

Immunization Newsletter

Summer 2010

Immunization Program



North Dakota's Immunization Conference

The state's first statewide immunization conference was held August 24 and 25. More than 300 health-care providers, including nurses, physicians and pharmacists, attended this exciting educational opportunity. Below are some highlights from the keynote speakers:

- Donna Weaver, RN, MN, Nurse Educator for the Centers for Disease Control and Prevention (CDC) Immunization Program. Ms. Weaver provided information on child, adolescent and adult vaccines. She addressed new recommendations, newly licensed vaccines and vaccination of healthcare workers.
- Lance Rodewald, MD, MPH, National Immunization Program director. Dr. Rodewald's presentation included information about health-care reform and its upcoming impact on vaccine financing. Dr. Rodewald also displayed where North Dakota stands in relation to other states' immunization rates.
- Patricia Stinchfield, RN, MS, CNP, director of pediatric infectious disease for the Children's Hospital of Minnesota. Ms. Stinchfield, a former voting member of the Advisory Committee on Immunization Practices (ACIP), addressed the challenge of communicating with parents about the safety of vaccines.
- Lorry Rubin, MD, FAAP, director of pediatric infectious diseases for the Cohen Children's Medical Center of New York. Dr. Rubin provided valuable information regarding recommendations and contraindications for the vaccination of immunocompromised patients and their contacts.
- Shannon Hansen, MT, CIC, infection control coordinator for Altru Health System. Altru Health System was the first hospital in North Dakota to enforce mandatory influenza vaccination for its employees. Ms. Hansen talked about the lessons learned from their experiences and plans to continue their mandatory vaccination policy.
- Julie Moise, Families Fighting Flu. Ms. Moise shared the story of her 6-month-old son, Ian, who died of complications from influenza. Ms. Moise reminded providers of the importance of encouraging parents and health-care workers to vaccinate against the flu.

If you attended the state immunization conference, do not forget to complete the online evaluation form! Details are on page 8 of this newsletter.

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Have a question or concern about the forecaster?

Call the Immunization Program at 701.328.3386

NDIIS Updates

If you have logged on to the North Dakota Immunization Information System (NDIIS) lately, you may have noticed a couple new features!

The new Certificate of Immunization is formatted to fit on a single page. The vaccines are grouped by antigen, eliminating the need to scan the entire document to find a dose that may otherwise be missed.

The improved and much-anticipated

forecaster is now available. Clicking on the “forecast” button on a patient’s immunizations page in the NDIIS will bring up a document that details what the patient has had, what vaccines they currently are eligible for and when they should receive doses in the future.

A brief training about how to use the new forecaster is available at www.ndhealth.gov/Immunize/NDIIS/NDIIS.htm.

Supplemental Pneumococcal Conjugate Doses

The Immunization Program has been inundated with questions regarding the supplemental dose of Prevnar 13® (PCV13). **Children who have received four doses of PCV7 or other complete PCV7 schedule should be administered a supplemental dose of PCV13 at least eight weeks after the most recent dose.** This recommendation from the Advisory Committee on Immunization Practices (ACIP) is for children through age 59 months. Children with an underlying medical condition are recommended to receive a supplemental dose through age 71 months.

The NDDoH has devised a tool to help providers determine how many doses of PCV13 a child needs. Find it on our website at www.ndhealth.gov/Immunize/Documents/Providers/Forms/PCV13.pdf.

Changes to North Dakota State-Supplied Vaccines

The North Dakota Immunization Advisory Committee decided at its May meeting to expand the eligibility requirements for two vaccines. Additionally, all vaccines supplied by NDDoH are now available regardless of state of residency.

Tetanus, diphtheria and pertussis vaccine (Tdap) currently is being offered to anyone ages 10 through 64. The goal of this limited-time campaign is to vaccinate as many people in the state as possible with Tdap, with particular attention going to health-care workers. Providers may order Tdap for anyone until September 30.

