their first year of vaccination should receive two doses in their second year of vaccination. The previous recommendation was that children 6 months through 8 years who received only one dose of influenza vaccine in their first vaccination season needed only one dose in their second year of vaccination.

For more information or questions about the new 2007-2008 recommendations, please contact the NDDoH at 701.328.3386 or 800.472.2180.

Pediatric Influenza Deaths

From Oct. 1, 2006, through Mar. 10, 2007, CDC received 32 reports of influenza-associated pediatric deaths that occurred during the current influenza season. Minnesota has had six pediatric deaths this season. The most recently confirmed deaths in January and February occurred in an 18-month-old and a 2-year-old. One case was laboratory confirmed as influenza A (H1), and the other case was confirmed as influenza A but was unable to be sub-typed. One of the cases had mild underlying health conditions that were not diagnosed prior to the child's death. Neither of the cases had received influenza vaccine for the current influenza season. One reported influenza-

association pediatric death occurred in South Dakota.

Influenza-associated pediatric deaths occur every year and emphasize the importance of vaccinating children against influenza. The ACIP recommends that all children younger than 5 be vaccinated each year. Next influenza season, the NDDoH will supply influenza vaccine for all Vaccines For Children (VFC) eligible children in the state. VFC eligible children are those who are younger than 18 and either Medicaid-eligible, Native American or Alaskan Native, uninsured or underinsured. Underinsured children must be vaccinated at Rural Health Clinics or Federally Qualified Health Centers.

To view North Dakota influenza data, visit www.ndflu.com.



**Human Papillomavirus (HPV)
Morbidity and Mortality Weekly
Report (MMWR) Released**

On Mar. 23, 2007, the MMWR for HPV vaccine was release by the CDC. The report details the ACIP recommendations for the vaccine, as well as a continuing education exam.

To view the MMWR online, visit www.cdc.gov/mmwr/preview/mmwrhtm/rr5602a1.htm.



Legislative Update **(As of April 2, 2007)**

There are many immunization-related bills this legislative session. House Bill No. 1084 would require all childhood immunization providers to enter vaccine information into the North Dakota Immunization Information System. This bill came out of committee with a “do not pass” recommendation and was defeated on the floor of the House of Representatives. It was then added to House Bill 1004 and passed in the House of Representatives. House Bill 1004 is currently in the Senate.

House Bill No. 1136 would add age-appropriate 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 the Senate. A minor change was made to the bill in the Senate, so it was sent back to the House for concurrence.

House Bill No. 1435 adds appropriations for the NDDoH to purchase vaccine to replace the significant loss in federal funding beginning Oct. 1, 2008. The appropriation, which would allow the NDDoH to continue to supply all childhood vaccinations for one more year, was reduced to \$2.5 million in the House of Representatives. This would delay Provider Choice implementation until Jan 1, 2008. The Senate Appropriations Committee further reduced the appropriation

to \$1.7 million. After a vote in the full Senate, the House of Representatives will have to concur with the amendment.

House Bill No. 1434 would establish a viral hepatitis program at the NDDoH, including testing and hepatitis A and B vaccination at HIV counseling and testing sites of individuals at high risk for hepatitis C. House Bill No. 1434 passed the House of Representatives and Senate Appropriations Committee. The full Senate still needs to vote on the bill.

House Bill No. 1471 would require the state health department to educate the public about human papillomavirus (HPV) and the availability of HPV vaccine. The bill also appropriates \$50,000 for an educational campaign. House Bill 1471 passed the House of Representatives and the Senate.

The North Dakota Department of Health has also requested appropriations for two full-time employees to assist in implementing the department’s new vaccine supply policy.

Please contact Molly Sander at 701.328.4556 with any questions regarding immunization-related legislation.

New Human Papillomavirus **(HPV) Vaccine Information** **Statement (VIS)**

The vaccine information statement for HPV was updated 2/02/2007. Providers may use existing supplies of statements dated 9/05/2006 before ordering the new VIS.

