The results of the 2009 National Immunization Survey (NIS) were published in the September 17 issue of Morbidity and Mortality Weekly Report. The NIS is an ongoing, random-digit-dialed survey of households with children ages 19 through 35 months at the time of interview, followed by a mail survey of the children’s vaccination providers to collect vaccination information. The survey is done to estimate vaccination coverage among children ages 19 through 35 months.

North Dakota’s estimated coverage in 2009 for the 4:3:1:0:3:1:4 series (four or more doses DTaP, three or more doses polio, one or more doses MMR, zero doses Hib, three or more doses hepatitis B, one or more doses of varicella, four or more doses PCV) was 77 percent. Doses of Hib were excluded from the rate assessments to account for the shortage of Hib-containing vaccine at the time.

From 2008 to 2009, North Dakota’s series rate increased by about 7.3 percent. Congratulations and keep up the good work!

Final Opportunity to Return H1N1 Vaccine

The final phase of H1N1 influenza vaccine returns will end Dec. 1, 2010. The U.S. Federal Government Central Vaccine Recovery Program is a voluntary program intended to recover any unused doses of H1N1 influenza vaccine. H1N1 providers have been sent pre-paid UPS shipping labels for these returns. Needles, syringes and sharps containers supplied by the federal government should not be returned. Providers who are required by law to hold an Environmental Protection Agency (EPA) number may not return H1N1 vaccine to the Central Recovery Program. These providers, those who have more than 20 pounds of vaccine to return or those who lost or misplaced the UPS shipping label can contact the Health and Human Services Supply Service Center at 800.642.0263 or visit http://sscweb.psc.gov/h1n1.

H1N1 vaccine should not be returned with other state-supplied vaccines to McKesson. If you need to return nonviable state-supplied vaccine to McKesson, call the NDDoH at 701.328.3386 or toll-free at 800.472.2180.
**Immunization Program is Awarded Grant**

The North Dakota Department of Health (NDDoH) was awarded a grant for $620,021 to increase interoperability between the North Dakota Immunization Information System (NDIIS) and various electronic health records (EHR) throughout the state. Interoperability between the NDIIS and EHRs at provider practices will improve the completeness of immunization histories available to clinicians and public health by ensuring that all vaccine doses administered are in the NDIIS. Interoperability also will ensure that doses are in the NDIIS in a timely manner. Health-care provider practices will benefit from interoperability because duplicate data entry into the NDIIS and their own private EHRs will no longer be necessary. The objectives are that by the end of the grant period (Aug. 31, 2012), the NDDoH will increase the number of EHR-NDIIS practice-based connections available, increase the number of practice-based electronic immunization transactions reported to the NDIIS each week and maintain the percent of immunization data received by the NDIIS in a timely manner. Other activities include participating on a federal interoperability panel of experts, selecting which provider practices and EHRs to connect to, developing implementation and sustainability plans for interoperability, implementing interoperability specifications in the NDIIS and selected EHRs and evaluating the success of this activity. Funding was requested for contracts with Blue Cross Blue Shield of North Dakota, who maintains the NDIIS, and various provider practices and their EHR vendors. Connections with provider practices will be prioritized based on volume of doses administered.

For more information on this grant, contact Molly Sander, MPH, at 701.328.4556 or toll-free at 800.472.2180.

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**Providers’ Choice Awards**

In early 2010, the Immunization Program requested nominations for the 2010 Providers’ Choice awards. Seventeen nominations were submitted for individuals, schools, businesses and organizations who have made extraordinary contributions to the improvement of immunization practices in North Dakota. At the state conference held Aug. 24-25 in Mandan, the Immunization Program presented seven Providers’ Choice awards.

