Immunization Bills in the Legislature

Senate Bill 2035, which allows immunization-certified pharmacists to vaccinate people ages 11 and older against all routinely recommended vaccines, has passed both the Senate and House of Representative floors. This bill also permits pharmacist administration of influenza vaccine to children as young as 5. Like all other immunization providers, pharmacists will be required to enter doses given to children 18 and younger in the North Dakota Immunization Information System (NDIIS). The bill was signed into North Dakota Century Code on April 25, 2011.

The original goal of Senate Bill 2276 was to establish a board to assess insurance companies for the cost of immunizations. The North Dakota Department of Health (NDDoH) would have then purchased vaccine for insured children off of the federal contract, making North Dakota a universal state.

The final bill, posted at [www.legis.nd.gov/assembly/62-2011/documents/11-0713-07000.pdf](http://www.legis.nd.gov/assembly/62-2011/documents/11-0713-07000.pdf), requires the state health department to provide vaccines to all children, including those with health insurance, at local public health units only. The health department will continue to supply Vaccines For Children (VFC) vaccine to private providers. Private providers still must purchase and bill for vaccine for insured children. Insurance companies will not be assessed to cover the cost of providing vaccines to local public health. Federal 317 vaccine and state funding will be used to provide vaccines to children with insurance at local public health. The bill requires that the state health department offer brand choice for all vaccines. It also directs the health department to report providers who are not entering into the NDIIS within four weeks to their medical licensing board. The bill will be sent to the governor for signature.

More information will be coming in the future about these changes and when they will be occurring. Providers should continue normal immunization operations until further notice.
**NDIIS Updates**

As providers have begun using the reminder/recall functionality in NDIIS, many have been able to identify patients that have moved or switched providers. Providers will soon be able to access a MAINTENANCE tab on patients. Under this tab, a patient’s status may be changed to “MOGE” (for children who have Moved Or Gone Elsewhere) or “Lost to Follow-up.”

To be considered MOGE, the provider must have proof by one of the following:

1. Documentation that the patient has moved out of North Dakota.
2. Documentation of a forwarding address out of the immediate area.
3. Documentation that the client has moved, but no forwarding address was provided.
4. Received notification or request for records indicating the child has transferred to another provider.

The definition of “Lost to Follow-up” is an individual who has not responded or has not provided adequate contact information in response to three documented attempts at contact. A comment is required when marking a child as “Lost to Follow-up.”

Providers should always check to be sure NDIIS contains accurate contact information for all patients. More information on the MAINTENANCE tab will be available soon.

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**Fill Out a Survey...Win an iPad!**

Through a contract with the Centers for Disease Control and Prevention (CDC), RTI International is conducting a ten minute **Vaccine Barcoding Survey** to learn more about the impact of including two-dimensional barcodes on vaccine labels. Go to [https://vaccinebarcodingsurvey.rti.org](https://vaccinebarcodingsurvey.rti.org). Respondents can enter a raffle to win 1 of 10 iPads!

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**North Dakota Receives Awards at National Immunization Conference**

At the 2011 National Immunization Conference held in Washington, D.C., the North Dakota Department of Health Immunization Program was presented two awards for adolescent immunization coverage. According to the National Immunization Survey (NIS), North Dakota had the second highest coverage rate for 19 to 35 month old children and most improved coverage for adolescents in the United States.

Adolescent coverage rates are determined by averaging the coverage for the three routinely recommended adolescent vaccines: one or more doses of Tdap/Td, one or more doses of meningococcal conjugate and, for females, one or more doses of human papillomavirus (HPV).

The NIS coverage rates for adolescent vaccination are detailed below. Congratulations North Dakota immunization providers!

<table>
<thead>
<tr>
<th></th>
<th>≥1 Td or Tdap</th>
<th>≥1 Tdap</th>
<th>≥1 MenACWY</th>
<th>≥1 HPV</th>
<th>≥3 HPV</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>76.2%</td>
<td>55.6%</td>
<td>53.6%</td>
<td>44.3%</td>
<td>26.7%</td>
</tr>
<tr>
<td>North Dakota</td>
<td>85.7%</td>
<td>71.6%</td>
<td>66.0%</td>
<td>45.1%</td>
<td>31.7%</td>
</tr>
</tbody>
</table>
Vaccine Information Statements

Vaccine Information Statements (VISs) must be offered to patients (or parents/guardians of patients) every time an immunization is given. This is a federal law put into place by the National Childhood Vaccine Injury Act of 1986. Providers have several options:
1. Laminating a copy of every VIS for patients/parents to review.
2. Providing access to an office computer to view the appropriate VISs from the CDC website.
3. Directing patients/parents to the CDC’s mobile VIS webpage (www.cdc.gov/vaccines/pubs/vis/vis-downloads.htm) to download the VIS on their mobile device.