Pneumococcal polysaccharide vaccine (PPSV-23) is now available for any uninsured or underinsured adult older than 18. This gives North Dakota providers with an exceptional opportunity to vaccinate high-risk adults.

From June through August of last year, 12,909 doses of Tdap were given in North Dakota. In those same months this year, more than 14,000 have been administered!

New Educational Materials Available

MEASLES

104 Degrees: A True Story

"I give fever '104 degrees" you probably think "that's new" not a baby's temperature. But for Megan Campbell's 20-month-old son, a frightening bout of measles sent him to the hospital and caused fever's spiking to 100 degrees.

"After picking our son up at childcare because he had a fever," says Megan, "we were brought to our pediatrician who said our baby had a virus. Two days later his fever hit 104 and a rash appeared on his neck."

The rash quickly crept down to his arms and chest. Our diagnosed Megan and husband Chris turned to the internet. Finding pictures of measles that looked like their son's rash, they rushed him to the local children's hospital.

"No one there had seen or tested for measles for about 17 years," says Megan. "We'd only one expected it in the year 2008 in the U.S. The next day, an infectious disease specialist confirmed measles."

"We spent three days in the hospital fearing we might lose our baby to the constant drip, or out, so he was on an IV but for a while he seemed to be weeping away. When he began to be able to drink again we got to take him home, but the doctor told us to expect the disease to continue to run its course, including high fever—which did spike as high as 104. We spent a week waiting at all hours to stay on schedule with fever-reducing medications and watching him with damp wash cloths. Also, as instructed, we watched closely for signs of meningitis or non-responsiveness. If we'd seen that, we'd have gone back to the hospital immediately."

"Thankfully, the baby recovered fully. Megan now knows that her son was exposed to measles during the 10-month check-up when another mother brought her 8-month-old to the pediatrician's waiting room. An investigation found that the boy and his siblings had gotten measles overseas and brought it back to the U.S. They had not been vaccinated."

"People who choose not to vaccinate their children actually make a choice for other children and put them at risk," Megan explains. "At 10 months, my son was too young to get MMR1 vaccine. But when he was 22 months old, we got him the vaccine—even though he wasn't susceptible to measles anymore. This way he won't suffer from mumps or rubella, or spread them to anyone else."

DISEASES and the VACCINES THAT PREVENT THEM

Measles Symptoms

Measles begins with an increasing fever, then coughing, runny nose or pink eyes, and finally, a rash breaks out. "The rash usually starts on the head and then spreads to the rest of the body. Fever can persist, reaching its usually high temperatures, rash can last for up to a week, and coughing can last about 10 days.

Measles Is Serious

According to Dr. Kathleen Gajdos of the Centers for Disease Control and Prevention (CDC), "Measles ranges from a pretty uncomfortable disease to a very serious one. For example, for every 1,000 children who get measles in a developed country like the U.S., one to three of those die, despite the best treatment. There is a mortality of 200 through 2007, one out of every four people in the U.S. who get measles had to be hospitalized." Many others remain comatose among children.

People Exposed to Measles Who Have Not Been Vaccinated Almost Always Get Measles

Measles is one of the most contagious diseases known. Measles is a virus that is easily spread by direct contact with infected respiratory secretions. For example, someone who is coughing or sneezing or someone who is susceptible, the susceptible person is very likely to get measles. You can catch measles just by being in a room where a person with measles has been—even if the person is gone!

Vaccine Has Made Measles Rare in U.S., but Not Worldwide

Thanks to vaccination, the number of measles cases in the U.S. reached an all-time low of 27 in 2004. But worldwide, measles still causes about 2 million deaths each year. There is no drug to cure measles. "It's critical to remember the global picture for any vaccine-preventable disease," says the World Health Organization's Director-General. "More than one million in a global society where travel is common, and every five and your family don't travel, you can come into contact with measles anywhere in your community, from the every corner of the globe."



