

## **Influenza Antiviral Interim Recommendations and Resistance Update**

The North Dakota Department of Health (NDDoH) is requesting that providers collect additional influenza specimens on patients to be forwarded to the state public health lab for further testing. **Testing of influenza surveillance specimens will be provided free-of-charge.** Testing will provide information on the subtypes circulating in the state and will help guide local providers in making influenza treatment and chemoprophylaxis decisions.



Preliminary data from a limited number of states indicate that the prevalence of influenza A (H1N1) virus strains resistant to the antiviral medication oseltamivir is high (98%). One case of oseltamivir resistant influenza has been reported in North Dakota. Therefore, the Centers for Disease Control and Prevention (CDC) is issuing interim recommendations for antiviral treatment and chemoprophylaxis of influenza during the 2008-09 influenza season. When influenza A (H1N1) virus infection or exposure is suspected, zanamivir or a combination of oseltamivir and rimantadine are more appropriate options than oseltamivir alone.

CDC's interim guidelines provide options for treatment or chemoprophylaxis of influenza in the United States if oseltamivir-resistant H1N1 viruses are circulating widely in a community or if the prevalence of oseltamivir resistant H1N1 viruses is uncertain. The interim guidelines are available at [www2a.cdc.gov/HAN/ArchiveSys/ViewMsgV.asp?AlertNum=00279](http://www2a.cdc.gov/HAN/ArchiveSys/ViewMsgV.asp?AlertNum=00279).

Providers should review local or state influenza virus surveillance data ([www.ndflu.com](http://www.ndflu.com)) weekly during influenza season to determine which types (A or B) and subtypes of influenza A virus (H3N2 or H1N1) currently are circulating in the area.

Providers should consider the use of influenza tests that can distinguish influenza A from influenza B.

1. Patients testing positive for influenza B may be given either oseltamivir or zanamivir (no preference) if treatment is indicated.
2. At this time, if a patient tests positive for influenza A, use of zanamivir should be considered if treatment is indicated. Oseltamivir should be used alone only if recent local surveillance data indicate that circulating viruses are likely to be influenza A (H3N2) or influenza B viruses. Combination treatment with oseltamivir and rimantadine is an acceptable alternative and might be necessary for patients who cannot receive zanamivir, (e.g., patient is younger than 7, has chronic underlying

airways disease, or cannot use the zanamivir inhalation device), or zanamivir is unavailable. Amantadine can be substituted for rimantadine if rimantadine is unavailable.

3. If a patient tests negative for influenza, consider treatment options based on local influenza activity and clinical impression of the likelihood of influenza. Because rapid antigen tests may have low sensitivity, treatment still should be considered during periods of high influenza activity for patients with respiratory symptoms consistent with influenza who test negative and have no alternative diagnosis. Use of zanamivir should be considered if treatment is indicated. Combination treatment with oseltamivir and rimantadine (substitute amantadine if rimantadine unavailable) is an acceptable alternative. Oseltamivir should be used alone only if recent local surveillance data indicates that circulating viruses are likely to be influenza A (H3N2) or influenza B viruses.
4. If available, confirmatory testing with a diagnostic test capable of distinguishing influenza caused by influenza A (H1N1) virus from influenza caused by influenza A (H3N2) or influenza B virus also can be used to guide treatment. When treatment is indicated, influenza A (H3N2) and influenza B virus infections should be treated with oseltamivir or zanamivir (no preference). Influenza A (H1N1) virus infections should be treated with zanamivir, or combination treatment with oseltamivir and rimantadine is an acceptable alternative.

People who are candidates for chemoprophylaxis (e.g., residents in an assisted living facility during an influenza outbreak, or individuals who are at higher risk for influenza-related complications and

have had recent household or other close contact with a person with laboratory-confirmed influenza) should be provided with medications most likely to be effective against the influenza virus that is the cause of the outbreak, if known. Respiratory specimens from ill individuals during institutional outbreaks should be obtained and sent for testing to determine the type and subtype of influenza A viruses associated with the outbreak and to guide antiviral therapy decisions. People whose need for chemoprophylaxis is due to potential exposure to a person with laboratory-confirmed influenza A (H3N2) or influenza B should receive oseltamivir or zanamivir (no preference). Zanamivir should be used when individuals require chemoprophylaxis due to exposure to influenza A (H1N1) virus. Rimantadine can be used if zanamivir use is contraindicated.

To report cases of influenza, to request flu surveillance testing kits or for more information, please contact the North Dakota Department of Health, Division of Disease Control at 701.328.2378 or 800.472.2180.

