# The VacScene Immunization News & Information

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# Recommended Vaccines for Health Care Personnel

All staff in health care settings—hospitals, long term-care facilities, clinics, and private providers' offices—should be immune to vaccine-preventable diseases that can spread from person to person in these settings. In a clinic setting, all staff may be at risk for exposure to certain diseases, because administrative staff often work in the patient waiting areas. How do you and your staff measure up to these recommendations?

**Hepatitis B**: All health care personnel (HCP) should have a 3-dose series (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2). A blood test should be done for hepatitis B surface antibodies 1–2 months after dose #3 to confirm protection. Booster doses are not recommended.

**Influenza**: All staff should receive a dose of injectable or intranasal flu vaccine each year, October through January.

MMR: HCP born in 1957 or later without serologic evidence of immunity or prior vaccination should receive 2 doses of MMR, 4 weeks apart. Healthcare facilities should consider recommending a dose of MMR vaccine (two doses during a mumps outbreak) to unvaccinated HCP born before 1957 who are in either of the following categories: (a) do not have a history of physician-diagnosed measles and mumps disease or laboratory evidence of measles and mumps immunity and (b) do not have laboratory evidence of rubella immunity.

Varicella (Chickenpox): HCP who do not have evidence of immunity (documentation of two doses of varicella vaccine, history of varicella or herpes zoster based on physician diagnosis, laboratory evidence of immunity, or laboratory confirmation of disease), should receive 2 doses of varicella vaccine, 4 weeks apart.

**Tetanus, diphtheria, pertussis**: One-time dose of Tdap to all HCP younger than age 65 years who have direct patient contact. Give all HCP a Td booster dose every 10 years, after completion of the primary 3-dose series.

**Meningococcal**: One dose for microbiologists who are routinely exposed to isolates of *N. meningitidis*.

# Merck Vaccine Patient Assistance Program (VPAP)

In Washington State, the Vaccines For Children (VFC) program pays for the HPV vaccine for all females aged 9-18 years, including girls in low-income, uninsured, and underinsured families who otherwise would not be able to afford the \$360 (or more) series. Unfortunately, cost may be a barrier for 19-26 year old women, for whom the three-dose series is also recommended. In order to improve access to this vaccine for females between the ages of 19 and 26, we would like to make you aware of the Vaccine Patient Assistance Program (VPAP) offered by Merck.

The VPAP is a private and confidential program that provides vaccines free of charge to eligible adults, primarily the uninsured who, without assistance, could not afford needed vaccines. If you are unfamiliar with this program, you can visit <a href="www.merck.com/merckhelps/vaccines/home.html">www.merck.com/merckhelps/vaccines/home.html</a> to find more detailed information. If you decide to participate in the program, we would like to hear from you. Please contact Public Health-Seattle & King County using the email address at the bottom of this page.

The quadrivalent HPV vaccine (Gardasil, Merck) provides effective protection against four strains of the virus that cause of approximately 70% of cervical cancers and at least 90% of genital warts. Along with routine PAP tests, HPV vaccine is an important tool for decreasing the incidence of cervical cancer.

## Flu Vaccine News for 2008-2009 Season

On February 27th, 2008, the Advisory Committee on Immunization Practices (ACIP) voted to expand the recommendation for influenza vaccine to include <u>all children aged 6 months through 18 years</u>. For more information on the resolution, go to <u>www.cdc.gov/vaccines/programs/vfc/acip-vfc-resolutions.htm</u>. ACIP Recommendations become final once they are accepted by the director of Centers for Disease Control and Prevention (CDC) and the Secretary of Health and Human Services, and are published in the Morbidity and Mortality Weekly Report. Flu vaccine for this age group through Washington State's VFC program may not be available until the 2009-10 season.

The FDA has selected three new vaccine strains for the 2008-09 flu season: A/Brisbane (H1N1), A/Brisbane (H3N2), and B/Yamagata. For the first time in many years, all three vaccine strains will be new, making flu vaccination especially important next season.

### The VacScene newsletter has a new look!

Please let us know what you think about the new format by e-mailing **vaccineinfo@kingcounty.gov** or calling Betsy at 206-296-4774.

# **Important Refrigerator News**

As part of the Centers for Disease Control's overhaul of the 2008 Provider Agreement for Receipt of State Supplied Vaccine, the CDC now states that "dorm-style" refrigerators are no longer acceptable for vaccine storage. "Dorm-style" refers to those smaller, under-the-counter models which typically include a small freezer shelf inside the refrigerator. This particular feature has caused vaccines to be damaged, because of inappropriate storage temperatures.