The Centers for Disease Control and Prevention (CDC), along with the American Academies of Family Physicians and Pediatrics (AAFP, AAP), has developed new educational materials. The focus of these information sheets are MMR vaccine safety, the diseases that vaccines prevent and risks taken by choosing not to vaccinate. To preview and order these three useful resources, visit www.ndhealth.gov/Immunize/Providers/FormsOrder.aspx.

If You Choose Not to Vaccinate Your Child, Understand the Risks and Responsibilities.

information for parents |

Last updated October 2009

If you choose to delay some vaccines or reject some vaccines entirely, there can be risks. Please follow these steps to protect your child, your family, and others.

CDC Visits North Dakota

Lewis Anderson, a Centers for Disease Control and Prevention (CDC) project officer, visited North Dakota in June. He spent two days in Bismarck preparing a report for the National Immunization Program. As part of his visit, Mr. Anderson observed VFC/AFIX visits at Custer Health in Mandan and Mid Dakota Clinic Kirkwood Pediatrics in Bismarck.

In his final report to the Program Operations Branch, Mr. Anderson identified key strengths of

Quarterly Rates Being Sent to Providers

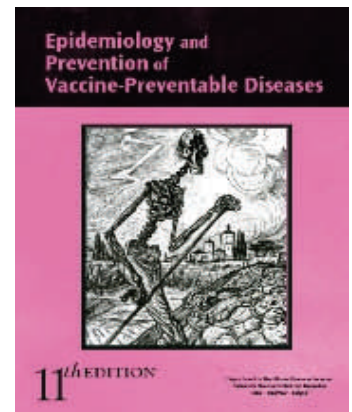
In an effort to improve immunization rates and encourage providers to conduct their own reminder/recall, quarterly rates from NDIIS are being sent to every provider in the state via email. The providers' assessments include children who received their most recent immunization there and are ages 19 to 35 months. The rate assessment excludes both seasonal

and H1N1 influenza vaccinations.

These rates are for providers' information only and assess a different age cohort than AFIX assessments. If your clinic has not received a quarterly report in an email from Keith LoMurray, please contact the Immunization Program to update your contact information.

North Dakota's Immunization Program:

- Small but enthusiastic and committed staff.
- Strong perinatal hepatitis B program.
- Substantial state financial backup support for immunization program operations at the local public health unit level.
- Good use of registry capabilities to aid program operations.



The 12th edition of the Pink Book is coming soon! The NDDoH will supply a copy for all enrolled providers.

MMRV Availability

ProQuad®, the measles, mumps, rubella and varicella combination vaccine (MMRV), is currently available. Because of supply constraints, it is unknown at this time how long the vaccine will be available through the Vaccines for Children (VFC) program.

ProQuad® is licensed for children 12 months through 12 years. The MMRV vaccine information statement (VIS) states, “Children who got the first dose [of MMR and varicella vaccines] as MMRV have had more fevers and fever-related seizures (about 1 in 1,250) than children who got the first dose as separate shots of MMR and

varicella vaccines on the same day (about 1 in 2,500).”

For the first dose of measles, mumps, rubella and varicella vaccines at age 12 through 47 months, either MMR and varicella vaccines or MMRV vaccine may be used. Providers who are considering administering MMRV should discuss the benefits and potential risks with parents when determining which vaccine to administer. Unless the parent or caregiver expresses a preference for MMRV vaccine, CDC recommends that separate MMR and varicella vaccines be administered as the first dose for this age group.

For the second dose at any age (15 months through 12 years) and for the first dose at age 48 months or older, MMRV vaccine is generally preferred over separate injections.