### **Influenza Activity Update**

For the week ending Feb. 7, 2009, there have been 150 lab-identified influenza cases reported to the NDDoH from multiple North Dakota counties. Six hundred and forty-nine cases were reported last year at this time in North Dakota. One hundred and twenty-four of the cases have been identified as type A unspecified, 13 cases are type A H1, three are type A H3, and ten cases are type B. Seventy-seven of the cases have been in children ages 19 and younger. Nationally, most states are reporting sporadic influenza activity.

For up-to-date information about influenza in North Dakota, visit [www.ndflu.com](http://www.ndflu.com).



### **Dormitory-Style Refrigerators**

As of Jan. 1, 2010, the CDC will no longer allow Vaccines for Children (VFC) or federally supplied vaccine to be stored in dorm-style refrigerators.

Dorm-style refrigerators are not adequate for long-term or permanent storage of vaccine because they do not maintain proper temperatures and pose a high risk of freezing vaccine. As of Jan. 1, 2010, the only acceptable use of dorm-style refrigerators will be to store a clinic's single-day supply of refrigerated (never frozen) vaccine, and these vaccines must be returned to the main refrigerator storage unit **at the end of each day**. Temperatures still must be monitored and recorded twice daily for any dorm-style refrigerators used for storing single-day supplies of vaccine. These logs must be submitted to the NDDoH monthly, along with the main storage unit's logs. As a reminder, the freezer compartment of a dorm-style refrigerator is never acceptable for storing frozen vaccine for any period of time.

**Providers currently using dorm-style refrigerators for permanent VFC or federally-supplied vaccine storage will need to have acceptable storage units in**

**use by Jan. 1, 2010, in order to be compliant with the requirements of the VFC Program.**

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

### **Change in State-Supplied MMR Vaccine**

Due to a change in federal vaccine contracts, the NDDoH can no longer supply MMR vaccine for insured college students, including those with Medicaid. Previously the NDDoH supplied MMR to any college students born in or after 1957 who were enrolled in a North Dakota college/university. The NDDoH will continue to supply MMR for uninsured and underinsured college students born in or after 1957 who are enrolled in a North Dakota college/university. Providers must now purchase private supplies of MMR vaccine for insured patients and bill the patient, Medicaid or insurance.

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



### **Out-Of-Range Temperatures**

An increasing number of temperature logs have been submitted to the NDDoH recording out-of-range temperatures. This is very concerning as vaccine is fragile and even small temperature variations can cause

vaccine to lose potency, leaving patients susceptible to disease. Administering vaccine that is no longer considered viable due to storage and handling issues may require revaccination of patients. This is not only a costly and time-consuming process for clinics, but it could also lead to a decrease in patient confidence.



The acceptable range of temperatures for refrigerated vaccine is 35° F through 46° F or 2° C through 8° C. Frozen vaccine must be stored at less than or equal to +5° F or less than or equal to -15° C. **Any temperatures that are found to be outside this range require immediate action.** This includes rechecking the temperature in one-half to one hour, adjusting storage unit thermostats, adding additional water bottles/ice packs to units and relocating vaccine, if necessary. The NDDoH should be contacted, and vaccine manufacturers may need to be contacted as well to ascertain vaccine viability. Do not discard any vaccine until the NDDoH is notified. Persistent temperature problems may require the purchase of a new storage unit, as providers are required to have storage units that are able to maintain stable, acceptable temperatures on a year-round basis in order to participate in the Prevention Partnership program.

All staff recording temperatures should be trained on acceptable temperatures and actions to take if temperatures fall out of range. **Temperature logs are required to be submitted to the NDDoH on a monthly**

**basis by all providers for every unit storing state-supplied vaccine, even if vaccine is not being ordered that month.** All actions taken for out-of-range temperatures should also be recorded and submitted monthly with temperature logs.

A complete copy of the NDDoH Vaccine Management Plan can be found at [www.ndhealth.gov/Immunize/Documents/Providers/VMP/VACMGMT.pdf](http://www.ndhealth.gov/Immunize/Documents/Providers/VMP/VACMGMT.pdf). Please feel free to contact the NDDoH Immunization Program for further guidance, or with any questions or concerns at 701.328.3386 or toll-free at 800.472.2180.

### **Vaccination Expedition 2009 – The Adventure Continues**

The Greater Grand Forks Immunization Coalition is sponsoring its fourth regional immunization conference titled “Vaccination Expedition 2009 – The Adventure Continues” in Grand Forks on May 28 and 29, 2009. They are expecting more than 300 health-care providers from around North Dakota, Minnesota, South Dakota and Montana to attend. The featured speaker at the conference is Dr. William Atkinson, MD, MPH, medical epidemiologist for the National Immunization Program, CDC. Other topics included at the conference will be vaccine supply and demand, international travel vaccines, legal issues, influenza rates, NDIIS, risk communication, vaccine preventable diseases, vaccines of the future, ways to increase immunization rates, etc. More information about the conference will be available in the near future. **Please save these dates on your calendar.** More information about the conference is available at <http://grandforksgov.com/gfgov/Health.nsf/Pages/Home>.