Providers must always offer a copy to take home. The suggestions above could be especially useful for parents who want to review the information but already have a paper copy of the VIS at home.

Are your VISs updated? Check your inventory to be sure you are distributing the most current VISs!

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Papillomavirus</td>
<td>05/03/2011</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>12/06/2010</td>
</tr>
<tr>
<td>Influenza (LAIV)</td>
<td>08/10/2010</td>
</tr>
<tr>
<td>Influenza (TIV)</td>
<td>08/10/2010</td>
</tr>
<tr>
<td>MMRV</td>
<td>05/21/2010</td>
</tr>
<tr>
<td>Pneumococcal Conjugate</td>
<td>04/16/2010</td>
</tr>
<tr>
<td>Pneumococcal Polysaccharide</td>
<td>10/06/2009</td>
</tr>
<tr>
<td>Shingles</td>
<td>10/06/2009</td>
</tr>
<tr>
<td>Td/Tdap</td>
<td>11/18/2008</td>
</tr>
</tbody>
</table>

FDA Approves Additional Age Groups for Zoster and Meningococcal Vaccines

The U.S. Food and Drug Administration (FDA) has approved Zostavax®, Merck’s herpes zoster vaccine, for use in adults ages 50 to 59. With the additional age approval, Zostavax® may now be used for all adults age 50 and older.

The Advisory Committee on Immunization Practices (ACIP) has not yet changed its recommendation for the use of zoster vaccine. The ACIP currently recommends that all adults age 60 and older receive a single dose of zoster vaccine whether or not they report a previous episode of shingles.

Menactra®, the meningococcal conjugate vaccine manufactured by sanofi pasteur, has been approved by the FDA for use in children ages 9 to 23 months.

The recommendations for the use of Menactra® have not been expanded to include routine vaccination of anyone younger than 11 years. Currently, the ACIP only recommends meningococcal conjugate vaccination for children ages 2 and older who have either functional or anatomic asplenia, persistent complement component deficiency or upcoming travel to an area where meningococcal disease is hyperendemic or epidemic.
New International Travel Materials

International travelers, regardless of their destination or purpose for travel, often have questions about their health and safety while traveling. In an effort to assist travelers and their health-care providers, the Immunization Program has developed a risk assessment worksheet and international travel information sheets. These new materials can be found on our website: www.ndhealth.gov/Immunize/Public.

International Travel Risk Assessment

People traveling outside the United States should understand the potential health risks and take an active part in health preparation. Complete this form before meeting with your health-care provider to help determine your risk level and necessary preventive measures.

International Travel Health Kit

You're traveling internationally. Whatever the purpose, it is important to be prepared. Fill out the chart below to get started on your travel health kit. Remember: your kit should be based on your destination, duration of trip, type of travel and pre-existing medical conditions.

International Travel for Humanitarians

People who travel to provide humanitarian aid or disaster relief must first address their personal health and welfare, including knowledge and preparation for all the usual elements associated with travel to the area.

Health, Safety and Security

Personal illness or injury places a burden on the community the aid worker has travelled to support. Most operating organizations give some health, safety and security training, but the ultimate responsibility rests with each individual.

- Injuries and accidents are a serious risk to travelers; be sensitive to your surroundings and closely select the type of transportation and hours of travel, if possible.
- In disaster and emergency situations, be aware of physical hazards such as debris, unstable structures.

Air Travel

Emergency travel poses special risks to a healthy pregnant woman or her baby. Each airline has policies regarding pregnancy and flying. It is always wise to check with the airline before booking reservations. Travel within the United States is usually permitted until 36th week of gestation and international travel may be permitted until 32nd - 36th depending on the airline. Air travel should be discussed with a health-care provider as a woman is nearing the end of her pregnancy.

Significant risks for expectant travelers:
- Maternal accidents
- Airplane accidents
- Safety belts should be worn whenever possible
- Faster accelerations at the higher altitudes
- Consult a physician even for mild nausea
- Remove E ring

School Records and NDIIS Data Matching

The NDDoH Immunization Program wanted to determine if NDIIS had similar immunization information to what schools keep in a student's immunization file. To answer this, NDDoH had to collect a representative sample of immunization records from schools and compare them to the same child's record in NDIIS. This project was conducted in a pilot area, the Fargo region, with kindergarten records.

