

## Public Health

Seattle & King County

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

*Return Service Requested*

### In this issue:

- 2008 Childhood & Adolescent Immunization Schedules
- It's Time to Pre-book Purchased Flu Vaccine
- Check CHILD Profile for Adolescent Vaccines
- New Vaccine Information Statements
- VFC News
- "Did You Know?"
- Travel Vaccine Update
- Training Opportunities

### 2008 Childhood and Adolescent Immunization Schedules now available

The 2008 Recommended Immunization Schedules for Children and Adolescents and the catch-up immunization schedule have been approved by the Advisory Committee on Immunization Practices, American Academy of Family Physicians, and American Academy of Pediatrics.

The childhood schedule includes the expanded age recommendation for FluMist, to include healthy children from 2 to 5 years of age who don't have a history of asthma or wheezing. The vaccine, which contains a weakened form of the live virus and is sprayed in the nose, had previously been limited to healthy children 5 years of age and older and healthy adults up to age 50.

Meningococcal Conjugate Vaccine (MCV4) is now recommended for routine vaccination of all children 11–12 years of age and of adolescents 13–18 years of age who have not been previously vaccinated, and other people at increased risk of meningococcal disease, including college freshmen living in dorms and military recruits. The FDA recently licensed MCV4 for children age 2 through 10 years. NOTE that VFC vaccine may be used to vaccinate all adolescents age 11 through 18 years and for children age 2 through 10 years who have specific medical conditions, or who will travel to high-risk areas.

The new schedule also updates recommendations for use of pneumococcal conjugate vaccine (PCV7). Healthy children 24 through 59 months of age who are incompletely vaccinated should receive one dose of PCV7. More information about the schedule can be found in the full article in CDC's Morbidity and Mortality Weekly Report (MMWR) at [www.cdc.gov/mmwr/preview/mmwrhtml/mm5701a8.htm?s\\_cid=mm5701a8\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5701a8.htm?s_cid=mm5701a8_e).

A laminated copy of the new schedules will be available in March 2008.

### It's Time to Pre-book Purchased Flu Vaccine for the 2008-09 season!

If your practice provides flu vaccine to adults and children, it's time to pre-book flu vaccine for adults. Remember that Washington's thimerosal law, RCW 70.95M.115, requires pregnant women and children under age 3 years to receive only thimerosal-free flu vaccine. Be sure to order a supply of prefilled syringes for pregnant women in your practice, all of whom should be vaccinated this coming flu season. Several brands of flu vaccine are available in thimerosal-free prefilled syringes or single-dose vials: Fluzone (Sanofi Pasteur), Fluvirin (Novartis), Fluarix (Glaxo SmithKline), and Afluria (CSL Ltd).

### Check records in CHILD Profile for adolescent vaccines already received!

Many adolescents are getting HPV and other adolescent vaccines (e.g., Tdap, MCV4, varicella) at school-based health centers. Be sure to check CHILD Profile before you administer vaccines to your adolescent patient, to be sure that they are needed.

### New Vaccine Information Statements (VIS) Now Available

Meningococcal vaccine (1/28/08), includes recommendation for all adolescents age 11 through 18 years and children age 2 through 10 years in high-risk groups.

A new "Multi-vaccine" VIS (1/31/08) may be used in place of individual VISs whenever routine birth through 6-month vaccines (DTaP, IPV, Hib, Hepatitis B, PCV, and Rotavirus) are administered at the same visit – including combination vaccines (e.g., Pediarix or Comvax) containing those components. When using this VIS, please check the boxes on the first page indicating which antigens are being administered. Note that this VIS is four pages (two pages front & back), instead of the usual two. Use of the Multi-vaccine VIS is optional; you may still use the individual VISs for these vaccines.

You can access camera-ready copies of these (or any other) VISs at [www.immunize.org/vis/](http://www.immunize.org/vis/), then click on "alphabetically", "by disease" or "by language".

### Let us know how you like our new format!

We've revised the *VacScene* newsletter format to give you the immunization information you need more quickly. Beginning with this issue, the *VacScene* will be a double-sided legal-size page, and published monthly. Please let us know what you think about the new format by e-mailing [vaccineinfo@kingcounty.gov](mailto:vaccineinfo@kingcounty.gov)



# Vaccines For Children

## Program News and Alerts

### VARICELLA VACCINE INTERVALS CLARIFIED

The recommended interval between two doses of varicella vaccine is a minimum of 3 months for children up to the 12<sup>th</sup> birthday, but 28 days for age  $\geq 13$  years. Broadcast Fax #1 on 1/3/2008, gave the impression that the recommended interval was 28 days. Although the 28 day interval is considered valid, providers should use the 3-month interval when scheduling 2<sup>nd</sup> doses

### VARICELLA REQUIREMENTS FOR SCHOOL AND CHILD CARE:

As of July 1, 2008, proof of varicella immunity must be documented on the Certificate of Immunization Status (CIS) form for all children aged 16 months up to kindergarten entry who are attending licensed child care or preschool and for all children attending kindergarten. Proof of varicella immunity includes one of the following:

- Documentation of varicella vaccine received on or after the child's first birthday—one dose for child care/preschool, two doses at least 3 months apart (minimum interval 28 days) for kindergarten
- Provider diagnosis or verification of varicella disease history
- Date of blood test (titer) showing proof of varicella immunity

Children in 1<sup>st</sup> grade and above may present parent-reported history of disease. The requirement for provider diagnosis, titer, or 2 doses of vaccine will progress through the grade levels with the start of each new school year.