## **Change in ACIP Recommendations for PPSV23**

On Oct. 22, 2008, the Advisory Committee on Immunization Practices (ACIP) voted on new and revised recommendations for the use of 23-valent pneumococcal polysaccharide vaccine (PPSV23) for the prevention of invasive pneumococcal disease. The new provisional recommendations are as follows:

1. Recommendation for use of the PPSV23 among adult cigarette smokers: Proposed wording of the revised recommendation: "Persons aged 19 through 64 years who smoke cigarettes should receive a single dose of PPSV23 and smoking cessation counseling."
2. Recommendation for use of PPSV23 among adults who have asthma: Proposed wording of the revised recommendation: "Persons aged 19 through 64 years who have asthma should receive a single dose of PPSV23."
3. Revised recommendation for use of PPSV23 among American Indians and Alaska Natives:
  - a. American Indian/Alaska Native children ages 24 through 59 months: "Routine use of PPSV23 after PCV7 is not recommended for Alaska Native or American Indian children aged 24 through 59 months. However, in special situations, public health authorities may recommend the use of PPSV23 after PCV7 for Alaska Native or American Indian children aged 24 through 59 months who are living in areas in which risk of invasive pneumococcal disease is increased."

- b. American Indian/Alaska Native adults: "Routine use of PPSV23 is not recommended for Alaska Native or American Indian persons younger than 65 years old unless they have underlying medical conditions that are PPSV23 indications. However, in special situations, public health authorities may recommend PPSV23 for Alaska Natives and American Indians aged 50 through 64 years who are living in areas in which the risk of invasive pneumococcal disease is increased."
4. Revised recommendation for revaccination with PPSV23 in high risk children 10 and younger: Proposed wording for the revised recommendation: "A second dose of PPSV23 is recommended 5 years after the first dose of PPSV23 for persons aged  $\geq 2$  years who are immunocompromised, have sickle cell disease or functional or anatomic asplenia."



## **New 2009 CDC Immunization Schedule**

The 2009 Recommended Immunization Schedule has been approved by the ACIP, American Academy of Pediatric and the American Academy of Family Physicians. Changes from the previous schedule include:

- Recommendations for rotavirus vaccines include changes for the maximum age for the first dose (14 weeks 6 days) and the maximum age for any dose (8 months 0 days). The rotavirus footnote also indicates that if RV1 (Rotarix®) is administered at ages 2 and 4 months, a dose at 6 months is not indicated.
- Routine annual influenza vaccination is recommended for all children ages 6 months through 18 years. Children ages younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time during the previous season but only received one dose should receive two doses of influenza vaccine at least four weeks apart. Healthy, non-pregnant individuals ages 2 through 49 may receive either live attenuated influenza vaccine or inactivated influenza vaccine.
- The minimum interval between tetanus and diphtheria toxoids (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap) for individuals ages 10 through 18 is addressed. An interval less than five years may be used if pertussis immunity is needed.
- Information about the use of *Haemophilus influenzae* type b (Hib) conjugate vaccine among individuals ages 5 and older at increased risk for invasive Hib disease has been added. Use of Hib vaccine is not contraindicated.
- Catch-up vaccination with human papillomavirus (HPV) vaccine is clarified. Routine dosing intervals should be used for series catch-up (i.e., the second and third doses should be administered two and six months after the first dose). The third dose should be given at least 24 weeks after the first dose.
- Abbreviations for rotavirus, pneumococcal polysaccharide and

meningococcal polysaccharide vaccines have been changed.

The schedule is available at [www.cdc.gov/mmwr/preview/mmwrhtml/mm5751a5.htm?s\\_cid=mm5751a5\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5751a5.htm?s_cid=mm5751a5_e).

### **FDA Approves Boostrix® for ages 10 through 64**

The Food and Drug Administration (FDA) recently approved the expanded use of BOOSTRIX® (GlaxoSmithKline's Tdap) for people ages 10 through 64. BOOSTRIX® was previously approved for ages 10 – 18.

For an updated package insert, please visit: [us.gsk.com/products/assets/us\\_boostrix.pdf](http://us.gsk.com/products/assets/us_boostrix.pdf).

