



The Immune Booster

Plan for Power Outages!!

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Immunization Updates for Health Professionals

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Universal Coverage to Continue



Great news! Due to hard work and a committed private and public partnership, Washington State will have a universal purchase program again on May 1, 2010.

VFC providers will not need to purchase vaccine for children 0-18 years of age. The universal purchase system will cover all childhood vaccines, including HPV and influenza, for children under age 19.

The VFC screening requirement will continue. Providers must screen and record changes in VFC status at every immunization visit, determining whether the child is:

- Enrolled in Medicaid
- Uninsured
- Underinsured
- Fully insured for immunizations
- American Indian or Alaska Native

A Word about Flu & Flu Season

CDC reports for the second and third weeks of January that there were fewer doctor visits for influenza-like illness (ILI) and declining hospitalization rates.



However, the proportion of deaths attributed to pneumonia and influenza is higher than expected for this time of year. Nationally, five more pediatric deaths were reported, four were confirmed H1N1 and one was influenza A virus with subtype undetermined.

Continue to be vigilant in administering flu vaccines, both seasonal and H1N1. Although the number of cases is apparently decreasing, for those who are ill, flu can be lethal. Remind parents that in the first year a flu vaccine is administered:

- **H1N1 – children younger than 10 years need 2 doses at least 28 days apart**
- **Seasonal flu – children younger than 9 years need 2 doses at least 28 days apart**

When your supply of H1N1 vaccine expires, please contact Kelly at 425.339.8625 or email ksylliaasen@shd.snohomish.wa.gov for disposal.

Updated Immunization Schedules

The Advisory Committee on Immunizations (ACIP) reviews immunization schedules annually and makes recommendations based on the latest research. The ACIP updates are published after review and approval by the American Academy of Pediatrics and the American Academy of Family Physicians.

The 2010 pediatric schedule: <http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm#printable>

The 2010 adult schedule: <http://www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm>

Changes include the following:

- The statement concerning the preferred use of combination vaccines in the introductory paragraph has been changed to reflect the revised ACIP recommendation.
- **IPV** – The last dose in the inactivated poliovirus vaccine series is now recommended to be administered on or after the fourth birthday and at least 6 months after the previous dose. In addition, if four doses are administered before age 4 years, an additional, fifth, dose should be administered at age 4 through 6 years.
- **HPV** – Human papillomavirus footnote now includes:
 - a) the availability of and recommendations for bivalent HPV vaccine; and
 - b) a permissive recommendation for administration of quadrivalent HPV vaccine to males aged 9 through 18 years to reduce the likelihood of acquiring genital warts.
- **HiB** – *Haemophilus Influenzae* type b footnote states Hibrix (PRP-T) not TriHiBit (DTaP/Hib) is to be given in the primary series of HiB, but only as the final dose for children aged 12 months through 4 years.
- **MCV** – Meningococcal vaccine revaccination with meningococcal conjugate vaccine is now recommended for children who remain at increased risk for meningococcal disease after 3 years (if the first dose was administered at age 2-6 years), or after 5 years (if the first dose was administered at age 7 years or older).
- **Hep A** – Hepatitis A footnote now allows vaccination of children older than 23 months for whom immunity against hepatitis A is desired.

Where to Purchase Dry Ice

This is not an endorsement of these sources, nor is this list exhaustive. If you know of other sources, please tell us so that we can add to our resource list.

Everett Carbonic (Everett) at 425-252-9490

Praxair (Everett) at 425-259-0188

All Seasons Ice, Inc. (Mukilteo) at 425-493-0189

Grocery stores may carry dry ice in the seafood section of the meat department.

Human Papillomavirus

Human papillomavirus (HPV) is the most common sexually transmitted infection of the genital area. There are more than 40 types that can infect both males and females. These HPV types can also infect the mouth and throat. Most people who become infected with HPV do not develop symptoms or health problems and are not aware that they have been infected.

Certain types of HPV can cause genital warts in both males and females and other types can cause cervical cancer and other less common, but serious, cancers including cancers of the vulva, vagina, penis, anus, head, neck, tongue, tonsils and throat. Each year about 12,000 women are diagnosed with cervical cancer in the U.S.

Approximately 20 million Americans are currently infected with HPV and another 6 million become newly infected each year. HPV is so common that at least 50 % of sexually active men and women get it at some point in their lives.

Getting vaccinated can protect both males and females against some of the most common types of HPV. The vaccines are most effective when given before a person's first sexual contact – the time when HPV exposure begins. Studies indicate that even those already infected with some type of HPV can get protection from the vaccine because the likelihood of being infected with all four types of HPV contained in the HPV4 vaccine is less than 1% (MMWR56/RR-2).

Prevent Vaccine Loss during Winter Storms & Power Outages

We are in winter storm season – even if it is not cold, the wind can knock out power. Providers must prepare for power outages so fragile vaccine is protected and children receive effective immunizations. The CDC requires that VPD providers have an emergency plan in place and that it be reviewed annually. The vaccine coordinator is required to review the protocols for emergency back-up plans for vaccine storage and handling and be diligent in training staff. Written protocols must be readily available so that staff can put this plan into action when an emergency occurs.

To develop an emergency plan, for your clinic:

- Email us to request a template. Then all you need to do is complete with your clinic information. immun@shd.snohomish.wa.gov
- Start from scratch. The Blue Book has tools that can be used to develop your protocols. See pages 1-11 through 1-14 for specific information.

Some helpful links:

CDC Vaccine Emergency Storage Plan: http://www2a.cdc.gov/vaccines/ed/shtoolkit/pages/SH_plans.htm#EmergencyRetrievalandStoragePlan

CDC Policy & Protocol for Shipping, Handling & Transfer to Another Site: <http://www2a.cdc.gov/vaccines/ed/shtoolkit/pages/shipments.htm#OffsiteClinics>

CDC Policy & Protocol for Emergency Worksheet: http://www2a.cdc.gov/vaccines/ed/shtoolkit/resources/Emerg_Vac_Rtrvl_Strg_Plan_Worksheet.htm

CDC Policy & Protocol for Handling Inappropriate Temperatures and Power Outages: http://www2a.cdc.gov/vaccines/ed/shtoolkit/pages/troubleshooting.htm#Power_Outages

CDC Policy for Handling Dry Ice: http://www2a.cdc.gov/vaccines/ed/shtoolkit/resources/Handling_Dry_Ice.htm

CDC Vaccine Storage & Handling Tool Kit <http://www2a.cdc.gov/vaccines/ed/shtoolkit/default.htm>