

**HOW DO YOU BREAK
THE FLU CHAIN?
DON'T GET THE FLU. DON'T SPREAD THE FLU.
GET VACCINATED.**

The Immune Booster

Volume 3, Issue 4

Immunization Updates for Health Professionals

November 2008

Pregnant women and the flu vaccine

A study published in the *New England Journal of Medicine* found that infants whose mothers receive the flu vaccine while pregnant are protected from the virus for the first 6 months of their lives. Researchers studied 340 women in Bangladesh and determined that **flu shots in the mothers reduced infant influenza cases by 63 percent.** Additionally, the respiratory infections in both the infants and their mothers fell by 30 percent. The study indicates that 14 respiratory illnesses with fever were avoided for every 100 flu vaccinations. Immunization of pregnant women with inactivated trivalent influenza vaccine has been recommended in the United



States for more than a decade and by the World Health Organization since 2005. However, the influenza vaccine is not licensed for infants younger than 6 months of age, so vaccinating mothers during pregnancy and their household contacts are important measures to protect the infant in the first 6 months. A national survey in the United States showed that childhood deaths associated with influenza are most frequent in infants under the age of 6 months.

Source: "Effectiveness of Maternal Influenza Immunization in Mothers and infant" by K. Zaman, M.B., B.S., Ph.D., et al., online at http://content.nejm.org/cgi/content/full/NEJMoa0708630?resource_type=HWCIT



Immunization update: Emerging issues and new directions

This full-day conference on April 17, 2009 is designed for members of the primary-care team including practicing physicians, physician assistants and nurse

practitioners in the areas of family, general, internal, and pediatric medicine, and other practitioners involved in immunization. Video conference connections are available via NW Tele-Health in selected areas.

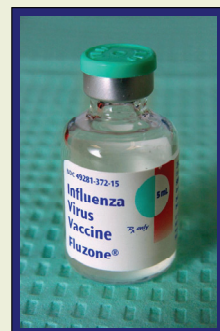
For more information, visit www.swedish.org/cme or e-mail cme.registration@swedish.org or call 206.386.2755.



Storage and handling of your influenza vaccine

Upon arrival at your clinic:

- Open influenza vaccine packages immediately.
- Read the temperature.
- Compare the vaccine to the packing list.
- Store the vaccine at the appropriate temperature (read the receiving checklist).
- If the vaccine has been compromised or the temperature monitor is out-of-range or missing, immediately notify Kelly at 425.339.8625 or Julie at 425.339.8629



Are you using the most current Vaccine Information Statements (VIS)?

An updated interim version of the rotavirus VIS, containing information about Rotarix, has been posted on CDC's Web site (<http://www.cdc.gov/vaccines/pubs/vis/default.htm#rota>). Parents of infants receiving RotaTeq may be given the older VIS while stocks remain.

Minor updates have also been made to a number of VIS. These changes represent minor housekeeping matters, and are NOT a reason for providers to replace their current stocks of any VIS. Affected VIS for state-supplied vaccines are DTaP, hepatitis A, hepatitis B, Hib, HPV, pneumococcal conjugate, pneumococcal polysaccharide, polio, rotavirus, shingles, and Tdap.

The Department of Health Immunization Program CHILD Profile will not be printing the updated VISs at this time. If you want to use the updated forms, please download them from CDC's Web site at <http://www.cdc.gov/vaccines/pubs/vis/default.htm>

Current VIS Dates

Check your VIS stock against this list. If your VIS are outdated, search our Website to get current versions.

Chickenpox	3/13/08	Multi-vaccine	9/18/08
DTaP/DT/DTP	5/17/07	PCV	9/30/02
Hepatitis A	3/21/06	PPV	7/29/97
Hepatitis B	7/18/07	Polio	1/01/00
Hib	12/16/98	Rabies	1/12/06
HPV	2/02/07	Rotavirus	8/28/08
Influenza (LAIV)	7/24/08	Shingles	9/11/06
Influenza (TIV)	7/24/08	Td	6/10/94
Japan. enceph.	5/11/05	Tdap	7/12/06
Meningococcal	1/28/08	Typhoid	5/19/04

Hepatitis B vaccination coverage for newborns

According to the 2006 National Immunization Survey data, 57.4 percent of children in the state received a dose of the hepatitis B vaccine at age 1 day, and 70.4 percent by age 3 days.

