

Immunization Newsletter



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Provisional Recommendations for the Use of Tdap in Adults 65 and Older

On Feb. 22, 2012, the Advisory Committee on Immunization Practices (ACIP) voted to recommend the use of Tdap vaccine for adults 65 and older. This recommendation will serve to include all adults 65 and older, instead of only those who anticipate having close contact with an infant.

Adults who have not previously received a dose of Tdap or whose vaccination history is not appropriately documented should be given a single dose of Tdap, regardless of the interval from a previous tetanus- or diphtheria-containing vaccine. Boostrix®, the Tdap vaccine manufactured by GlaxoSmithKline, is

approved for use in people 10 and older. Adacel®, manufactured by sanofi pasteur, is approved for use in people 11 to 64. As is the case when immunizing a child age 7 to 10, either vaccine product provides protection and is considered a valid dose when administered to a person 65 or older.

Have you heard about the pertussis epidemic going on in Washington? The governor has made emergency funds available to purchase pertussis vaccines and has requested assistance from the Centers for Disease Control and Prevention. So far in 2012 (through May 12), a total of 1,484 cases have been reported. During the same time period in 2011, only 134 cases were reported. Pertussis is not far away!

Pentacel Supply Delay

Pentacel® (DTaP/IPV-Hib) is experiencing a manufacturer supply delay, which will temporarily reduce the supply below the level needed to fully satisfy the market demand. The North Dakota Department of Health (NDDoH) will be allocated approximately two-thirds of what has historically been ordered. Providers may continue to order their usual amounts, but should only expect to receive about two-thirds of the amount they have historically ordered.

Sanofi pasteur is also placing ordering restrictions on privately purchased Pentacel® and Daptacel®.

Go Green!

Are you interested in going green? Using less paper? Saving on postage? You're in luck. The NDDoH Immunization Program has ideas for you!

Monthly Reporting

Instead of faxing or mailing copies of doses administered reports and temperature logs, consider e-mailing these documents. Reports generated by the North Dakota Immunization Information System (NDIIS) can be saved to your computer and temperature logs can be scanned in. These can then be e-mailed directly to the Immunization Program. All of your information could be easily organized and saved on a designated computer or drive.

Vaccine/Materials Ordering

Vaccine and materials orders can be submitted using the online ordering forms. When electronic orders are submitted, a confirmation page appears and orders are received immediately by the Immunization Program.

Reporting Wasted Vaccine

Report expired or other wasted vaccine using the online wastage form. Like the electronic ordering form, a confirmation page showing all of the information you entered appears after submission.

Vaccine Information Statements (VISs)

Federal law states that patients (or a parent/guardian) must be offered a VIS every time they are given a vaccine. Providers may consider laminating copies of the most up-to-date VISs for patients to review during the visit. The copies can be easily and quickly cleaned between patients. Providers could also direct patients to access VISs on their mobile device, which would enable them to access the information after the clinic visit.

It is important to remember that while having these options available may significantly reduce office printing costs, patients must always be offered a copy to take home for review. Staff members should be educated on where to find VISs if patients request printed copies.

Reminder/Recall

There is more than one way to contact patients who are coming due or overdue for immunizations. Just as house calls were phased out by appointments and office visits, postcards and telephone calls can now be supplemented or replaced by e-mails and text messages.

The patient demographic page in the NDIIS has a field for e-mail addresses. Your patients (or a parent/guardian) may prefer to receive an e-mail reminding them of their next appointment or vaccination due. While e-mail reminders may be a thing of the future, why shouldn't the future start with you?



CDC Announces North Dakota Recipient of Childhood Immunization Champion Award

Barbara Andrist, RN, MPH, a public health nurse with the Upper Missouri District Health Unit in Crosby, has been selected as the North Dakota recipient of the first annual Childhood Immunization Champion Award. Given jointly by the CDC and the CDC Foundation, the award recognizes one individual in each state who makes a significant contribution toward improving public health through his or her work in childhood

immunization. CDC announced award recipients on April 23 as part of National Infant Immunization Week.

Barbara is extremely dedicated to the promotion of immunizations in her community, region and state. She works with schools and fellow health-care providers to ensure students of all ages are adequately immunized. As a member of the North Dakota

Immunization Advisory Committee since its inception, Barbara has been a strong advocate for immunization policy in our state.

Congratulations to Barbara!



North Dakota Immunization Conference

The 2012 North Dakota Immunization Conference will be held June 12 - 13 at the Radisson Hotel in Bismarck. We are excited to welcome the following speakers:

- **Andrew Kroger, MD, MPH**, from the Centers for Disease Control and Prevention will discuss recent updates to the child and adult immunization schedules and provide general information on administering vaccines.
- **Jon Temte, Ph.D., MD**, a voting member of the Advisory Committee on Immunization Practices (ACIP), will talk about the ACIP and how decisions and recommendations are made.
- **Aaron Gunderson, MD**, a pediatrician practicing at Sanford Health in Fargo, will review vaccine safety myths and how to address these issues with concerned parents.
- **Litjen Tan, MS, Ph.D.**, from the American Medical Association will provide information on the positive outcomes of the Affordable Care Act on immunizations.