The new VIS can be viewed at www.cdc.gov/nip/publications/VIS/default.htm.



Vaccine Management Business Improvement Project (VMBIP) Transition Will Lead to Tiered Ordering

North Dakota's implementation date for VMBIP is scheduled for September 2007. Along with this transition will come parameters from the CDC on how often providers are allowed to place vaccine orders, creating a tiered ordering system. The levels are as follows:

- High volume clinics (2,000 doses/year) can order monthly
- Medium dose clinics (500-1,999 doses/year) can order bi-monthly
- Low volume clinics (100-499 doses/year) can order quarterly
- Very low volume clinics (0-99 doses/year) can order as needed

As the transition to VMBIP moves forward, the NDDoH will be communicating with providers. We encourage providers to ask questions and express concerns.

For more information about VMBIP, contact the NDDoH at 701.328.3386 or 800.472.2180.

Coming Soon

Many providers are patiently awaiting the arrival of the 2007 pink books. To date, they have not yet been released by the CDC. The NDDoH will begin shipping the pink books to providers as soon as they are received.

FDA Advisory Committee Recommends the Licensure of Pentacel®

In January 2007, the advisory committee to the FDA voted unanimously that Sanofi Pasteur's pentavalent combination vaccine was both safe and efficacious. The vaccine, Pentacel®, protects against diphtheria, tetanus, pertussis, polio and *Haemophilus influenzae* type B.

According to the current ACIP recommended childhood and adolescent immunization schedule, up to 23 injections are needed through age 18 months. Pentacel®, which in trials was administered at 2, 4, 6 and 15 to 18 months, could reduce this number by seven shots.

Sanofi is currently awaiting final FDA approval.

Ordering Varicella and MMR-V Vaccine

Please remember to track your private varicella and MMR-V vaccine orders. We receive several calls a month from providers who do not know if the vaccine they have received is private or state vaccine. Many providers also contact us to enter lot numbers into NDIIS for their private vaccine. The NDDoH enters lot numbers for the state-supplied varicella and MMR-V upon notification that it has been shipped. However, it is the provider's responsibility to enter into NDIIS any private vaccine that is ordered.

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



Shingles Vaccine Q & A

Q: What are the indications for the shingles vaccine Zostavax™?

A: A single dose of shingles vaccine is indicated for adults age 60 and older.

Q: Can people who report previous episodes of shingles (herpes zoster) receive the vaccine?

A: Yes. Shingles vaccine is recommended for adults age 60 and older regardless of prior herpes zoster episodes.

Q: How is Zostavax™ given?

A: Zostavax™ is a live vaccine that is given subcutaneously as a single dose, preferably in the upper arm.

Q: How should the shingles vaccine be stored?

A: Zostavax™ should be stored in the freezer at -15°C (5°F) or colder. The diluent should be stored at room temperature or in the refrigerator.

Shingles vaccine should be administered within 30 minutes of reconstitution or it must be discarded.

Q: How well does the shingles vaccine work to prevent herpes zoster?

A: In studies for Zostavax™, the vaccine was found to reduce the occurrence of shingles in people age 60 and older by 50 percent.

Q: What are the common side effects of the shingles vaccine?

A: Common side effects of Zostavax™ include redness, pain and tenderness, swelling at the site of injection and headache.

Q: Who should not receive the shingles vaccine?

A: People who are allergic to neomycin or any component of the vaccine should not receive Zostavax™. Immunocompromised people or pregnant women should not receive shingles vaccine. Children should not receive shingles vaccine as a substitute for varicella vaccine.

Q: Does Medicaid Part D reimburse for the shingles vaccine?

A: Yes. Zostavax™ is eligible as a pharmacy benefit and may be reimbursed under one of two types of Medicare Part D Plans:

- Medicare Advantage Prescription Drug Plans: medical and prescription drug benefits
- Prescription Drug Plans: stand-alone prescription drug plans for patients who have Medicare fee-for-service medical coverage

Q: Do private insurance companies cover shingles vaccine?