Upcoming Events

September 23— “Making the CASE for Vaccines: Communicating about Vaccine Safety,” 1:00pm CST, <http://vicnetwork.org>

September 25—Vaccine Education Symposium, Philadelphia, PA

October 15—*Got Your Shots?* Immunization Conference, Nisswa, MN

October 27-28—ACIP Meeting, Atlanta, GA

Social Media: Reaching the Next Generation of Parents

Social media sites such as Twitter, Facebook, MySpace and personal blog sites are quickly becoming an information hot spot for a new generation of parents. It is important to encourage tech-savvy parents with questions to seek out dependable information. Here are some sites we suggest:



- ◆ Shot of Prevention is a community blog where individuals, parents, medical providers and others can discuss questions and news regarding immunizations and vaccine-preventable diseases. Read the blog at <http://shotofprevention.com>.
- ◆ Real Guys Immunize features men, including sports heroes and historical figures, choosing vaccination for their families. Visit them at www.facebook.com/GuysImmunize.
- ◆ The Autism Science Foundation is dedicated to funding scientific research and educating the public about autism. Find links to their Facebook and Twitter pages at www.autismsciencefoundation.org/home.html.
- ◆ The Colorado Children’s Immunization Coalition has a Twitter account that posts frequent vaccine news updates and alerts followers to interesting articles or events. Follow its tweets at <http://twitter.com/ImmunizeCOKids>.

Pertussis Outbreak in California

Urging Californians to get vaccinated now, Dr. Mark Horton, director of the California Department of Public Health (CDPH), warns that the state is on pace to suffer the most illnesses and deaths due to pertussis, also known as whooping cough, in 50 years.

“Whooping cough is now an epidemic in California,” Horton said. “Children should be vaccinated against the disease and parents, family members and caregivers of infants need a booster shot.” As of August 24, California had recorded 3,311 cases of pertussis, a seven-fold increase from the same period last year when 454 cases were recorded. Eight infants - all younger than 3 months - have died from the disease this year in California.

Pertussis is cyclical. Cases tend to peak every two to five years. In 2005, California recorded 3,182 cases and eight deaths. Since July 26, 2010, 14 new cases of pertussis have been reported to the NDDoH. Of these, eleven are laboratory confirmed and three are epidemiologically linked to confirmed cases. These cases have occurred in six counties throughout the state. The most recent peak in North Dakota was in 2004 when 757 cases were reported.

Pertussis is a highly contagious disease. Unimmunized or incompletely immunized young infants are particularly vulnerable. The pertussis vaccine is safe for children and adults. Pertussis vaccination begins at 2 months of age, but young infants are not adequately protected until the initial series of three shots is complete at 6 months of age. The series of shots that most children receive wears off by the time they finish middle school. Neither vaccination nor illness from pertussis provides lifetime immunity.

Pregnant women may be vaccinated against pertussis before pregnancy, during pregnancy or after giving birth. Fathers may be vaccinated at any time, but preferably before the birth of their baby. CDPH is providing vaccine free of charge to hospitals and encouraging birthing hospitals to implement policies to vaccinate new mothers and fathers before sending newborns home. Others who may have contact with infants, including family members, health-care workers and child-care workers, also should be vaccinated. Individuals should contact their regular health-care provider or local health department to inquire about pertussis vaccination.

U.S. Vaccine-Preventable Disease Update

A total of 2,273 cases of mumps have been reported to CDC so far in 2010. During the same time period last year, there were 215 reported cases. A large majority of these cases are the result of an ongoing outbreak that started last summer in an upstate New York summer camp for boys.

Six cases of rubella have been reported this

year. Hib has been reported in seven children younger than 5. So far in 2010, 9,782 pertussis cases have been reported, compared with 9,910 cases at this time in 2009. CDC has received reports of 48 measles cases in 2010. To date, four measles outbreaks (≥ 3 cases linked by time or place) have occurred, accounting for 29 percent of all 48 reported cases. The outbreaks were in Missouri, California and Nebraska.

Meningococcal Vaccine Q&A

Q: If MCV4 (meningococcal conjugate vaccine) and Tdap are not administered on the same day, is there a minimum interval that should separate the two?

