

Public Health

Seattle & King County

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Return Service Requested

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Continue to vaccinate for influenza throughout the influenza season

Influenza vaccine is available and plentiful this year. Over the last twenty seasons, influenza activity typically peaked in February, and approximately 20% of cases occurred in March or later. That's why vaccination should continue through winter and into the spring. Updates on local influenza activity are available from Public Health at www.kingcounty.gov/healthservices/health/communicable/diseases.aspx. Two other websites are continually updated with current influenza vaccine resources and information: the National Influenza Vaccine Summit, at www.preventinfluenza.org and the Centers for Disease Control and Prevention's (CDC) Seasonal Flu information at www.cdc.gov/flu.

New ACIP Recommendations for Pneumococcal Polysaccharide Vaccine

On October 22, 2008, the ACIP voted on new and revised recommendations for the use of 23-valent pneumococcal polysaccharide vaccine (PPSV23) for the prevention of invasive pneumococcal disease. The new provisional recommendations are as follows:

1. **Adult cigarette smokers:** Persons aged 19 through 64 years who smoke cigarettes should receive a single dose of PPSV23 and smoking cessation counseling.
2. **Adults who have asthma:** Persons aged 19 through 64 years who have asthma should receive a single dose of PPSV23.
3. **American Indian/Alaska Native children aged 24 through 59 months:** *Routine use* of PPSV23 after PCV7 is *not recommended* for Alaska Native or American Indian children aged 24 through 59 months. However, in special situations, public health authorities may recommend the use of PPSV23 after PCV7 for Alaska Native or American Indian children aged 24 through 59 months who are living in areas in which risk of invasive pneumococcal disease is increased.
4. **American Indian/Alaska Native adults:** *Routine use* of PPSV23 is *not recommended* for Alaska Native or

American Indian persons younger than 65 years old unless they have underlying medical conditions that are PPSV23 indications. However, in special situations, public health authorities may recommend PPSV23 for Alaska Natives and American Indians aged 50 through 64 years who are living in areas in which the risk of invasive pneumococcal disease is increased.

5. **Revaccination with PPSV23 in high risk children aged ≤ 10 years:** A second dose of PPSV23 is recommended 5 years after the first dose of PPSV23 for persons aged ≥ 2 years who are immunocompromised, have sickle cell disease, or functional or anatomic asplenia.

The full provisional recommendations are online at <http://www.cdc.gov/vaccines/recs/provisional/downloads/pneumo-oct-2008-508.pdf>. Currently, at least one dose of PPSV-23 is also recommended for:

- All adults 65 years of age or older
- Anyone over 2 years of age who has a long-term health problem such as heart disease, lung disease, or diabetes
- Anyone over 2 years of age who has a disease or condition that lowers the body's resistance to infection, such as HIV or AIDS, damaged spleen or no spleen, kidney failure, or leukemia
- Anyone over 2 years of age with immune system compromise due to underlying illness, treatments, or medications

A one-time-only second dose is recommended for people 65 years of age and older who got their first dose when they were under 65, if 5 or more years have passed since the first dose. A second dose is also recommended for people with certain medical conditions. PPSV-23 is available through the Vaccines For Children (VFC) Program.

Did you know... ...about Flu Vaccine Dosage....?

Can we use two 0.25 ml prefilled syringes of pediatric influenza vaccine to make a 0.5 ml dose for a child aged ≥ 3 years?

- CDC allows providers to use two 0.25 mL doses of pediatric influenza vaccine to vaccinate one person.
- To do this, you must give two *separate 0.25 mL doses* at two different sites. Providers should never attempt to transfer vaccine from one pre-filled syringe to another to reduce the number of injections.
- The supply of the 0.25 mL prefilled syringes available through the VFC Program is limited. If you have extra doses of the 0.25 mL formulation, please inform the VFC Program so the doses can be redistributed as needed.