If you currently have state-supplied BOOSTRIX®, it can continue to be used for VFC children and now also may be used for adults who have or who anticipate having close contact with an infant, younger than 12 months. This includes parents and guardians of infants younger than 12 months, child-care providers, and expecting fathers.

Sanofi pasteur's Tdap (ADACEL®) is also available from the NDDoH. It is approved for use in people ages 11 through 64.



### **Prevention Partnership Enrollment**

Annually, all providers currently enrolled in the Prevention Partnership Program are required to renew their enrollment in this program. Copies of the Provider Enrollment and Provider Profile forms, as well as the

updated version of the Vaccine Management Plan, were mailed to providers in February. Updated copies of forms developed by the North Dakota Immunization Program also were distributed with the mailing.

Providers must complete and return the originals of the **Provider Enrollment, Provider Profile** and **Frozen Vaccine Storage Certification** forms to the NDDoH by March 13, 2009.

The Immunization Program is asking all Prevention Partnership providers for their current e-mail addresses on the Provider Profile. E-mail will be used to inform providers of new recommendations and other important information in the ever-changing world of immunizations. Providers should also include their facility's fax number on the Provider Profile, as the immunization program would like to start using blast-faxes.

The following instructions pertain to each form:

**PROVIDER ENROLLMENT FORM:**

The chief physician or medical director who signs standing orders for immunizations is required to sign the Provider Enrollment form. All other individuals with prescription-writing authority who administer state-supplied vaccine must be listed on the reverse side of the Provider Enrollment form. Hospitals do not need to list all physicians on the reverse side. If provider information changes (i.e., new providers or providers leave the practice), it must be reported to the NDDoH Immunization Program as soon as possible.

**PROVIDER PROFILE FORM:**

Please indicate any changes in the contact person's name, address or any special delivery instructions using the Provider

Profile Form. Please complete the section "Provider Estimates" as accurately as possible - do not overestimate your client population. An easy and effective way to capture these estimates is to run a doses administered report for 2008, available under the reports section of the North Dakota Immunization Information System (NDIIS). Under the reports tab of the NDIIS, select the doses administered report along with the criteria for which you are looking, such as Medicaid eligible, etc.

**FROZEN VACCINE STORAGE**

**CERTIFICATION:** In order to receive varicella, shingles and/or MMRV vaccine, the storage certification form must be completed, including facility address, shipping, and storage and handling information.

If you have any questions, please contact the NDDoH Immunization Program at 701.328.3386 or toll-free 800.472.2180.



**NDIIS Update: Parental Consent Indicator for Hepatitis B and HPV Vaccines**

The NDIIS now requires that providers enter whether or not an adolescent, ages 14 through 17, had parental consent to be vaccinated against hepatitis B or HPV. Under North Dakota law, a minor between the ages of 14 and 17 may receive hepatitis B or HPV vaccine without parental consent.

When entering a dose of hepatitis B or HPV vaccine for someone in this age group, a field in the NDIIS will pop up asking whether or not there was parental consent. This field automatically defaults to no, so if there was parental consent, providers must change the field to yes. Doses in the NDIIS that are marked as being administered without parental consent will not show up or print on the client immunization record, but will be visible to providers in the NDIIS. This is to protect the minors who chose to be vaccinated without parental consent. The doses will show up on the client immunization record after the child has reached age 18.



**National Immunization Conference**  
**in Dallas, Texas:**  
**March 30 – April 2**

The National Immunization Conference will be held in Dallas, Texas, this year on March 30 through April 2. The goals of the conference are to provide information that will help participants provide comprehensive immunization coverage for all age groups and explore innovative strategies for developing programs, policy and research to promote immunization coverage for all age groups. The conference education program objective is to bring together a wide variety of local, state, federal and private-sector immunization partners to explore science, policy, education and planning issues related to immunization in general and vaccine-preventable disease. During three and a half days of plenary sessions and workshops,

many topics will be discussed, including adolescent immunization, adult immunization, barriers to vaccination, community and partnerships, childhood immunization, cultural diversity, health communications, health education, policy and legislation, new vaccines and vaccine development, vaccine-preventable diseases, vaccine safety and immunization registries.

Three North Dakota Immunization Program employees will be speaking at the conference. Abbi Pierce, MPH, immunization surveillance coordinator, will speak about improving reporting of perinatal hepatitis B cases. Keith LoMurray, NDIIS sentinel site coordinator, will present a poster about adolescent immunization rates in North Dakota. Molly Sander, MPH, immunization program manager, will present a poster about North Dakota influenza vaccination campaign evaluation results.