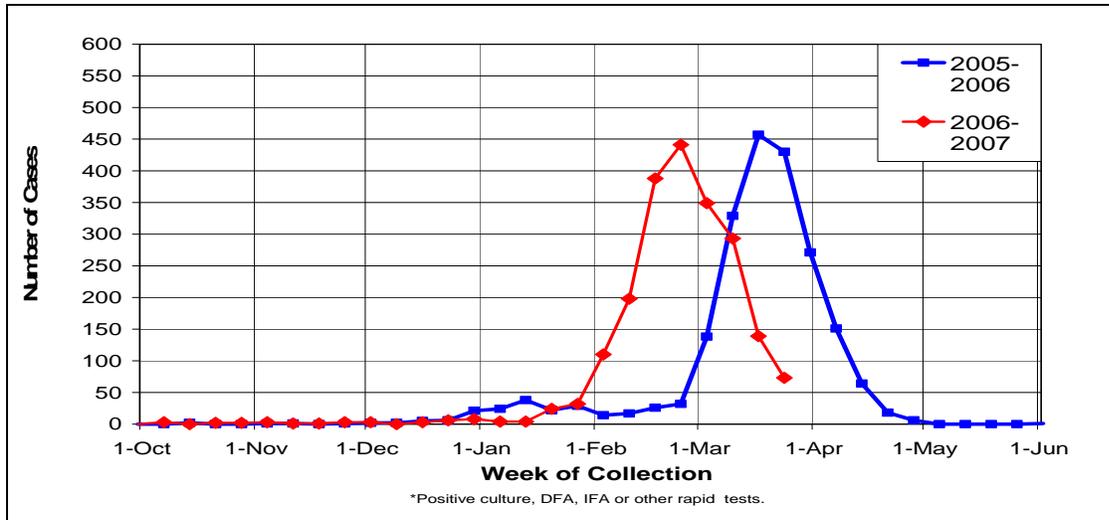
A: Benefits vary among insurance companies. For coverage information, contact the patient's insurance carrier.

For more information on shingles vaccine, please visit www.cdc.gov/nip/recs/provisional_rec/zoster-11-20-06.pdf or contact the NDDoH at 701.328.3386 or 800.472.2180.

2006-2007 Influenza Season Winding Down

Influenza activity in North Dakota reached its peak for the 2006-2007 season during the week ending Feb. 24, 2007 (Figure 1). Since then, flu activity has been decreasing; however, infection is still persisting in communities.

Figure 1. Reported Influenza Cases*, North Dakota, 2005-2006 and 2006-2007 Influenza Seasons



As of March 27, 2007, a total of 2,090 influenza cases were reported to the North Dakota Department of Health (NDDoH). Influenza type A was the predominant type reported, with the majority of the cases found in those age 19 and younger. The following table summarizes the 2006-2007 influenza cases to date by type and age group:

AGE	TYPE		
	A	B	Unspecified A or B
<10	815	10	33
10-19	463	4	26
20-29	228	3	8
30-39	137	1	9
40-49	121	0	3
50-59	88	2	3
60 and older	122	2	12
TOTAL	1,974	22	94

For more information about influenza and the surveillance program, visit the NDDoH Influenza website at www.ndflu.com.



Upcoming Events

- Current Issues in Immunization NetConference: **April 12, 2007; 11 a.m. CST**
- National Infant Immunization Week: **April 21-28, 2007**
- ACIP meeting in Atlanta, Ga: **June 27-28, 2007**



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

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Published by the North Dakota Department of Health, Division of Disease Control, 600 E. Boulevard Ave. Dept. 301, Bismarck, N.D. 58505
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Publication is available in alternative forms; for more information, contact Darcey Tysver, editor, *Immunization Newsletter*.

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