

Public Health

Seattle & King County

Immunization Program
401 5th Ave, Suite 900
Seattle, WA 98104

Return Service Requested

In this issue:

- Updated Standing Orders for Administering Td/Tdap to Children Age 7 Years and Older
- Vaccine Information Statement (VIS) Updates
- Join Public Health's Monthly Immunization Conference Call
- ERRATA: Did you know...when serology can replace vaccine?
- Keep vaccinating for influenza!
- VFC News: Provider Agreements, Vaccine Ordering
- Did you know...about recommended and minimum ages and intervals between vaccine doses?
- Training opportunity: "Effective Strategies to Promote Influenza Vaccine Uptake Among Culturally Diverse Populations"

Updated Standing Orders for Administering Td/Tdap to Children Age 7 Years and Older

Standing orders have been shown to be an effective way to increase vaccination coverage rates in children, adolescents, and adults. The Immunization Action Coalition (IAC) updated its document "Standing Orders for Administering Td/Tdap to Children Ages 7 Years and Older" in December 2011, to incorporate the recent Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) recommendations for Tdap in children age 7-10 years who have not received a complete series of DTaP. The document also includes the routine recommendations for Tdap in adolescents, and is available online at www.immunize.org/catg.d/p3078a.pdf.

"Standing Orders for Administering Td/Tdap to Adults" was updated in September 2011 and is available at www.immunize.org/catg.d/p3078.pdf. A complete list of standing orders for routine immunization of children, adolescents, and adults is available at www.immunize.org/standing-orders/.

Vaccine Information Statement (VIS) Updates

- The Japanese Encephalitis VIS has been revised to reflect information about Ixiaro.
- The Tdap VIS has been revised. While there are minor edits throughout, the main reason for this update is to incorporate recent changes to ACIP recommendations regarding children 7 through 9 years of age, adults 65 and older, and pregnant women; and also to add a paragraph about the risk of syncope. Because of the change describing a potential risk to recipients

(syncope), providers should begin using this new edition as soon as possible.

- The Hepatitis A VIS is now available in Spanish, Arabic, Chinese, and Thai.
- The HPV (Cervarix) VIS has been translated into Spanish, Arabic, and Chinese.
- The Meningococcal VIS has been translated into Spanish, Chinese, Haitian Creole, Portuguese, and Thai.
- The Polio VIS has been translated into Thai.

You can find these and other translations on the IAC website at www.immunize.org/vis.

NOTE: As of January 2012, Washington Department of Health (DOH) will no longer print current VIS for distribution. DOH staff will continue to distribute whatever stock is left in their warehouse in early 2012. You can order the remaining stock through the Department of Printing Fulfillment Center website (go to www.prt.wa.gov/, and click on "MY FULFILLMENT"). **Once that stock is gone, providers will need to print their own copies of VIS.**

Join Public Health's Monthly Immunization Conference Call

We invite you to join our monthly immunization conference call on the third Thursday from 1:30-2 p.m. Public Health immunization program staff provide quick updates about the VFC program, as well as vaccine recommendations. This is a great opportunity to hear what's new and get your vaccine questions answered. Preregistration is not required.

To participate in the conference call:

- Dial the "conference call number" **1-800-561-4946**
- Please listen to the full recording before entering the participant pass code: **136710, followed by the # sign.**
- If you have any difficulty entering the pass code, stay on the line and an operator will assist you.
- Once you are connected to the call, operator assistance is available at any time by pressing *0.

ERRATA "Did you know...when serology can replace vaccine?"

The December *VacScene* included an article about serologic testing for immunity as an alternative to vaccination. The article mentioned "PPSV," without noting this abbreviation refers to pneumococcal polysaccharide 23-valent vaccine. Our apologies for any confusion this omission may have caused!

Keep vaccinating for influenza!

Even though we have had a mild influenza season so far in our area, the disease generally peaks in late February to early March, and increased activity is still possible. Continue to offer flu vaccine to your patients, and be sure to give second doses to children age 6 months through 8 years who were not vaccinated last season.