New interim Vaccine Information Statements (VIS) are now available for Pneumococcal Conjugate Vaccine (PCV) and Td/Tdap. The new VIS versions are available online at www.immunize.org/vis



Vaccines For Children

Program News and Alerts

VFC PROGRAM STATUS SCREENING

2009 brings a new requirement for providers participating in the VFC Program—status screening. This new requirement will be a year-round, daily activity and replaces benchmarking for one month each year. Status screening consists of asking and documenting, at every visit during which vaccines can be given, whether or not a child is enrolled in Medicaid, uninsured, underinsured (has medical insurance that does not cover immunizations), or is American Indian or Alaska Native. Providers may start screening at any time but will be *required* to start screening on the effective date of their 2009 provider agreement. You can access information on this new procedure at the following link: <http://www.kingcounty.gov/healthservices/health/communicable/immunization/vfc.aspx>.

- Instructions and options for documenting status
- Reference brochure for provider staff
- Quick reference flyer for reception staff
- Optional screening form (you may prefer to develop your own screening form)

One benefit to providers is that documenting VFC status on every child allows providers to charge insurance companies more than the Medicaid-determined maximum \$15.60 administration fee when vaccines are given to children who are NOT VFC-eligible. Providers will need to notify the Public Health VFC Program about how status screening is being documented and review documentation records and procedures with Public Health staff upon request and during our required VFC Quality Improvement site visits.

INFLUENZA VACCINE

- Notify the VFC Program at (206) 296-4774 when your clinic/practice is ready to receive additional doses.
- We have plenty of multidose vials available for children 3-18 years of age. We also have several hundred doses each of FluMist and Fluzone-PF (for pregnant teens) still unspoken for.

Contact the VFC Program at (206) 296-4774 if you need to place a new order. All children are eligible for state-supplied influenza vaccine for the 2008-09 season.

VACCINE CHAMPIONS – DECEMBER 2008

We have two “merit badges” this month. During recent site visits, Public Health staff met with Aarti Chand and Jennie Wu at **Pacific Medical Center’s Northgate Clinic**, and with Naomi Berg at the **Seamar Community Health Services’ new Bellevue clinic**. By the end of each visit, the Public Health teams had seen every aspect of immunization practice presented in textbook-worthy fashion. Resources were current, policies were clear and complete, the vaccine storage protocols were letter-perfect, and employees were knowledgeable and up-to-date on storage, documentation and vaccine administration. Thank you for doing an outstanding job for your patients and our community, and congratulations!

Pregnancy, The Flu Shot and You: National Survey Findings

According to a new study commissioned by the National Women’s Health Resource Center (NWHRC), a significant proportion of women are misinformed or unaware that influenza poses a greater health risk to women while they are pregnant. Here are highlights of the study, which surveyed 528 women across the United States:

Three out of four women (75%) were unaware or uncertain about flu shot recommendations for pregnant women. Even among those women receiving regular prenatal care or general healthcare, 60% said they had never discussed getting a flu shot while pregnant. Of those who did discuss it, 36% initiated the discussion with their HCP.

Healthcare professionals’ recommendation can make—or break—a woman’s decision. Many women who got a flu shot while pregnant said the most important reason they did so was that their HCP recommended it (27%). Almost one quarter (23%) of women who did not get a flu shot said that their HCP did *not* recommend it. Among women who did not get a flu shot while pregnant and who were not encouraged to do so, 72% say they would be likely to get one if a doctor or other HCP recommended it to them.

Doubts and misperceptions persist about vaccine safety. About half of women (51%) think it is safe for a pregnant woman to get a flu shot, just 18% believe it is safe at any stage during pregnancy. Nearly half of women (48%) are concerned about the level of thimerosal, a mercury-based preservative, in flu shots.

Fewer than one in five (19%) are aware there is flu vaccine available that does not contain thimerosal. Among women who were not vaccinated while pregnant, nearly half (49%) said they would be likely to get a flu shot if a thimerosal-free option were made available to them. *REMINDER: In Washington, pregnant women must receive thimerosal-free flu vaccine.* You can read the full report at www.healthwomen.org/newsroom/pregnancytheflushotandyounationalsurveyfindings.