Records were collected and compared to data from NDIIS. School records and NDIIS data matched for 63 percent of students. NDIIS had a more complete record for 24 percent of students. Only 6 percent of students had a more complete immunization record at school. This small percentage is probably comprised of out-of-state residents who attend a North Dakota school. There was a small group, approximately 7 percent, where the records did not match. Most of these were likely due to data entry error.

In the future, NDDOH would like to continue this project in other areas of the state and include older students. Schools are permitted access to NDIIS. This project shows that in most cases, schools could obtain more complete immunization information for their students from NDIIS.

Editor's Note: Abbi Pierce presented this project at this year's National Immunization Conference in Washington, D.C.
School Immunization Survey Results

The results for the 2010-2011 North Dakota school immunization survey are in. The North Dakota Department of Health (NDDoH) was required to validate the school immunization survey results. What this means is that NDDoH had to collect a randomized sample of kindergartners’ and seventh graders’ immunization records from schools throughout the state and compare them to what was submitted by the schools in the school immunization survey. NDDoH chose to validate seventh grade immunization records for the first time this school year to more closely analyze middle school entry immunization coverage. This is the third year that NDDoH has validated kindergarten immunization records.

The immunization requirements for attending schools in North Dakota can be found on our website at [www.ndhealth.gov/Immunize/Schools-ChildCare/](http://www.ndhealth.gov/Immunize/Schools-ChildCare/). It is a good idea for providers to be knowledgeable of school requirements to help make sure children of school age are caught up on their immunizations.

### Kindergarten Immunization Rates

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Immunization Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polio</td>
<td>92.36%</td>
</tr>
<tr>
<td>DTP/DTaP/DT</td>
<td>92.28%</td>
</tr>
<tr>
<td>MMR</td>
<td>91.96%</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>94.73%</td>
</tr>
<tr>
<td>Varicella*</td>
<td>91.66%</td>
</tr>
</tbody>
</table>

*Includes immunity from vaccination or disease.

The survey also showed that 12 kindergartners had vaccination exemptions due to medical reasons, 17 due to religious reasons, 68 due to philosophical reasons and 32 due to moral reasons.

It is interesting to note that there has been a significant increase in exemptions specifically in private schools in North Dakota. The exemption rate (including medical, religious, philosophical and moral exemptions) for public schools is 1.49 percent. The rate for private schools is 4.64 percent for the same exemptions. That is over three times higher!

### Middle School§ Immunization Rates

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Immunization Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polio</td>
<td>99.04%</td>
</tr>
<tr>
<td>DTP/DTaP/DT</td>
<td>95.07%</td>
</tr>
<tr>
<td>MMR</td>
<td>99.45%</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>99.14%</td>
</tr>
<tr>
<td>Varicella*</td>
<td>71.59%</td>
</tr>
<tr>
<td>Td/Tdap</td>
<td>68.53%</td>
</tr>
<tr>
<td>MCV4</td>
<td>66.42%</td>
</tr>
</tbody>
</table>

§ Middle school entry is either sixth or seventh grade, depending on the school.

*Includes immunity from vaccination or disease.

The survey also showed that 11 seventh graders had vaccination exemptions due to medical reasons, 16 due to religious reasons, 45 due to philosophical reasons and 12 due to moral reasons.

According to the results of the middle school survey, more than 30 percent of students should be excluded from school because they do not have the required immunizations! While school authorities are responsible for enforcing the law, all immunization providers share the responsibility of ensuring their patients are up-to-date with required immunizations.
Varicella (Chickenpox) Q & A

Q: We have a patient who is due for her first dose of varicella vaccine. The child’s father is undergoing chemotherapy and his oncologist said not to give varicella vaccine to the child until the father’s treatments are complete. When should we give varicella vaccine to the child?

A: The child should receive varicella vaccine with her other regularly scheduled immunizations.

Unfortunately, the oncologist in this situation is not giving accurate information. It is safe, according to the American Cancer Society and Advisory Committee on Immunization Practices (ACIP), for household contacts of people with weakened immune systems (i.e. undergoing chemotherapy treatment) to receive varicella vaccine. There may be a small risk of varicella vaccine virus transmission to household contacts, but the risk of a susceptible child contracting wild-type varicella is much greater. Exposure to wild-type varicella virus would be much more dangerous to an immunosuppressed individual.