Congratulations to the following:

* **Chantel Hillius-Kramlich**, Medcenter One Bismarck Family Clinic South
* **Nita Sherwin**, Innovis Pediatrics
* **Dr. Rafael Ocejo**, Medcenter One Q&R Pediatrics
* **Wanda Kratochvil**, Walsh County Public Health
* **University of North Dakota Student Health Services**
* **Custer Health—Morton County**
* **Altru Health System**
Omnibus Autism Proceeding Update

A 2009 decision stating that there is insufficient evidence to link vaccines to autism has been upheld by the United States Court of Appeals for the Federal Circuit. The case involved Michelle Cedillo of Yuma, Ariz., whose parents claim the measles vaccine she received at 15 months of age resulted in autism and inflammatory bowel disease, among other conditions. In denying their claim, the appeals panel said the special vaccine court's ruling "is rationally supported by the evidence, well-articulated, and reasonable."

On Aug. 27, 2010, the U.S. Court of Federal Claims reissued a previously filed claim in one of the first test cases of the Omnibus Autism Proceeding. This is the first compensated claim filed under the Omnibus Autism Proceeding. The decision reads:

“[The Secretary of Health and Human Services] has conceded that petitioners are entitled to compensation due to the significant aggravation of [the child's] pre-existing mitochondrial disorder."

For this specific case, the decision cites encephalopathy as the presumptive injury. Encephalopathy within five to 15 days following a dose of MMR-containing vaccine is included in the National Vaccine Injury Compensation Program’s Vaccine Injury Table. The Vaccine Injury Table lists and explains some injuries and conditions that are presumed to be caused by vaccines. The table also lists time periods in which the first injury or symptom must occur after receiving the vaccine. If the first symptom appears within the listed time period, the vaccine is presumed to be the cause unless another cause is found.

It is important to remember that the government has never compensated, nor has it ever been ordered to compensate, any case based on a determination that autism was actually caused by vaccines.

Clarification on Joint Commission’s Statement

In a frequently asked questions document posted to the medications management section posted on July 20, 2010, The Joint Commission (TJC) required a 28-day expiration date for multidose vials from the date of opening or puncture, unless the manufacturer specifies otherwise. This dating expectation did not apply to vaccines in the Centers for Disease Control and Prevention (CDC) and state immunization programs. In a clarification posted on July 20, 2010, TJC exempts all vaccines from the 28-day rule and states:

“The CDC Immunization Program states that vaccines are to be discarded per the manufacturer’s expiration date. The Joint Commission is applying this approach to all vaccines (whether a part of the CDC or state immunization programs or purchased by health-care facilities) with the understanding that the vaccines are stored and handled appropriately (correct temperature is maintained, frequency of temperature checks, etc.). Following the guidelines provided in the package insert is very important to ensure integrity of the vaccine.”

As a reminder, vaccines that are discarded before their expiration date, including those in multidose vials, may require financial restitution according to the NDDoH Vaccine Loss Policy.
2010 Pertussis Update

Through Oct. 30, 2010, there have been 15,605 cases of pertussis reported in the United States. Through the same time period last year, 12,925 cases were reported. Nationwide, 20 deaths have been reported in 2010, a 150 percent increase from eight deaths in 2009.

California is currently experiencing an overwhelming pertussis outbreak. As of Nov. 2, 2010, there have been 6,431 cases reported, the most cases reported in California in 60 years, when 6,613 cases were reported. From Oct. 12 through Oct. 19 alone, 320 new cases were reported.

Ten deaths have been reported in California; nine of the fatalities were infants younger than 2 months at the time of disease onset and had not had received any doses of pertussis-containing vaccine. The remaining fatality was 2 months old and had received the first dose of DTaP only 15 days prior to disease onset. The majority of cases in California have occurred in infants younger than 3 months.

In response to the raging epidemic, the California Department of Public Health (CDPH) is recommending vaccination for everyone older than 6 weeks without a contraindication. If indicated, children ages 7 through 9 and adults older than 64 are recommended to receive Tdap vaccine.