### HIB VACCINE INTERIM RECOMMENDATIONS

Hib vaccine supply will be restricted for at least six months. Each state has been assigned a specific allotment by CDC and **health care providers MUST use their vaccine according to the Interim Usage Guidelines from CDC:**

**Complete the primary series** of Hib vaccination (at 2, 4, and 6 months) **for all children.**

**Continue to give the 4<sup>th</sup> dose** (usually at 12-15 months) to children in **specific high risk groups**, including children with asplenia, sickle cell disease, HIV-infection and certain other immunodeficiency syndromes, and malignant neoplasms, and Native American/Alaskan Native children who live in or travel to communities with circulating Hib disease (e.g., Alaska). Hib vaccines are also recommended for use in prophylaxis for susceptible close contacts of patients with Hib disease.

**Temporarily defer** giving the routine Hib vaccine booster dose (#4) for children **not in the high risk groups described above.** Keep track of children who don't get the 4th dose so you can notify them when Hib supply improves.

**Order only the number of doses of vaccine needed to meet immediate needs** (i.e., a supply for up to 4 weeks); refrain from attempting to build an inventory of Hib vaccine. Each month, Public Health will receive an allocation and we have been instructed to stagger Hib requests throughout the month. Confirmation faxes will inform you of changes to Hib requests. Provider offices may share vaccine with other clinics as supplies permit.

## Did you know...?

### Q: What is the schedule for Rotavirus vaccine?

**A:** The Advisory Committee on Immunization Practices (ACIP) recommends routine vaccination of U.S. infants with 3 doses of RotaTeq rotavirus vaccine administered orally at ages 2, 4, and 6 months. The first dose should be given between ages 6–12 weeks (*until the child is age 13 weeks*). The minimum interval between each dose is 4 weeks. The third dose must be given by age 32 weeks (*until the child is age 33 weeks*). There is no maximum interval between doses, only maximum age. Rotavirus vaccine can be given at the same visit with other childhood vaccines.

### Q: Should I continue the series if a child received their first dose at age 13 weeks or later?

**A:** Yes. Infants need all three doses for complete protection. Although safety and efficacy data from clinical trials are based on vaccine given at the recommended intervals, infants will still receive protection from a dose given later than recommended.

### Q: What should I do if a child spits out a dose of Rotavirus vaccine?

**A:** The practitioner should not give another dose of rotavirus vaccine at that visit to an infant who regurgitates, spits out, or vomits during or after administration of vaccine. The infant can receive the remaining recommended doses of rotavirus vaccine at appropriate intervals.

## Do you give travel vaccines?

**Yellow Fever Vaccine:** Many travel clinics, including our Public Health travel clinics, are currently unable to receive enough single doses of yellow fever vaccine to vaccinate all of their travel clients. Five-dose vials are available, but these doses must be used within one hour of reconstitution. Providers should try to schedule groups of five travelers for brief return visits in order to make the best use of limited vaccine. Yellow fever vaccine supply should return to normal in spring 2008.

**New International Certificate for Yellow Fever Vaccine:** On 12/15/ 2007, a new International Certificate of Vaccination or Prophylaxis (ICVP) replaced the old certificate; it has space for potential certification of additional vaccines or prophylaxis to protect against newly emerging or re-emerging diseases or other events of public health importance. Currently, yellow fever is the only vaccine that must be recorded on the ICVP and is required to enter certain countries. Health-care providers may order the new certificates through the U.S. Government Printing Office (GPO), online at [bookstore.gpo.gov/collections/vaccination.jsp](http://bookstore.gpo.gov/collections/vaccination.jsp), or by telephone (866-512-1800). Additional information regarding the new requirement is available from the CDC Travelers' Health Team by telephone (404-639-4500) or online via the Travelers' Health website at [wwwn.cdc.gov/travel/content/intcertofvaccination.aspx](http://wwwn.cdc.gov/travel/content/intcertofvaccination.aspx).

## Training Opportunities

- The **4-part teleconference, "Epidemiology and Prevention of Vaccine-Preventable Diseases,"** will be available only on DVD and Web-on-Demand, beginning in 2008. Public Health will sponsor web-on-demand sessions in late May or June. Continuing Education credit will be available for each session. Watch this space for details!
- **"You Call the Shots"** is an online, web-based, self-study program consisting of a series of modules covering all aspects of immunization. The interactive modules provide basic vaccine content, links to resource materials, a comprehensive glossary, and self-tests to assess learning. Go to [www.cdc.gov/vaccines/ed/youcalltheshots.htm](http://www.cdc.gov/vaccines/ed/youcalltheshots.htm) for more information or to register.

Public Health—Seattle & King County  
Communicable Disease Epidemiology  
& Immunization Section

401 Fifth Avenue, Suite 900, Seattle WA 98104  
[www.kingcounty.gov/health/](http://www.kingcounty.gov/health/)

(206)296-4774 Fax (206) 296-4803 TTY Relay: 711

**The VacScene**  
Immunization News & Information

### Publication Staff

Betsy Hubbard, Editor

Email: [Betsy.Hubbard@kingcounty.gov](mailto:Betsy.Hubbard@kingcounty.gov)

Contributors:

Darren Robertson, Yolanda Stetson,  
Lauren Greenfield, Marilyn Silkworth

Available in alternate formats