A: No. ACIP has recommended that inactivated vaccines can be administered at any time before or after a different inactivated or live vaccine unless a contraindication exists. Simultaneous administration of Tdap (or Td) and MCV4 (which all contain diphtheria toxoid) during the same visit is preferred when both Tdap (or Td) and MCV4 are indicated. If simultaneous vaccination is not feasible (e.g., a vaccine is not available), MCV4 and Tdap (or Td) can be administered using any sequence.

Q: Should we be concerned about the amount of diphtheria toxoid our patients are being administered?

A: No. Meningococcal conjugate vaccine uses diphtheria toxoid as a protein carrier. Hib and pneumococcal conjugate vaccines use tetanus toxoid, meningococcal group B outer membrane protein and a nontoxic variant of diphtheria toxin known as CRM197 as protein carriers. Conjugate vaccines have polysaccharide which has been chemically combined with a protein carrier. This

process of conjugation changes the immune response from T-cell independent to T-cell dependent, leading to increased immunogenicity. In addition, repeat doses elicit booster responses.

Q: Should college freshmen be revaccinated with MCV4?

A: Although the duration of protection from MCV4 is unknown, most entering college students will have received MCV4 within the preceding four years. Because of the limited period of increased risk, ACIP currently does not recommend that college freshmen living in dormitories who were previously vaccinated with MCV4 be revaccinated. However, college freshmen living in dormitories who were vaccinated with meningococcal polysaccharide vaccine (MPSV4) five years or more previously are recommended to be vaccinated with MCV4. College freshmen should be revaccinated with MCV4 only if they have one of the following:

- ✓ Persistent complement component deficiencies
- ✓ Functional or anatomic asplenia
- ✓ Frequent prolonged exposure (microbiologists routinely working with *N. meningitidis*, frequent travelers or residents of African meningitis belt)

Departures From the Immunization Program



Kristin Hertz and Charlotte Morgan, VFC/AFIX coordinators, have resigned from the Immunization Program.

Kristin had been a VFC/AFIX coordinator contracted through Custer Health since 2000. Charlotte, whose contract was through Fargo

Cass Public Health, started with the Immunization Program in 2008.

Kristin and Charlotte will be missed, as they were important assets to the program.

Providers with questions regarding their AFIX assessments should contact Tatia Hardy, whose contact information can be found on the last page.