For more information about the conference or to register, visit [www.cdc.gov/vaccines/events/nic/default.htm](http://www.cdc.gov/vaccines/events/nic/default.htm).

**Pertussis Update**

Preliminary data indicates that 24 cases of pertussis were reported from nine counties in 2008. One case was hospitalized. In comparison, 14 cases of pertussis were reported in 2007, 40 cases in 2006 and 167 cases in 2005. Of the 2008 cases, 12 are laboratory confirmed, and 12 are epidemiologically-linked.

Pertussis is a serious disease that can lead to pneumonia, encephalopathy or death in infants and unvaccinated children. Adults, teens and vaccinated children often have mild symptoms that mimic bronchitis or asthma. Adults and adolescents are usually the source of the disease in infants. The

NDDoH would like to remind providers to consider pertussis as a differential diagnosis in patients presenting with the following symptoms:

- Prolonged cough
- Cough with paroxysms (uncontrollable bursts of coughing)
- Whoop
- Post-tussive gagging/vomiting

People presenting with the above symptoms should be considered as presumptive pertussis cases and should be treated and advised to stay home until antibiotics have been taken for five days or pertussis has been ruled out. All suspect and confirmed cases of pertussis should be reported immediately to the NDDoH.

Diphtheria, tetanus and acellular pertussis vaccine (DTaP) should be administered routinely to infants at 2, 4, 6 and 15 to 18 months of age and a booster dose of DTaP should be given at 4 to 6 years of age. DTaP is required to attend school and day care.

Pertussis outbreaks highlight the need for pertussis vaccination in adults and adolescents. Tetanus, diphtheria and acellular pertussis vaccine (Tdap) is routinely recommended for adolescents ages 11 and 12. Tdap is required to be administered to all adolescents entering middle school. Adolescents ages 13 through 18 and adults also are recommended to receive a dose of Tdap.



The NDDoH is now offering Tdap vaccine for administration to new parents and guardians, child-care providers, and expecting fathers. This campaign is an effort to protect young infants from pertussis. Vaccinating adult contacts may reduce the risk of transmission to infants and other susceptible contacts.

For more information, please contact the NDDoH Division of Disease Control at 701.328.2378 or toll-free at 800.472.2180.

### **Merck Shortage of Adult Hepatitis B Vaccine**

Merck has announced that there will be a shortage of the adult hepatitis B vaccine RecombivaxHB®, but the CDC says GlaxoSmithKline is producing enough of its hepatitis B vaccine for adults to make up for any shortfall. Upgrades at its West Point plant are behind Merck's production problems. Merck's pediatric versions of the hepatitis B vaccine will not be affected by the shortage.

### **Merck Files for FDA Approval of Gardasil® for Men**

Merck filed for approval from the FDA for the use of its vaccine, Gardasil®, in males between the ages of 9 and 26. Merck is still awaiting approval of the vaccine for older women.

### **Dr. Paul Offit Comments on the Alternative Immunization Schedule**

In the January issue of *PEDIATRICS*, Dr. Paul Offit comments on the alternative immunization schedule recommended by Dr. Robert Sears (Dr. Bob). The article, "The Problem With Dr. Bob's Alternative Vaccine Schedule," critiques Dr. Sears'

book, “The Vaccine Book: Making the Right Decision for Your Child,” and the alternative immunization schedule included in the book. The article is available online at <http://pediatrics.aappublications.org/>.



### **What NOT to Return to McKesson**

The following items should **NEVER** be returned to McKesson:

- Syringes that you filled yourself but did not use.
- Any used syringes with or without needles attached.
- Broken vials.
- Any multidose vial from which some doses have already been withdrawn.

The items listed above should be disposed of according to usual medical biosafety procedures, and according to your facility’s procedures.

The following items should be returned to McKesson:

- Spoiled or expired product in its original vial or pre-filled syringe.
- Unused pre-filled syringes from manufacturers with an national drug code (NDC) printed on them.
- Unused Novartis Fluvirin pre-filled syringes with staked needles (NDC 66521-0111-01) are the **ONLY** items that can be returned with a needle. The needle should be capped and the

syringes returned in their original packaging to the extent possible. (Absolutely no other needle can be returned to McKesson.)

Federal excise tax (FET) credits can be processed only for unopened vials and for unopened manufacturer pre-filled syringes. Returns of product other than these are not eligible for FET credit. Providers should still report wastage and expiration of opened vials to the NDDoH and not return the doses to McKesson.

Returns should be sent to McKesson with a completed return form in the McKesson box with the preprinted return label. A copy of the return form should be sent to the NDDoH.