Other immunization-related topics, including vaccine-preventable diseases, coalition building, storage and handling, school-located influenza vaccination clinics and using the North Dakota Immunization Information System (NDIIS) will also be covered. This is an excellent learning opportunity for all types of providers, whether your facility gives 10 doses of vaccine per year or 100 doses daily!

Continuing education credit hours for nurses and pharmacists are being applied for. Register for the conference at www.conferences.und.edu/immunization/index.html. We hope to see you there!

Remember hearing about the Minnesota measles outbreaks in 2011? A speaker from the Minnesota Department of Health will be here to tell us about the experience!

Immunizations for Immigrants



In the United States, people who apply for an immigrant visa or adjustment of status for permanent residency are required to have appropriate documentation of specific vaccinations. Civil surgeons complete an [I-693 form](#), a document from U.S. Citizenship and Immigration Services, for these individuals.

While only civil surgeons can complete the I-693, other health-care providers may see patients who are referred to them to get the necessary immunizations. Taking into account that some vaccine series take months to complete, applicants are only required to have at least one dose of the required immunizations. They are then encouraged to follow up with their primary care provider to complete the series.

The table below summarizes the immunization requirements for applicants. For more information on immigrant and refugee health, visit the CDC website: www.cdc.gov/immigrantrefugeehealth/index.html.

Vaccine	Age					
	0 - 1 month	2 - 11 months	1 - 6 years	7 - 17 years	18 - 64 years	≥65 years
DTaP/DTP/DT	NO	YES		NO		
Td/Tdap	NO			YES		
IPV	NO	YES		NO		
MMR	NO		YES, if born in 1957 or later			NO
Rotavirus	NO	Yes, if 6 weeks to 8 months	NO			
HIB	NO	Yes, if 2 months through 59 months		NO		
Hepatitis A	NO		Yes, if 12 months through 23 months	NO		
Hepatitis B	Yes, birth through 18 years					NO
Meningococcal	NO			Yes, if 11 years through 18 years		NO
Varicella	NO		YES			
Pneumococcal	NO	Yes, if 2 months through 59 months (for PCV)		NO		YES (for PPV)
Influenza	NO	YES, 6 months and older (annually each flu season)				

School Immunization Survey Results

The results for the 2011-2012 North Dakota school immunization survey are in! The survey, which is completed annually by all private and public schools in North Dakota, gathers data on the number of students, grades kindergarten through 12, who are up-to-date with 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.

The immunization requirements for attending schools in North Dakota can be found on our website at 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

Vaccine	Immunization Rate
Polio	90.61%
DTP/DTaP/DT	90.50%
MMR	91.30%
Hepatitis B	93.89%
Varicella*	88.91%

*Includes immunity from vaccination or disease.

The survey showed that 26 kindergartners had vaccination exemptions due to medical reasons, 18 due to religious reasons, 70 due to philosophical reasons and 29 due to moral reasons.

It is interesting to note that there has been an increase in exemptions specifically in private schools in North Dakota. The exemption rate (including medical, religious, philosophical and moral exemptions) for public schools is 1.61 percent. The rate for private schools is 4.47 percent for the same exemptions. That is almost three times higher!

Middle Schools[§] Immunization Rates

Vaccine	Immunization Rate
Polio	97.38%
DTP/DTaP/DT	97.42%
MMR	97.31%
Hepatitis B	97.24%
Varicella*	79.23%
Td/Tdap	68.20%
MCV4	66.42%

The survey showed that 16 seventh graders had vaccination exemptions due to medical reasons, 13 due to religious reasons and 78 due to moral or philosophical 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!*

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

*Includes immunity from vaccination or disease.

State-supplied Vaccines for Adults

The only vaccine that is currently available from the NDDoH for adults 19 and older is HPV vaccine for uninsured or underinsured adults. Other state-supplied vaccines, including influenza, Tdap, MCV4, PPV23, hepatitis B, hepatitis A, MMR and varicella, are only available for VFC-eligible children. To be eligible for VFC vaccine, a patient must be 18 years or younger and either Medicaid-eligible, American Indian, uninsured or underinsured.

State-supplied vaccine that is used inappropriately (i.e., given to a patient who is not eligible) must be replaced by privately purchased vaccine. This type of transaction would need to be documented as a borrow/return in the NDIIS and on the [VFC Vaccine Borrow/Return Report](#). Make sure that everyone responsible for administering vaccine in your facility is familiar with the [current coverage table](#) and is only giving state-supplied vaccines to eligible patients.

UND Student Targets HPV Vaccination

Lee Morris, a student at the University of North Dakota (UND) concentrating on biology and pre-med, has been influential in the school's recent push to have more students protected against human papillomavirus (HPV). Lee is an active member of UND's Student Health Advisory Council (SHAC).