TRAINING OPPORTUNITY—The Immunization Encounter: Critical Issues

CDC presented a webcast, “The Immunization Encounter: Critical Issues,” on December 18, 2008, which addressed issues related to the routine encounter at an immunization clinic. Topics included patient and parent communication and education, vaccine storage and handling, preparing for medical emergencies, screening for contraindications and precautions to vaccination, vaccine administration, records and documentation, the Vaccine Adverse Event Reporting System, and the Vaccine Injury Compensation Program. Continuing education credits are available.

The webcast will be accessible through an Internet connection until January 20, 2009, and then will become available as a self-study DVD and Internet-based program. Additional information about the program is available at www2a.cdc.gov/phtn/imm-encounter2008/default.asp. No registration is necessary to access the webcast via an Internet connection. The link to the webcast is available at www2a.cdc.gov/phtn/webcast/imm-encounter2008.

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Available in alternate formats

About the CHILD Profile Immunization Registry

CHILD (Children's Health Immunizations Linkages and Development) Profile is Washington State's Health Promotion and Immunization Registry system designed to help ensure Washington's children receive the preventive health care they need. The CHILD Profile Immunization Registry (CPIR) is a tool for health care providers to access patient immunization information in a shared, secure database. We've created this insert to explain some of the useful features of CPIR for providers who are already enrolled. Visit www.childprofile.org for more information about participating in the registry.

4 Points to Fine-Tune Your Practice's Records in CHILD Profile

There are a number of steps you can take to "fine-tune" your immunization data using the CHILD Profile Immunization Registry. Here are four steps to improve your practice's immunization rates:

1. **Complete immunization records** – If immunizations are missing from your records for any reason your immunization rate will be lower. If you have a complete record for your patient in the patient chart, it is easy to add any missing historical or administered shots to the registry.
2. **Set contraindications** – In CHILD Profile, you can set a contraindication for an immunization that a child will not receive. For example, if a child has had chickenpox, you will not immunize that child for varicella. You can set a permanent contraindication for this vaccine, and the vaccine will be removed from the forecast for this patient. Contraindications can also be set for immunizations a parent refuses or for immunizations that resulted in adverse reactions.
3. **Inactivate patients** – You may learn in a number of ways that a child has "moved or gone elsewhere" for health care (MOGE). If you have information that a child has moved, you want to inactivate that child's record in CHILD Profile on the Demographics page. You can select a reason for inactivation from a drop down menu.
4. **Use reminder/recall** – The reminder/recall function in CHILD Profile can help you identify patients who are past due or coming due for immunizations. To develop a reminder/recall process at your clinic or practice you need to decide
 - How frequently you plan to recall your patients – monthly, quarterly, etc.
 - How many times you plan to attempt to reach a patient before you regard the patient as MOGE.
 - Which vaccines are important to include in your reminder/recall process.

For a detailed description of other reminder/recall features, read the next article, "Using the Reminder/Recall Functions."

Using the Reminder/Recall Functions

Reminder/Recall is a feature in CHILD Profile that helps you identify patients who are past due or coming due for immunizations. You can use reminder/recall to identify patients who are behind in their immunizations (recall), or you can notify patients that they will come due in the future (reminder). In the early fall, you can see all the patients who will come due for influenza vaccine and send them a reminder to come in.

The reminder/recall feature can provide you with:

1. Patient list - telephone calling list
2. Mailing labels
3. Mailing postcards
4. Autodialer, such as Televoxx
5. Mail merge
6. One direction email (if you have added parent's email to the patient's demographic record)

You also have the ability to customize a reminder/recall request. Do you want to identify all patients who are missing that 4th DTaP? If you set the Hib deferral, do you want to run reminder/recall for just the deferred 4th dose of Hib? Or do you want to run it for the whole 4-3-1-3-3-1 series? Tailoring your reminder/recall report is easy, and the Help Desk staff can walk you through the process.