Providers should keep a couple of empty coolers on hand from McKesson in case there is a need to return vaccine. A return label is included with the coolers. If providers need to request new empty coolers or a return label, they should contact McKesson at 877.822.7746. The NDDoH should be contacted to schedule a time for the returned vaccine to be picked up. Providers may contact McKesson directly to schedule a pick up for empty coolers.

If you have any questions, please contact the NDDoH Immunization Program at 701.328.3386 or toll-free 800.472.2180.

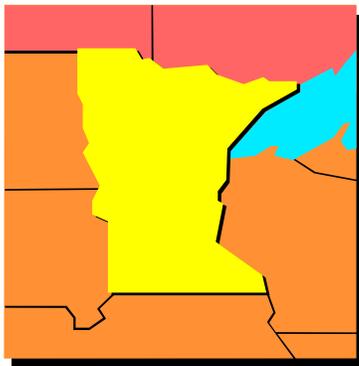
### **Correction to Previous Immunization Newsletter and NEW VIS dates**

In the fall 2008 Immunization Newsletter, there was a table that contained the current Vaccine Information Statement (VIS) dates. However, there was an error in the table concerning two vaccine VIS dates. The most recent VIS date for Hib vaccine is

12/16/1998 not 02/02/2007 and the most current VIS for HPV vaccine is 02/02/2007, not 07/24/2008 as stated in the newsletter.



Since publication of the fall 2008 newsletter, three VIS dates have been updated. Pneumococcal conjugate vaccine has a new VIS as of 12/09/2008 and a new VIS covering both Td and Tdap came out on 11/18/2008. The Multiple Vaccine VIS also was updated on 09/18/2008.



### **Minnesota Reports Increase in Invasive *Haemophilus influenzae* type B Cases**

In 2008, five children, all younger than 5, were reported to the Minnesota Department of Health with invasive Hib disease. One of these children died. Only one of the children had completed the primary series of Hib vaccine, and three had received no doses of Hib vaccine due to parental refusal. The five cases are the largest number reported since 1992.

There is currently a shortage of Hib vaccine in the United States. Due to the shortage, CDC recommends that health-care providers

defer the routine 12 through 15-month booster dose for all children who are not at increased risk for Hib disease. All children still should complete the primary series of Hib vaccine. Children considered at high risk for Hib disease are children with sickle cell disease, leukemia and malignant neoplasms, HIV and certain other immunocompromising conditions, and asplenia, as well as American Indian and Alaska Native children. Vaccinating these children according to the recommended schedule, which includes a booster dose at 12 through 15 months, is a high priority.

Minnesota is reporting that Hib series coverage rates from the state immunization registry were lower during 2008 than coverage of other vaccines, such as DTaP and pneumococcal vaccine, administered at the same time. The NDDoH also has seen the same problem with Hib coverage rates in North Dakota. The increase in Hib cases in Minnesota highlights the need to ensure that all children complete the primary series of Hib vaccine.

The NDDoH supplies Hib-containing vaccines for VFC-eligible children. The NDDoH supplies Pentacel® (DTaP-Hib-IPV). It is approved for administration at 2, 4, 6, and 15 through 18 months of age. It is supplied as single-dose vials, five doses to a package. A single dose vial of DTaP-IPV vaccine is used to reconstitute a single-dose vial of ActHib® vaccine. Due to the current Hib shortage, the booster dose of Pentacel®, given at 15 through 18 months of age, must be deferred, unless the child is considered to be high-risk. Either Pentacel® or single antigen Hib vaccine may be used at 12 through 15 months of age for children who are at increased risk of Hib disease or who have not completed the primary Hib schedule. If Pentacel® is administered at 12 through 15 months of age, a dose of DTaP at 15 through 18 months of age is not needed.

Indian Health Services (IHS) currently recommends that IHS facilities not switch to Pentacel®, as the ActHib® in Pentacel® does not confer immunity as quickly as PedvaxHib®, and American Indians living on reservations are at an increased risk for Hib disease. Therefore, the NDDoH will continue to supply Pediarix® and PedvaxHib® to IHS facilities in North Dakota. Other providers serving American Indian children may switch to Pentacel®. PedvaxHib® should be administered at 2, 4, and 12 through 15 months of age. Limited supplies of ActHIB®, which is administered at 2, 4, 6, and 12 through 15 months of age, is also available through the NDDoH.

Providers should order private supplies of Hib-containing vaccines to administer to insured children. **If providers are having trouble obtaining adequate private supplies of Hib vaccine (enough to administer the primary series), please contact the NDDoH immediately at 800.472.2180.**



Cases of Hib disease should be reported to the NDDoH at 800.472.2180 or online at [www.ndhealth.gov/Disease/Disease%20Reporting/Report.htm](http://www.ndhealth.gov/Disease/Disease%20Reporting/Report.htm).

