



The Immune Booster newsletter

Volume 5, Issue 3

Immunization updates for health professionals

October, 2010



Why Immunize?

Pertussis

In the 1940's, prior to the availability of pertussis vaccine more than 200,000 cases were reported annually in the U.S.¹

2008 10,007 cases reported in US²

If no vaccine were available – 435,000 estimated cases annually in US³

1) Pink Book, page 199, <http://www.cdc.gov/vaccines/pubs/pinkbook/default.htm>

2) Pink Book, G-2, <http://www.cdc.gov/vaccines/pubs/pinkbook/default.htm>

3) Feldman, R (2010, August 19) OK, Let's pretend we live in the pre-vaccine 19th century. *South Bend Tribune*. Retrieved from <http://www.southbendtribune.com>

Vaccine Preventable Disease Program

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Pertussis in the News

As of September 14, 2009, 4,223 confirmed, probable and suspect cases of pertussis (whooping cough) have been reported in California. This is the highest number since 1955 when 4,949 cases were reported. The current outbreak has resulted in nine deaths – all babies under 3 months of age.

This year at least 44 infants in Washington have had pertussis, 18 were under three months of age and required hospitalization. Two died.

CDC's Dr. Ann Schuchat has expressed concern that unimmunized adults and teens are a key factor in the spread of this disease. Immunity from immunization or disease wanes over time. Children who are vaccinated for pertussis before kindergarten are susceptible to the disease by early adolescence. As a result many adolescents and adults are unknowingly putting infants and other vulnerable individuals at risk of contracting this highly contagious disease.



Pertussis may look like a cold in an adult, but if the cold turns out to be pertussis, it could be fatal to a baby. Infants under two months of age are too young to get the pertussis vaccine and they are not fully protected until they have received all four doses at about 15-18 months. It is essential for parents and others in close contact with babies, including health care providers, to provide a cocoon of protection by getting themselves immunized.

Vaccine Updates

Influenza News

H1N1 vaccine

All monovalent H1N1 influenza vaccine distributed in the U.S. expired on September 15, 2010 and none should be administered after that date. You must dispose of or return all H1N1 doses by December 1, 2010, using either your own system for disposing of hazardous or infectious medical waste or CDC's optional no-cost program for returning H1N1 doses.

ACIP Influenza Vaccine Recommendations for 2010

- Annual flu vaccination for all persons age ≥6 months
- Children age 6 months-8 years whose flu vaccination status is unknown or who have never received a seasonal flu vaccine before, as well as those children who did not receive at least one dose of H1N1 vaccine regardless of the previous flu vaccine history should receive 2 doses of a 2010-11 seasonal flu vaccine http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5916a2.htm?s_cid=mm5916a2_e
- Fluzone® High-Dose vaccine is a new alternative to standard inactivated vaccine for persons ≥65 years, but the CDC's Advisory Committee on Immunization Practice has not expressed a preference for it. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5916a2.htm?s_cid=mm5916a2_e
- New vaccines and expanded age indications for previously approved inactivated influenza vaccines (Agriflu®, Fluarix®, and Afluria®) http://www.immunize.org/nsit.d/n46/flu_products.pdf



Just for fun!

Contest

Read the article "Pertussis in the News" and using the underlined letters, complete the following sentence:

(2) (7) (6) (8) (5) (3) (6)

The first two individuals who e-mail us the correct sentence will win a Starbucks® card. immune.phn@shd.snohomish.wa.gov



News from SHD

Vaccine Ordering Protocol

Submit all vaccine orders using the DOH 348-015 rev 3/2010 form. If you submit an order using a older version of the form, or if it is not completed properly, it will be faxed back to your office for corrections before the order will be accepted. This form is available on the SHD Website at: http://www.snohd.org/Shd_CD/Immunization.aspx, under the medical provider information section.

Beginning November 1, 2010 all columns of the order form must be completed for all vaccines even if you are not ordering some types of vaccine. The CDC wants to reduce the number of shipments going out from McKesson due to the cost to the VFC program, thus we cannot place orders for just one type of vaccine. If you are in dire need of just one type of vaccine, contact us – influenza vaccine is the only exception to this rule.

We can no longer use your monthly doses administered reports to determine the amount of vaccine used the prior month for ordering purposes. You do not need to list vaccines by lot number on the order form – simply list the total number of doses in stock per vaccine type. If you have questions, please call Kelly at 425.339.8625.

Practical Help For Your Clinic

Immunization Rates & CHILD Profile

The newest National Immunization Survey reports the overall coverage rate for Washington children age 19-35 months is 64.9% for the 4:3:1:3:1:4 series (4 DTaP, 3 IPV, 1 MMR, 3 hepatitis B, 1 varicella, 4 pneumococcal – does not include Hib). This is lower than the national average of 70.5% and puts Washington 45th in the nation.

Simple ways to improve immunization rates:

- Utilize each patient visit as an opportunity to vaccinate
- Understand parental vaccine hesitancy and learn how to respond effectively (see the next issue of the Immune Booster for help)
- Discourage exemptions
- Utilize CHILD Profile to manage immunizations
 - Enter historical immunizations
 - Identify and recall patients who are behind in vaccines
 - Inactivate children who are no longer patients in your clinic

Please call Vicki at 425.339.5258 to learn how to take full advantage of CHILD Profile.

Save the Date - February 9, 2011

Plan to attend the first Vaccine Storage and Handling Expo. This will be a great opportunity for you to meet refrigeration and thermometer vendors who can show you vaccine storage options. Staff will be available to help you determine best practices for vaccine storage and management. Short demonstrations at the top of every hour and door prize drawings at the bottom of the hour.



**SHD Auditorium
3020 Rucker Avenue
Everett, WA 98201
10:00am - 2:00pm**



CHILD Profile Tip

MOGE – Moved or Gone Elsewhere

Run a Reminder/Recall report using the label output which shows the most up-to-date addresses in the CHILD Profile system. You can then inactivate patients who have moved out of your coverage area. Chances are a child who lives in Texas is no longer coming to your clinic for care.

Address correction requested

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