Although it is preferable for women of childbearing age to be immunized before pregnancy, CDPH is recommending they be vaccinated before, during or immediately after pregnancy.

Upcoming Order Blackout Period

There will be a blackout period for varicella and MMRV vaccine orders.

Providers should not place varicella and/or MMRV orders with the North Dakota Department of Health (NDDoH) after Nov. 15, 2010. The NDDoH Immunization Program will be unable to order these vaccines for providers from the federal government for two to three weeks after that. Varicella and MMRV orders submitted after Nov. 15, 2010, will not be filled and providers will have to reorder after the blackout period is over. Providers should take this blackout period into consideration when placing frozen vaccine orders prior to Nov. 15. Please make sure that you have enough Vaccines For Children (VFC) varicella and MMRV vaccine on hand to last you through the blackout period, as you will be unable to order additional vaccine during this time period.

This ordering blackout period only applies to NDDoH-supplied varicella and MMRV vaccine. It does not apply to these vaccines ordered privately. This ordering blackout period does not apply to other NDDoH-supplied vaccines. Providers will be sent communication via e-mail and blast fax when varicella and MMRV vaccine orders may resume.

Reminder:
School surveys are due November 19.
Please complete and submit ASAP!
Q: Some physicians in our area order pneumococcal polysaccharide vaccine (PPV-23) every five years. Is this correct?

A: No. Giving PPV-23 every five years is a widespread myth. The Centers for Disease Control and Prevention (CDC) recommends one dose of PPV-23 for most people in a lifetime and two doses for certain people. PPV-23 is a polysaccharide vaccine that does not boost well, and the available data does not indicate that more than two doses are beneficial.

Q: Who needs a second dose of PPV-23?

A: A one-time revaccination is recommended if at least five years have elapsed since the previous dose for the following individuals:

* All adults older than 65 who were vaccinated with PPV-23 before turning 65.
* All children and adults at highest risk of serious pneumococcal disease, including those with functional or anatomic asplenia or an immunocompromising condition.

Q: Is there any reason not to vaccinate a healthy 8-year-old with PPV-23 if the parent requests it?

A: No, but the Advisory Committee on Immunization Practices (ACIP) does not routinely recommend vaccination of healthy people at this age.

Documenting Refusals

In the August 2010 edition of *Needle Tips*, the “Refusal to Vaccinate” form developed by the American Academy of Pediatrics (AAP) was republished. The AAP recommends the use of this or a similar form to focus the parents’ attention on the unnecessary risk for which they must take responsibility.

This customizable form and its supporting documents, including a list of reliable information for providers and parents, can be found at [http://www.aap.org/immunization/pediatricians/pdf/RefusaltoVaccinate.pdf](http://www.aap.org/immunization/pediatricians/pdf/RefusaltoVaccinate.pdf).

As part of sound risk management, parent refusals should be documented. Remember to enter these refusals and types of exemptions into the North Dakota Immunization Information System (NDIIS). Use the “VACCINATION EXEMPTIONS” button, which is found at the bottom of the patient’s IMMUNIZATIONS tab.
NDIIS Entry Errors

The Immunization Program is watching you! In the months of August and September, over 500 vaccine administration errors were identified in the North Dakota Immunization Information System (NDIIS). The following errors were found most often:

◊ DTaP given after age 6
◊ HPV given either before age 9 or after age 26*
◊ Vaccine not available in the U.S.

DTaP should not be given to children 7 and older. Patients younger than 9 and older than 26 should not be started on the HPV series. The following vaccines are no longer available in the U.S. and should not be entered into NDIIS unless entering historical doses:

◊ DTP
◊ DTP/Hib
◊ MENINGOCOCCAL C CONJ
◊ ROTASHIELD

DTP, which contains whole-cell pertussis, is different from DTaP, which contains acellular pertussis. MENINGOCOCCAL C CONJ is a vaccine used in Canada that contains only the C serotype of Neisseria meningitidis; it is not the same as Menactra (MCV). Rotashield was taken off the market in the U.S. in 1999.

