

Public Health

Seattle & King County

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2009 Adult Immunization Schedule Now Available

On January 9, 2009, the Advisory Committee on Immunization Practices (ACIP) published the 2009 recommended immunization schedule for adults. Changes include:

- The 4-dose schedule for Twinrix (0, 7, 21-30 days, 1 year), which was FDA-approved in 2007, has been added to the table.
- The interval between a previous dose of meningococcal polysaccharide vaccine (MPSV) and a revaccination dose using meningococcal conjugate vaccine (MCV) is now stated to be 5 years.
- Adults without evidence of immunity to varicella should receive 2 doses of varicella vaccine (or a second dose if they have received only 1 dose).
- Adults ages 19-64 years who have asthma or are cigarette smokers should receive pneumococcal polysaccharide vaccine (PPSV).
- The table format has changed (increased number of age groups and revised order of vaccines), and several vaccine abbreviations have changed (MCV4 to MCV, MPSV4 to MPSV, PPV to PPSV).

Invasive *Haemophilus influenzae* Type B Disease in Five Children in Minnesota

In 2008, five children aged <5 years were reported to the Minnesota Department of Health with invasive *Haemophilus influenzae* type b (Hib) disease; one died. This represents the largest number of invasive Hib cases among children aged <5 years reported from Minnesota

since 1992. Only one of the children had completed the primary Hib immunization series; three had received no doses of Hib-containing vaccine.

The cases occurred during a Hib vaccine recall and continuing nationwide shortage that began in December 2007. In response to the Hib vaccine recall, CDC recommended that health-care providers defer the routine 12-15 month booster dose for children not at increased risk for Hib disease. CDC also emphasized that all children should complete the primary series with available Hib-containing vaccines. However, Minnesota vaccination data indicate that primary Hib series coverage was lower during 2008 than coverage with other vaccines administered at the same ages and lower than Hib coverage in previous years.

Increases in Hib cases like the one in Minnesota do not appear to have occurred in other states. However, the increase highlights the need to ensure that all children complete the primary Hib immunization series. For the complete report, go to: www.cdc.gov/mmwr/preview/mmwrhtml/mm5803a4.htm

All children at increased risk of disease—such as those children with sickle-cell disease, leukemia, HIV and other immune system problems, no spleen, or American Indian/Alaska Native children—should receive four doses of Hib vaccine.

Recommendations for all other children are detailed online at: www.cdc.gov/vaccines/vpd-vac/hib/downloads/which-child-hv-508.doc

The Hib shortage is expected to continue through 2009. It is important to keep track of children for whom the booster dose has been deferred, so you can bring them back to receive the booster when the Hib supply returns to normal.

Availability of Single-Antigen Measles, Mumps, and Rubella Vaccines

On December 15, 2008, Merck announced that it was not currently producing or taking orders for the monovalent vaccines ATTENUVAX® (measles vaccine), MUMPSVAX® (mumps vaccine) and MERUVAX® (rubella vaccine).

Merck continues to meet the public health and medical need for vaccination against measles, mumps, and rubella by providing M-M-R II in adequate supply to meet demand in the U.S. and to help meet the demand internationally.

Give HPV Vaccine Now!

If approved, Governor Gregoire's proposed 2009-2011 budget will eliminate state funding for HPV vaccine for *non-VFC eligible children* (children with insurance) as of July 1, 2009. **Please use every opportunity to identify girls ages 9 through 18 years in your practice who are eligible to receive HPV vaccine while it is still universally available.** Patients covered by private insurance who are unable to complete the series before July 1st may incur out-of-pocket expense for the cost of the vaccine.



Vaccines For Children

Program News and Alerts

VFC STATUS SCREENING

Providers must begin status screening by April 1, 2009, when the new Provider Agreement goes into effect, or when you begin seeking reimbursement for insured patients beyond the \$15.60 cap, whichever comes first. Status screening information packets were sent out by the Washington State Department of Health (DOH) in December 2008. You can view this information at http://www.doh.wa.gov/cfh/Immunize/vaccine/vaccine-supply.htm#Current_Updates.

Status screening should mean only minor adjustments to the regular insurance screening/update process: (1) have families with insurance check with their carrier to find out the extent of vaccine coverage, and (2) document Native American/Alaskan Native ethnicity (Yes/No) in the medical record. **Providers are not expected to verify statements made by patients with regard to their insurance status or ethnicity.** Be prepared to show Public Health or DOH employees how status screening is being documented as part of a regular site visit.