Washington rates are higher than the national average (50 percent by age 3 days) and have increased 10 percent since 2005.

As health care providers, encourage written policies and standing orders that include the hepatitis B birth dose. Continue to follow all peri-natal hepatitis B cases carefully. The vaccine schedule is specific testing for antibodies must be done between 9-18 months.

The Immune Booster is a bimonthly publication of the Snohomish Health District, Vaccine Preventable Disease Community Program.

Contact us by email at:

immun.phn@shd.snohomish.wa.gov

Gayle Lanier, Manager, Vaccine Preventable Disease Program, 425.339.5202
D Petersen, Imm. Public Health Nurse, 425.339.8676
Mary Merrell, Imm. Public Health Nurse, 425.252.5407
Kelly Sylliaasen, Vaccine Coordinator, 425.339.8625

To address questions, comments or to unsubscribe contact: toutzen@shd.snohomish.wa.gov or by mail to:

Snohomish Health District
Attn: Tina Outzen
3020 Rucker Avenue, Suite 208
Everett, WA 98201

New AFIX procedures and protocols for your clinic

Do you have written plans, procedures and protocols for all of the following?

1. Designation of primary vaccine coordinator and at least one back-up coordinator
2. Proper vaccine storage and handling
3. Vaccine shipping (includes receiving and transport)
4. Vaccine relocation in event of power failure, mechanical difficulty or emergency
5. Vaccine ordering (third party distribution; include how often ordered)
6. Inventory control (e.g. Stock rotation frequency of at least every month)
7. Vaccine wastage
8. Review and update annually

Place all written policies in Section 1 of your VFC Blue Book.

Revised vaccine management forms

New and updated vaccine management forms are available to download from the Immunization Program CHILD Profile site:



www.doh.wa.gov/cfh/immunize/vaccine/vaccine-supply.htm
or order online from the Department of Printing Fulfillment Center at:
<http://fortress.wa.gov/prt/printwa/wsprt/default.asp>

- *Temperature Monitoring Log*
- *Vaccine Request for Childhood Vaccines form*

Point of service

Beginning in 2009 when your annual VFC agreement is due, you will be required to confirm VFC status of every child at the immunization visit. SHD is working on how to incorporate this CDC requirement into each VFC practice. Once status is determined, every child under 19 years of age may still receive state-supplied vaccine. When more information is available from the Department of Health we will make it available to you. Our goal is to make this process as simple as possible for your practice.

Vaccine update

The VFC Program has changed to Boostrix® brand Tdap. Age range 10 through 18 years. The 4th dose of Hib and Hib containing vaccine continues to be deferred at this time; Except for high-risk children: those with asplenia, sickle cell disease, HIV, other immune syndromes, or who are Alaskan or Native American - boost as usual. If over 12 months and no prior Hib vaccine, then can give one dose. Reminder: All mixed vaccines (Pentacel, Varicella, and MMRV) must be used within 30 minutes.

Immunization Update 2008

The centers for Disease Control and Prevention and the Public Health Training Network presented an *Immunization Update 2008* Webcast on August 28, 2008. The 2-hour Webcast covered influenza and zoster vaccines, recently approved vaccines, and updates on vaccine supplies and vaccine safety. The Webcast is now available as a self-study DVD and as an Internet-based program online at www.2a.cdc.gov/PHTN/immupdate2008/default.asp



Want more information?

Visit www.snohd.org

Address correction requested

Vaccine Preventable Disease Program
3020 Rucker Avenue, Suite 208
Everett, WA 98201-3900