Q: Should adolescents who received a dose of varicella vaccine 10 years ago (at preschool age) get a second dose now?

A: Yes! The recommendation is for two doses regardless of age, for anyone school age and older without evidence of immunity.

Q: How soon after exposure to chickenpox should a patient be given varicella vaccine?

A: Varicella vaccine is effective in preventing chickenpox or reducing the severity of the disease if used within 72 hours (three days), and possibly up to five days, after exposure. Not every exposure to varicella leads to infection, however, so for future immunity varicella vaccine should be given even if more than five days have passed since an exposure.

Chickenpox Remains Under-reported in North Dakota

Chickenpox (varicella) is a reportable condition in North Dakota. Chickenpox generally is diagnosed after a visual examination by a healthcare provider, but laboratory tests also are available. Whichever diagnostic method is used, all cases of chickenpox must be reported to the North Dakota Department of Health.

Early symptoms of chickenpox are a mild fever, runny nose and cough. The skin rash begins as red bumps on the chest, back, underarms, neck and face. Within several hours, the bumps turn into small blisters. After a couple days, the blisters break and form scabs. Although the disease is usually mild, it can be very serious especially for newborn babies, pregnant women, immunocompromised people, adolescents and adults.
Tdap for Health-care Workers — New Recommendations

In October 2010, the Advisory Committee on Immunization Practices (ACIP) made new recommendations on the use of Tdap (tetanus, diphtheria and pertussis vaccine), including administration of the vaccine to adults age 65 and older and removal of a minimum interval between doses of tetanus-containing vaccines. ACIP now recommends that all health-care personnel, regardless of age, receive a single dose of Tdap if they have previously not received Tdap and regardless of when they received their last dose of Td.

Tdap is not currently licensed for multiple administrations. Health-care workers should receive routine booster immunization against tetanus and diphtheria (Td) every 10 years after receiving Tdap.

The recommendations also state that hospitals and ambulatory-care facilities should provide Tdap for health-care workers and use approaches to maximize vaccination rates.

Disparity in Immunization Rates in North Dakota

American Indian (AI) infants are at greater risk for death than non-AI infants and have higher morbidity rates due to infectious diseases, including vaccine preventable diseases. In 1994, the Vaccines For Children (VFC) program was established to provide vaccines at no cost to children that might not be able to pay for them otherwise, including AI children.

The North Dakota Immunization Program examined the immunization rates for AI children and compared the rates to those of white children in North Dakota. Monitoring for disparities in immunization coverage is critical in determining gaps in coverage and the needs for future resources.

We found AI children were less likely to be up-to-date (UTD) compared to white children for all vaccine series. The immunization rates for AI children were 8 percent lower, on average, than the immunization rates for white children for all series. Immunization rates for AI children are more likely to be delayed at standard immunization milestones. By the 3 month milestone, only 77 percent of AI children have received a dose of DTaP compared to 91.5 percent of white children. This trend continues through 24 months with AI children delaying initiation of recommended immunizations. Because of these delays, fewer AI children are likely to be UTD by ages 19 to 35 months.

When comparing AI children to other VFC-eligible children, AI children remained less likely to be UTD even when compared to white children that received VFC vaccine. Insured white children who had never received VFC vaccine are the most likely to be UTD for the 4:3:1:X:3:1:4 series with 75.9 percent UTD compared to 71.1 percent of white children that received VFC vaccine and 66.1 percent of AI children.

The Department of Health and health-care providers must focus efforts on vaccinating AI children on time and following the recommended ACIP schedule. Resources such as reminder/recall have been shown to be successful in other populations at high risk for not being UTD and should be used for all N.D. children including AI children. For more information on strategies to improve immunization rates, please contact the Immunization Program at 1.800.472.2180.

Editor’s Note: Keith LoMurray presented this project at this year’s National Immunization Conference in Washington, D.C.
The Immunization Newsletter is a quarterly production distributed to Prevention Partnership Providers.

Extreme Makeover: Website Edition

The Immunization Program’s website recently experienced a makeover! Along with a revamped homepage, the website also has the following features:

- Organized page for provider forms
- Order confirmation page for online vaccine orders
- Online immunization record request

A few updates are still in the works:

- Adolescent immunization page
- NDIIS tutorials and trainings
- Storage and handling

Check it out: www.ndhealth.gov/Immunize