Freezer and refrigerator sections should have separate, insulated doors or be stand-alone units. Public Health can provide your clinic/practice with information on refrigerator options on request. When considering and evaluating refrigerator models, be sure to select one large enough to safely store a 6 to 8 week vaccine supply at the busiest time of year; take flu vaccine into account as well and allow room for water bottles in the refrigerator.

Think about a refrigerator upgrade as a relatively inexpensive insurance policy that protects vaccines. Also keep in mind that providers in the VFC Program may be asked to provide compensation for losses caused by repeated problems with inadequate equipment. A full-size household refrigerator with separate freezer and refrigerator sections can be purchased for under \$1000 (the cost to replace just one box of HPV vaccine damaged by improper refrigerator temperatures). The combined cost of one box each of the standard childhood vaccines as a basic supply is valued at over \$7000.

Public Health acknowledges that this is a major change in CDC policy and that, for many providers, space is an issue as well as cost. A deadline has not been set for upgrading from dorm-style refrigerators but please begin considering your options and contact Public Health for informational assistance as needed.

#### McKesson Sacramento Distribution Center

McKesson Specialty has added a vaccine distribution center in Sacramento, California, which will expand their capacity to distribute vaccines nationally for the childhood vaccine program. The Sacramento site will serve primarily the western United States, including Washington State. Beginning the week of February 25, 2008, all Washington provider orders will be shipped from the Sacramento facility. We will continue to report shipping problems to DOH, so please contact Public Health with any concerns (206-296-4774), including packing slip and lot number discrepancies. The vaccine ordering process remains the same; only the point of origin is changing. Packing slips will have the McKesson Sacramento address rather than the Memphis address, as will the pre-paid postage return labels on shipping cartons.

# Did you know...

# ...about the "4-day Grace Period"?

- What it is: According to ACIP, vaccine doses given 4 or fewer days before the minimum interval or age can be counted as valid, because giving a dose a few days earlier than the minimum interval or age is unlikely to have a substantial impact on the immune response to that dose. This is referred to as the "4-day grace period".
- How it works: The 4-day grace period can be applied to the minimum age or interval for doses of the same vaccine in a series (listed in Table 1 of the ACIP General Recommendations). This means it can be applied to the interval between two doses of the same live vaccine (e.g., MMR doses 1 & 2 or varicella doses 1 & 2). However, it does not apply to the interval between the doses of two different live vaccines (e.g., MMR & varicella), which should be separated by 28 days, if they're not given at the same visit.
- Important note: If one live vaccine is inadvertently given less than 28 days after a different live vaccine (e.g., MMR and varicella), the vaccine administered second should not be counted as a valid dose and should be repeated. The repeat dose should be administered at least 4 weeks after the last (invalid) dose.

# ProQuad (MMR-V) and Febrile Reactions

As part of routine safety monitoring, in 2007 CDC implemented a post-licensure vaccine safety study for the combined MMR-V vaccine in children aged 12-23 months. The risk for febrile seizures is slightly increased for MMR-V compared to MMR plus varicella vaccines separately at the first dose. During the 7-10 days after vaccination, about one additional febrile seizure would be expected to occur for every 2,000 children who receive an MMR-V vaccine instead of separate MMR and varicella vaccines. CDC, FDA, and ACIP continue to evaluate these preliminary findings and other relevant data. It is not known if febrile seizure risk is increased if MMR-V is used for second dose. ACIP has recommended no preference for MMR-V over MMR plus varicella vaccine for dose one, a change from their previous recommendation favoring MMR-V. More details are available at www.cdc.gov/od/science/iso/vsd/mmrv.htm.

# **Laminated Immunization Schedule Cards**

The 2008 pocket-sized laminated Recommended Childhood and Adolescent Immunization Schedules are here. The Immunization Action Coalition of Washington makes these schedules available free of charge to providers in Washington State each year. A copy will be sent to each provider office in a separate mailing. To order additional copies, please contact Debbie Nakano at WithinReach at (206) 830-5159 or <a href="mailto:debbien@withinreachwa.org">debbien@withinreachwa.org</a>.

# **CME/Training Opportunity**

Tuesday, April 22, 7:30 a.m. to 9:00 a.m. Glaser Auditorium, 1st Floor, Swedish/First Hill Campus, Seattle

Rear Admiral Anne Schuchat, MD, Assistant Surgeon General and Director, National Center for Immunization and Respiratory Diseases, CDC and Maxine Hayes, MD, MPH, State Health Officer, Washington State Department of Health.

Please Post the Enclosed Flyer!

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