For more information about this issue, visit [www.cdc.gov/mmwr/preview/mmwrhtml/m58e0123a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/m58e0123a1.htm).

## **Provider Transfers**

The NDDoH encourages providers to transfer vaccine that they will be unable to use before expiration to other enrolled providers, and thus avoid being charged for wastage. This process should be started within three to six months of the vaccine expiring. Most providers will not want vaccine that expires in less than one month. While it is the responsibility of the provider to find another provider willing to take the vaccine (and to properly pack and ship/transport the vaccine), we encourage providers to contact the NDDoH so that we know you are making a good-faith effort to relocate the vaccine before it expires. In some instances, we may be able to match your expiring doses with current provider orders. Please note that once a multi-dose vial has been opened, it cannot be transferred to another provider for use.

Providers should use the provider list in NDHIS (under the “Provider Search” tab) to find other local providers to contact. Providers should regularly check inventory for doses that will be expiring, and make sure to use short-outdate vaccines first. The goal is to balance vaccine orders with uptake so that providers have no more than a three month supply of any given vaccine on hand.

**Per the North Dakota Vaccine Loss Policy, providers are not charged for expired doses totaling 10 or fewer for any one vaccine.**



### **2009 North Dakota Provider's Choice Awards**

The NDDoH needs your help in identifying candidates for the 2009 North Dakota Provider's Choice Awards, which recognize individuals, businesses and organizations that have made extraordinary contributions towards improved adult and/or childhood immunization rates in North Dakota. The awards will be presented at the Greater Grand Forks Immunization Coalition Conference. A nomination form can be found at the end of this newsletter and also is posted on the immunization website at [www.ndhealth.gov/Immunize/](http://www.ndhealth.gov/Immunize/). Nominations must be received by April 3, 2009.

### **2008 North Dakota Immunization Awards\***

AFIX (Assessment, Feedback, Incentive, and eXchange) is a continuous quality improvement tool that consists of (1) assessment of the health-care provider's vaccination coverage levels and immunization practices; (2) feedback of the results to the provider along with recommended strategies to improve coverage levels; (3) motivating the provider through incentives to improve vaccination coverage levels; and (4) exchanging health-care information and resources necessary to facilitate improvement. The NDDoH began conducting AFIX visits in 2000. Each year, the NDDoH visits about 100 childhood immunization providers in North Dakota.

The following providers have been recognized as "Immunization Leaders" by achieving immunization rates 85 percent and higher by 24 months of age for the 4:3:1:3:3:1 (4 DTaP:3 HepB:1 MMR:3 Hib:3 IPV:1 varicella) series in 2008:

#### **Private Health**

- Trinity Health Medical Arts Pediatrics South – Minot
- Meritcare Clinic – Jamestown
- Johnson Clinic – Rugby
- Altru Clinic Pediatrics – Grand Forks
- Meritcare Clinic – Mayville
- Mid Dakota Clinic – Bismarck
- Meritcare Broadway Children's Clinic – Fargo
- Medcenter One Clinic – Jamestown



### **Public Health**

- ☀ Custer District Health Unit Mercer County – Beulah
- ☀ Lake Region District Health Unit Ramsey County – Devils Lake
- ☀ Emmons County Public Health – Linton
- ☀ Wells County Public Health – Fessenden
- ☀ Quentin N. Burdick Memorial Healthcare Facility – Belcourt
- ☀ Minne Tohe Health Center – New Town

The following providers are receiving the “Most Improved Immunization Rates” award. The following clinics increased their rates by 10 percent or more since their last documented AFIX visit:

### **Private Health**

- ☀ Trinity Health Medical Arts Pediatrics South – Minot
- ☀ Johnson Clinic – Rugby
- ☀ Meritcare Clinic – Mayville
- ☀ Craven Hagen Clinic – Williston
- ☀ McKenzie County Healthcare Systems Clinic – Washburn
- ☀ Comprehensive Pediatric Care – Williston
- ☀ Medcenter One Clinic – Jamestown

### **Public Health**

- ☀ Bismarck-Burleigh Public Health – Bismarck
- ☀ First District Health Unit McLean County – Washburn
- ☀ Dickey County Health District – Ellendale
- ☀ First District Health Unit Ward County – Minot
- ☀ Minne Tohe Health Center – New Town

The following providers are receiving the “Immunizations: Tradition of Excellence” award for achieving rates of 85 percent or higher in three out of the last five years:

### **Private Providers**

- ☀ Trinity Health Medical Arts Pediatrics South – Minot
- ☀ Altru Clinic Pediatrics – Grand Forks
- ☀ Mid Dakota Clinic – Bismarck
- ☀ Meritcare Broadway Children’s Clinic – Fargo

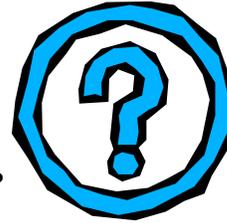
### **Public Health**

- ☀ Quentin N. Burdick Memorial Healthcare Facility – Belcourt

**\*Not all providers are assessed each year. The above providers were assessed in 2008.**

The awards will be presented at the Greater Grand Forks Immunization Coalition Conference in May. Awards will be mailed to clinics that are not in attendance at the conference.

## Questions and Answers

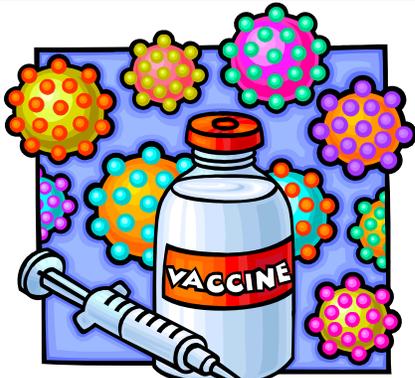


1. **Can Tdap be administered to breastfeeding mothers?**
  - A. Yes. Tdap can be administered to breastfeeding mothers. Tdap is recommended to be given to people in close contact with infants younger than 12 months; therefore, breastfeeding mothers would be recommended to receive the vaccine. New mothers also should receive influenza vaccine if not previously vaccinated during the pregnancy, rubella vaccine if found to be susceptible during pregnancy; and chickenpox vaccine if not immune to chickenpox.
2. **If a woman starts the HPV vaccine series prior to turning age 27, can the series be completed after turning 27?**
  - A. Yes. HPV vaccine is licensed for females ages 9 through 26, but if the series is started prior to turning 27, it can be completed when the woman is age 27.
3. **If a patient receives the third dose of HPV vaccine earlier than recommended, should the third dose be repeated?**
  - A. If the three-dose series was completed in 16 weeks or more and the minimum intervals between doses one and two and two and three were met, then the third dose does not need to be repeated. If the third dose was given less than 16 weeks after the first, then the third dose should be repeated at least 12 weeks after the invalid dose. The minimum intervals between doses of HPV vaccine are four weeks between doses one and two and 12 weeks between doses two and three.
4. **Should multi-dose vials be discarded after being open for 30 days?**
  - A. No. Multi-dose vials should be used until the expiration date on the vial. They should not be discarded after 30 days. Providers will be charged per the North Dakota Vaccine Loss Policy if they discard multi-dose vials after 30 days.
5. **If a child only received one dose of influenza vaccine last year and should have received two doses because it was the child's first year being vaccinated and the child is younger than 9, how many doses of influenza vaccine should the child receive this year?**
  - A. The child should receive two doses of influenza vaccine separated by at least four weeks this year. Children younger than nine are recommended to receive two doses of influenza vaccine during their first year of vaccination. If these children receive only one dose during the first vaccination year, than two doses should be administered during the second consecutive vaccination year.



## Upcoming Events

- ACIP Meeting in Atlanta, Ga.: February 25 – 26
- Current Issues in Immunization Netconference: March 12
- National Immunization Conference in Dallas, Texas: March 30 – April 2
- North Dakota Rural Health Conference in Mandan, N.D.: April 3 – 5
- National Infant Immunization Week: April 25 – May 2
- Greater Grand Forks Immunization Coalition Conference in Grand Forks, N.D.: May 28 – 29



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



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DEPARTMENT of HEALTH

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**EQUAL OPPORTUNITY EMPLOYER**



**Nomination Form:  
2009 North Dakota Provider's Choice Awards**

The North Dakota Department of Health needs your help in identifying candidates for the 2009 North Dakota Provider's Choice Awards, recognition of individuals, businesses, and organizations that have made extraordinary contributions towards improved adult and/or childhood immunizations rates in North Dakota. The awards will be presented at Vaccination Expedition 2009 - the Adventure Continues scheduled for May 28 and 29, 2009, in Grand Forks. **Nomination forms must be received by close of business April 3, 2009.**

**Candidate Information:**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Title \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

**Nominator Information:**

Anonymous

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City, State ZIP \_\_\_\_\_ Email \_\_\_\_\_  
What is your relationship to the nominee? \_\_\_\_\_

**Describe the candidate's efforts to improve immunization rates in North Dakota. Include specific activities, accomplishments and previous recognitions in this or related areas.**

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