*HPV given after age 26 is occasionally administered off-label in instances where the series was started before age 26.

Honor Roll for Patient Safety

The Immunization Action Coalition (IAC) recognizes outstanding examples of influenza vaccination mandates in health-care settings. The best way to prevent transmission of influenza to patients is to mandate vaccination of health-care workers. In order to be included on the IAC’s honor roll, organizations’ mandates must require vaccination for employees and must include serious measures to prevent transmission of influenza from unvaccinated workers to patients. Three North Dakota health-care institutions earned this honor from IAC:

◊ Altru Health, Grand Forks
◊ St. Joseph’s Hospital and Health Center, Dickinson
◊ Family Healthcare Center, Fargo

Vaccine Supply Update

GlaxoSmithKline (GSK) and Merck are experiencing supply constraint issues. These issues only affect federally-funded vaccines, so providers should not have problems ordering vaccine on the private market. The following vaccines are affected: Havrix® syringes, Kinrix® vials and syringes, Boostrix® syringes and Pneumovax® multidose vials. **GSK is transitioning Boostrix® from a five-pack of syringes to a 10-pack of syringes.** Providers may continue to order according to their preferences, but if the vaccine is not available, the alternate products will be ordered on their behalf.
Immunization Techniques DVD

Recently, North Dakota immunization providers were sent an educational DVD titled "Immunization Techniques." Developed by the California Department of Health Immunization Branch, the 25-minute DVD is intended for training and orientation of new nursing staff, as well as a refresher for more experienced staff.

The California Vaccines For Children Program also has a website dedicated to educating providers about best practices in vaccine preparation, administration and storage. Visit their website at http://www.eziz.org.

New VFC/AFIX Program Staff

Patti Thomforde and Danielle Streitz have joined the Immunization Program as VFC/AFIX Coordinators. They will be conducting VFC and AFIX site visits, educating providers and assessing immunization rates. Patti will be working for Fargo Cass Public Health and Danielle will be working for Custer Health - Morton County.

Danielle grew up in Grand Forks, N.D. She attended the University of Mary with a semester abroad at Murdoch University in Western Australia and completed her bachelor’s degree in biology. Before starting with the Immunization Program, Danielle was an intern at NDDoH in the Division of Disease Control. Danielle loves to travel any chance she gets. She also loves animals and you may see her volunteering at Medcenter One in Bismarck, visiting patients with the pet therapy group.

Patti was born and raised in rural Minnesota. She received her BSN from the University of Mary in Bismarck, and has worked in a variety of areas of nursing including chronic pain management, endoscopy, allergy lab and med-surg. She has three daughters and six grandchildren with whom she spends as much free time as she is able to. She likes to read, hunt, fish and spend as much time outdoors as she can.

Influenza Vaccine in North Dakota

As of Oct. 26, 2010, only five cases of influenza have been reported to NDDoH, but providers should be prepared for increased demand for vaccine as the influenza season continues. Most of the local public health units (LPHUs) participating in the school influenza vaccination pilot project have reported a disappointingly low uptake of influenza vaccine. These LPHUs may have excess vaccine available to transfer to other providers.

North Dakota is continuing to receive influenza vaccine allocations, and vaccine is being sent to providers as soon as it is available. Providers who need additional doses or have excess vaccine they are willing to transfer should contact Tatia Hardy at tahardy@nd.gov or 701.328.2035.
The new forecaster is capable of invalidating doses based on minimum intervals and ages. Data entry errors sometimes occur and the forecaster in turn invalidates doses based on what is entered. Deleting these entry errors will not result in other doses being set to valid. If you encounter those types of errors concerning validity of doses, please contact the Immunization Program at 701.328.3386 or 800.472.2180.

Providers should be entering a comment when marking doses as invalid for reasons other than timing and spacing.