- Status screening is required in all states; Washington is among the last states to implement it, largely because of our universal coverage policy.
- The voluntary part of status screening is that, once screening begins, providers have the option of charging more than \$15.60 per dose when insurance will reimburse at a higher rate.
- Patients are considered insured if they have private (commercial) health insurance that pays for immunization services, even when there is a high deductible or co-pay. "Underinsured" should be reserved for those patients that have plans that do not cover immunization services (such as catastrophic injury plans) or that cap the total immunization coverage.
- Children who are Medicaid-enrolled, under-insured, uninsured, or Native American/Alaskan Native should continue to be charged no more than \$15.60 per dose of vaccine, or have the administration fee reduced/waived when the family cannot afford it.
- For now, all children remain eligible for state-supplied vaccine, regardless of status.
- Please note that the majority of funding for the VFC Program is a Federal entitlement program that is not expected to change. The majority of children in King County will still be eligible to receive vaccines thru the VFC Program.
- It is likely, beginning July 1, 2009, that adolescents with insurance that pays for vaccine will no longer be eligible for state-supplied HPV vaccine. This funding reduction is part of Gov. Gregoire's current state budget proposal.
- Again, it is likely, beginning July 1, 2010, that state funding for children's vaccines will be eliminated entirely. That means that any child with insurance that pays for vaccine would no longer be eligible for any state-supplied vaccine.

Did you know...

...about hepatitis B vaccine dosage?

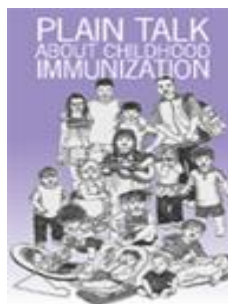
Recombivax® and Engerix® (hepatitis B vaccines) are each available in both adult and pediatric formulations. Pediatric formulations of both brands have been available through the VFC program.

- Children from **birth through 19 years** should receive **three 0.5 mL doses of the pediatric formulation**.
- Adults aged **20 years and older** should receive **three 1.0 mL doses of the adult formulation**.

New Immunization Resources Brochures

Public Health's Immunization Program has updated their resource lists for both parents and providers, now in an easy-to-read brochure format. "Immunization Resources that Providers [and Parents] Shouldn't Be Without" can be downloaded from the Immunization Program website at www.kingcounty.gov/health/immunization, under the "Resources for Parents" and "For Health Care Provider" tabs. To order free printed copies for your practice, send your request to: vaccineinfo@kingcounty.gov. Please include the quantity of each brochure, your name, and your mailing address.

Plain Talk About Childhood Immunization revised and updated for 2009!



Significant changes have been made to the sixth edition of "Plain Talk" including additional information on vaccine safety, current updated statistics, and questions about delaying immunizations.

First developed in 1996 in response to requests by parents, health care professionals, school nurses, child care providers and others, this 54-page

booklet provides parents with accurate information about immunizations and the diseases they prevent, benefits and risks and vaccine safety and effectiveness.

The English version is available now; the Spanish version will be released later. To order copies of this FREE resource, visit the Washington State Department of Printing: <https://fortress.wa.gov/prt/printwa/wsprt/default.asp>, or call the Family Health Hotline at 1-800-322-2588. It is also available online at: www.doh.wa.gov/cfh/Immunize/documents/15_PlnTalk_E02L.pdf

Training Opportunity: Immunization Update: Emerging Issues and New Directions

Friday, April 17, 2009 8:30 a.m.-4:30 p.m. Swedish Medical Center/First Hill – Glaser Auditorium

This conference is intended for primary-care providers, nurses, and other allied health professionals involved in immunizations, in the areas of family, general, internal, and pediatric medicine. National experts will present risk-communication strategies that providers can use to respond to "vaccine-hesitant" parents and families that have specific vaccine safety concerns or have questions about alternative immunization schedules. Attendees will also learn about proven strategies to improve their practice's immunization coverage rates, special population vaccination recommendations, local vaccine-preventable disease outbreak data, the statewide immunization registry, and the latest information about new vaccines, including those in development. For more information, go to www.swedish.org/cme. **Register by April 6 and save \$30.**

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