Influenza Recommendations for 2010-2011 Season

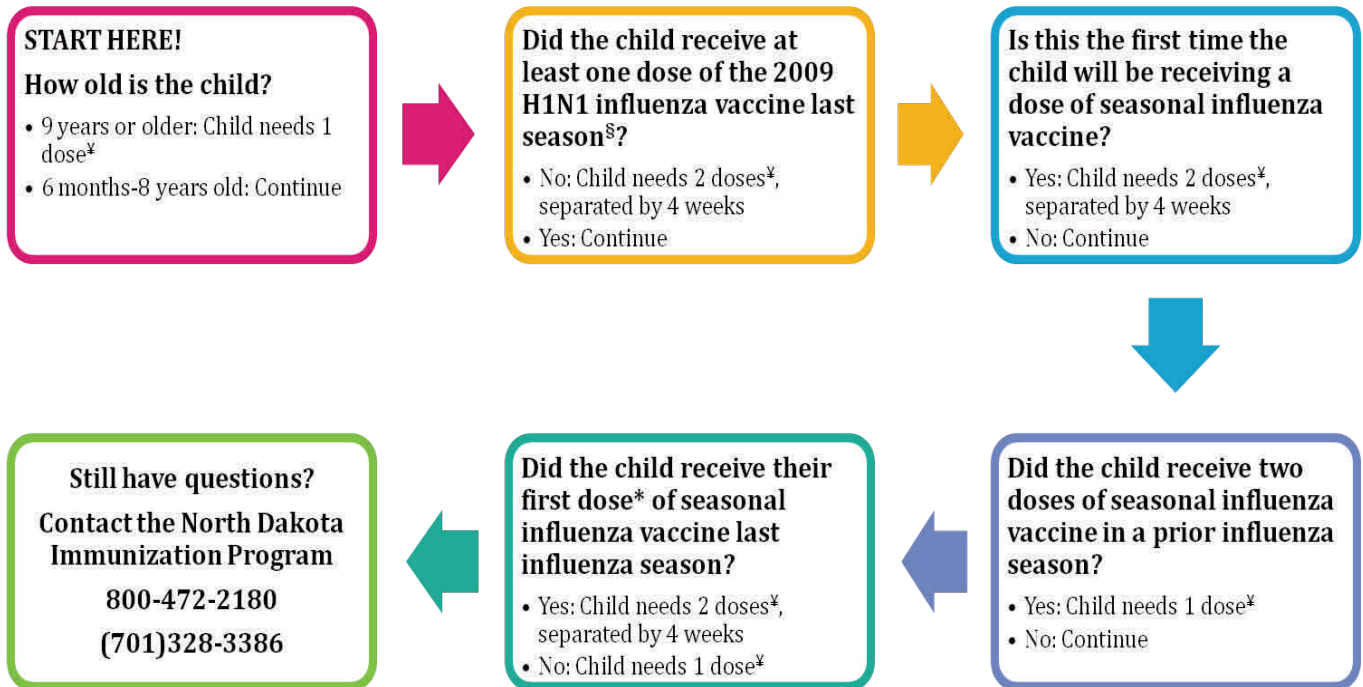
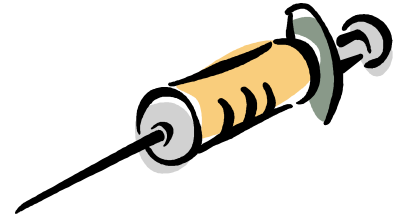
The ACIP unanimously voted at their February 2010 meeting to recommend yearly influenza vaccination for everyone older than 6 months, which added healthy adults ages 19 through 64.

The ACIP also made recommendations for children younger than 9 who may need two doses of this year's seasonal influenza vaccine. To help providers determine how many doses

children need, NDDoH has developed an influenza

vaccination algorithm. It is pictured below and also available on our website at

www.ndhealth.gov/Immunize/Documents/Providers/Forms/influenzaalgorithm.pdf.



Recommendations for CSL Laboratories' Afluria® Influenza Vaccine Revised

Afluria® is manufactured in Australia by CSL Laboratories for the U.S. market. CSL's 2010 Southern Hemisphere influenza vaccine (Fluvax® and Fluvax Junior®) has been associated with increased post-marketing reports of fever and febrile seizures in children predominantly younger than 5 as compared with previous years. For this reason, on August 5,

ACIP recommended that Afluria®, 0.5 mL, licensed for use in people age 36 months and older, not be used in children younger than 9. ACIP further recommended that Afluria® could be administered to children ages 5 through 8 years who are at high risk for influenza complications if there is no other age-appropriate trivalent

inactivated influenza vaccine (TIV) available, after risks and benefits of using this vaccine in this age group have been discussed with the parent or guardian. The vaccine should not be given to children younger than 5. For detailed information, go to www.cdc.gov/mmwr/pdf/wk/mm5931.pdf, and see pages 989-92.



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Remember: If you find a duplicate in NDIIS, type "DUPLICATE" in the address field of the record to be deleted.

Continuing Education Credit from the Immunization Conference

Completion of the online evaluation form is required to receive continuing education credit. The survey can be securely accessed at www.surveymonkey.com/s/LKZYQZZ. **This needs to be completed no later than Sept. 15, 2010.**

Nurses and physicians seeking continuing medical education (CME) credit will receive a transcript by mail in January from UND School of Medicine & Health Sciences Office of Continuing Medical Education. If you need your transcript prior to January, contact Denise Deck at ddeck@medicine.nodak.edu or 701.777.2884.

If you are a pharmacist seeking continuing education credits, you will receive a transcript from NDSU College of Pharmacy, Nursing and Allied Sciences within four to six weeks.

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EQUAL OPPORTUNITY EMPLOYER