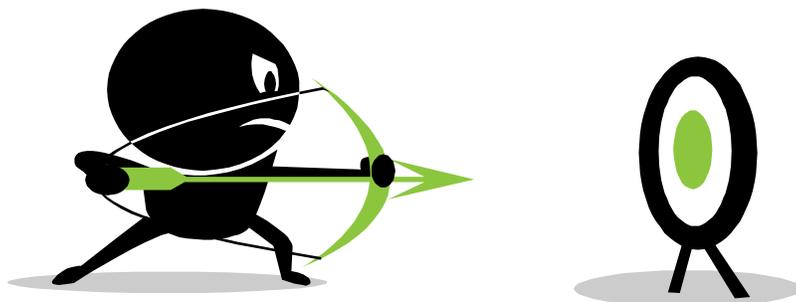
In early fall 2011, Lee recognized the benefit and value of the Gardasil® immunization. He has passionately worked to increase awareness of HPV and Gardasil® for students on the UND campus throughout this past school year. He and the SHAC took on the mission of educating and encouraging UND students to get themselves vaccinated.

Lee, formerly a journalism major,

met with the Dakota Student (UND student newspaper) staff and had frequent communication with Student Health Services and student government in order to make a difference.

On April 15, 2012, the UND Student Senate passed a resolution supporting the education of UND students regarding HPV and the encouragement of Gardasil® vaccination. Lee was instrumental in having this resolution passed.

UND Student Health Services is proud and grateful to have Lee as a strong force in promoting the health of UND students. Way to go, Lee!



Screening for VFC Eligibility: Q&A

Dear Editor,
Our electronic medical record (EMR) is where we document everything regarding a patient's immunizations. The EMR does not have a place to mark VFC eligibility, so we have to fill out a paper form every time we immunize a patient. Since their VFC eligibility is being documented in the NDIIS, what is the purpose of documenting this information separately?

Sincerely,

Searching for Screening Meaning

Dear Searching,
This is a great question! EMRs that do not have the ability to capture VFC eligibility do not meet the documentation requirements of the VFC program. **Providers must screen for and document VFC eligibility status at every immunization visit.**

Documentation of this screening is vital. VFC/AFIX Coordinators conducting compliance site visits are checking patient charts to be sure this is being done. Providers who are not screening for or appropriately documenting VFC eligibility risk their participation in the VFC program.

Dear Editor,
Our VFC eligibility screening is done before the office visit. We review the patient's chart to determine which vaccines they'll need and the insurance information from their previous visit to determine whether to use

state-supplied (VFC) or privately purchased vaccine. Is this acceptable?

Sincerely,

Trying to Be Prepared

Dear Prepared,
First, reviewing patient charts before their appointment is a great way to be sure your patients are up-to-date with their immunizations. Great job!

Next, your VFC eligibility screening needs some tweaking. One of the requirements of the VFC program is screening for VFC eligibility at every immunization visit. Because a patient's insurance status can change from one visit to the next, it is best to screen for VFC eligibility immediately before vaccines are administered.



Dear Editor,
We have been receiving denials from insurance companies because we are considered an "out-of-network" provider for the patient. Since his or her health insurance is not covering the

patient's vaccines received at our facility, can we consider the patient underinsured and pay back our private supply with VFC vaccine?

Sincerely,

Out-of-patience with Denials

Dear Impatient,
Because the patient could have received immunizations at an "in-network" provider and the immunizations would have been covered, the patient cannot be considered underinsured for the purposes of the VFC program.

Dear Editor,
If a parent is unsure whether his or her insurance covers immunizations, can we just give VFC vaccine?

Sincerely,

Looking for a Shortcut

Dear Shortcut,
Do not automatically give VFC vaccine in this instance. Ask that the parent/guardian check with the insurance provider to determine whether immunizations are covered. If unknown, administer private vaccine and bill insurance. If it is discovered that the child is underinsured, VFC vaccine may replace the privately-purchased vaccine. Remember that all borrow/return transactions must be documented in the NDIIS and on the VFC Vaccine Borrow/Return Report.



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North Dakota Immunization Conference

June 12 - 13, 2012

Radisson Hotel, Bismarck

Immunizations ▫ Dunk Tank* ▫
Discussion ▫ Experts ▫ Awards

*Pending approval

Immunization Program: What's your favorite fruit?



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Letter from the Editor

Perhaps you are a faithful reader of the Immunization Program newsletter. Or maybe a casual reader. Or maybe this edition of the newsletter happens to be sitting facedown on a counter somewhere and you needed something to occupy your time. Whatever the case, you have read my final newsletter. I will be leaving the Immunization Program this summer and starting my first year of medical school in the fall.

I have very much enjoyed my time in the Immunization Program. I am so proud of the things our program has accomplished and continues to work

for. Whether we communicated only once or almost daily (you know who you are), I learned from you. Thank you all for helping me to grow as a professional.

I am a type A control freak, so handing the reins of the VFC program over to the new person will be difficult. It will probably be most difficult for the new person. Please be patient with the transition. I will try to do the same!

Terry Dwelle, MD, MPHTM

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