Vaccines For Children

Program News and Alerts

2012 Provider Agreements for Vaccines For Children (VFC) Program Re-Enrollment

This year's provider agreements have been mailed, with instructions and a return envelope. Participants in the VFC Program are required to re-enroll each year. A few important points to keep in mind:

- **We must receive the original, signed agreement.** A faxed copy can be accepted initially, but don't forget to make a copy for your records and send the **original** to Public Health.
- Be sure to complete the **freezer certification page**. Like the provider agreement, this is renewed annually.
- The provider agreements for Group Health, Health Point, Multicare, NeighborCare, Pediatric Associates, Public Health, and Swedish Medical Services **clinic networks** are being completed and signed at a central location.
- Network-affiliated clinic sites not listed above should each receive their own copy of the provider agreement. Contact Public Health with questions at (206) 296-4774 or vcinfo@kingcounty.gov.

2012 Vaccine Ordering Calendars

New calendars have been mailed to provider offices enrolled in the VFC Program (clinics/practices that did not order any vaccine in 2011 will not receive a calendar). If you do not receive your calendar, call the VFC Program at (206) 296-4774 or email vcinfo@kingcounty.gov.

One More Vaccine Ordering Tip

VFC Program Alert #12 (November 1, 2011) included a list of hints for speeding up the processing of your vaccine requests. Here is one more tip, related to the new 2012 vaccine ordering calendars. The two possible ordering windows each month are the 1st through the 10th, and the 16th through the 25th. The remaining days (the 11th-15th and 26th-30th) allow us time to troubleshoot and process those requests and still get them into the CDC during your assigned half of the month. Although your clinic may be assigned to the first half of the month, an order submitted on the 15th is too late because it will not be processed until the 16th or later, depending on weekends and holidays. Remember also that we do not process orders on Fridays because no shipping is ever done on weekends. For the fastest turnaround, submit your order on a Monday or Tuesday.

Not Renewing Your Provider Agreement?

Health care provider offices that wish to stop their VFC Program participation do not need to complete the 2012 Provider Agreement. Instead, we would like you to complete a "Disenrollment" form and let us help you manage your remaining vaccine inventory. All "leftover" vaccines must be transferred to another VFC provider whenever a clinic closes, moves out of King County, or merges with another clinic. Contact us at (206) 296-4774 or vcinfo@kingcounty.gov.

Did you know...

about recommended and minimum ages and intervals between vaccine doses?

The "Catch-up Schedule" that accompanies the Recommended Immunization Schedules for children aged 0 through 6 years, and 7 through 18 years, is based on Table 1 in the ACIP General Recommendations on Immunizations. Table 1, "Recommended and Minimum Ages and Intervals Between Vaccine Doses," provides age and interval information for each dose in a vaccine series. Nearly a full page of footnotes explain important rules and exceptions for doses and vaccines.

Table 1 is a valuable quick reference for your clinic staff. We recommend you print and post a copy of Table 1 from this link: www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/A/age-interval-table.pdf.

TRAINING OPPORTUNITY:

"Effective Strategies to Promote Influenza Vaccine Uptake Among Culturally Diverse Populations"

Although racial/ethnic disparities in *childhood* vaccination coverage have improved throughout the past decade, substantial disparities among *adults aged ≥65 years* have persisted. The National 2009 H1N1 Flu Survey (NHFS), conducted in October 2009 to June 2010, showed:

- Fewer blacks as compared to whites believe the seasonal vaccine is effective.

- Fewer blacks believe they are susceptible to seasonal influenza if they are unvaccinated compared to whites.
- More blacks and Hispanics worry about getting sick from the influenza vaccine than whites.

In a webinar originally recorded on November 10, 2011, leading experts in vaccine safety and health care disparities discussed the best practices at the local, regional, and national levels to improve immunization rates among diverse groups, especially among Hispanic/Latinos and African Americans. You can view the archived webinar at www.ahip.org/webinar/influenza/.

What can providers do to improve uptake of influenza vaccine in their culturally diverse patient populations?

- Make a strong recommendation to your patients to get vaccinated.
- Provide the vaccine in your office.
- Educate staff and patients about seasonal influenza.
- Use standing orders, to make vaccination a routine part of the office visit.
- Set up reminder systems to encourage patients to get vaccinated each year.
- Partner with other groups in your community (e.g., pharmacies, faith-based organizations, senior and community centers) to spread culturally-appropriate information about the importance of vaccination for adults.
- Expand use of communication materials such as waiting room video messaging, posters, and social media messaging.