Reminder/Recall can help you identify patients to inactivate. If you run Reminder/Recall for patients 6 years old and under and choose the Mailing label output, you will see the current mailing address for all your patients. The address displayed is the most current address, because it links to the CHILD Profile Health Promotion mailings. Scan those labels and inactivate any patient who now lives out of King County or out of state.

Don't forget! Pre-set or always check the "Do not increment" box at the top of the page. If you keep running Reminder/Recall without checking the box, patients "fall off" your recall list and move to a report in the registry called, Recall for Inactivation. Those patients are lost from your Reminder/Recall Report.

The CHILD Profile Help Desk staff are experts at helping you run Reminder/Recall. Call in for help or to ask any questions – 800/325-5599.

Deferral of Vaccine During a Shortage

Due to the ongoing shortage of Hib vaccine and the need for infants to complete the primary series, the ACIP has recommended deferring the 4th dose of Hib for healthy children. CHILD Profile allows users to note that a vaccine dose has been deferred. Here's how:

1. Click the **Deferral** button on the Vaccination View/Add Screen (opposite the **Contraindication** button)
2. **Vaccine:** Select the vaccine from the dropdown list
3. **Dose Number:** Enter the dose number of the deferred
4. **Documented By:** If your clinic location does not appear, select your clinic location from the drop down list
5. **Reason:** Select the Reason, Vaccine Shortage in the example below
6. **Start Date:** Set a Start Date **AND**
7. **End Date:** Set a End Date
8. Click the **Save** button
9. After the deferral is saved, when you return to the Vaccination View/Add Screen there will be a notice in red stating, "This patient has one or more deferrals" at the top of the page as well as the deferral button turning red as well.

[**NOTE:** Steps 4 – 7 above are now optional in the registry. Keep in mind that if you set a start and end date, and you attempt to add the deferred vaccine during the set date range, the registry will **NOT** accept that vaccine.]

You have three buttons to consider once you have completed the data fields.

- **Cancel** – takes you back to the View/Add screen without adding any information
- **Reset** – removes the data you have entered and lets you start over
- **Save** – saves the information you have added in each data field. **Vaccine** and **Dose Number** are both in red and are required; if they are not filled in, you will get an error message and have to try again.

Selecting Vaccines in CHILD Profile

On the Vaccination View/Add Screen: there are two places to look for the appropriate vaccine choice when entering a vaccination date.

- Always look **FIRST** at the vaccine names that appear on the screen. ALL routine vaccines will appear.
- For less common vaccines that you can't find on this list, go to the "select" box at the bottom of the vaccine list, and choose your vaccine from the drop-down list and enter the date administered.
- "Unspecified" vaccines should only be used for entering historical vaccines when the specific vaccine type is unknown.
- If your practice manages vaccine inventory in CHILD Profile: make sure the vaccine types you enter match the vaccine types your lot number manager has entered.
- If you don't see the correct lot number on your Vaccination Detail screen, you and your lot number manager may be entering different vaccines (i.e., DTaP vs. DTaP-5 pertussis antigen.) Be sure to speak with the person entering your lot numbers if you notice any issues/problems.

Marking vaccines as compromised in CHILD Profile

When a vaccine lot is compromised by temperature, or a patient received an expired vaccine, those doses can be documented as "compromised" in the Vaccine View/Add screen. Once you have selected the appropriate patient record in CHILD Profile, find the vaccine and its administration date. Click on the date, which will take you to the vaccination edit screen, then click on edit and select the appropriate reason in the "revaccination reason" field. Save the record, and the date will now be denoted with a yellow highlight, a caret symbol (^), and a red x to indicate it was an invalid dose.

CHILD Profile has introduced a new feature that will allow you to mark groups of patients with invalid doses. This function can be accessed through the Lot Recall Report in the Report Module section. A specific lot number administered in a specific date range will return a listing of people who were affected. From this returned report, you will be able to mark all of the vaccinations as compromised with a simple click of the mouse.

