

Public Health

Seattle & King County

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Health Care Assistants May Now Administer Oral, Intranasal and Injectable Vaccines

Substitute House Bill 2475, regarding the scope of practice for Health Care Assistants (HCA), signed by Governor Gregoire on March 13, 2008, becomes effective June 12, 2008.

This bill expands the scope of practice for HCAs by allowing them to administer all FDA approved vaccines given by "injection, orally, or topically, including nasal administration". As a result, HCAs may administer rotavirus (oral) and FluMist (intranasal) vaccines, in addition to injectable vaccines for children and adults. Also, physician assistants and osteopathic physician assistants are added to the list of professions that may assign specific duties, like vaccine administration, to HCAs.

How will the new HCA scope of practice laws impact Medical Assistants (MA) in Washington state? Regardless of any national certification for MAs, Washington State does not issue any license or recognize any scope of practice for this professional category. Individuals with any type of MA certification must first obtain a Washington State issued HCA license in order to administer vaccines or perform any other duties that are within the HCA scope of practice.

Information on obtaining a HCA license can be found at: https://fortress.wa.gov/doh/hpqa1/hps7/Health_Care/forms.htm

The Health Professions Quality Assurance office within the Department of Health intends to provide further information on their webpage in the near future. There will also likely be some activity with the Washington Administrative Code (WAC) to implement the legislation.

For more information or to sign up for a listserve for notifications of rule activity related to HCAs, check the following DOH webpage: https://fortress.wa.gov/doh/hpqa1/hps7/Health_Care/default.htm

PCV7 Catch-up Recommendations

The Washington State Guidelines for the Use of State Supplied Vaccine were updated in late January 2008 to include language about catch-up vaccination for PCV7. On April 4, 2008, the Advisory Committee on Immunization Practices (ACIP) recommendation for catch-up vaccination for children 24 – 59 months of age was published in the MMWR:

- All healthy children aged 24-59 months who have not completed any recommended schedule for PCV7 should receive one dose of PCV7.
- All children aged 24-59 months with underlying medical conditions (such as sickle cell disease, human immunodeficiency virus infection, and other immunocompromising or chronic medical conditions) who have received 3 doses should receive one dose of PCV7.
- All children aged 24-59 months with underlying medical conditions who have received <3 doses, should receive two doses of PCV7 at least 8 weeks apart.

Put the 2008 Childhood & Adolescent Immunization Schedules on your Handheld Computer

The "Shots 2008" quick-reference guides to the childhood, adolescent, and catch-up immunization schedules are now available for Palm-OS handhelds and Pocket-PC handhelds. Both are available on the website of the Group on Immunization Education of the Society of Teachers of Family Medicine.

To access "Shots 2008" for Palm-OS handhelds and Pocket-PC handhelds, as well as "Shots 2008 Online," go to: www.immunized.org/anypage.aspx?pagename=shotshome

2008 English and Spanish Immunization Schedules are Now Available for Parents

A 2008 "Recommended Immunizations for Babies" flyer is now available on Centers for Disease Control & Prevention's website in both English and Spanish (Vacunas recomendadas para sus bebés). You can download a camera-ready copy of the English version at www.cdc.gov/vaccines/spec-grps/infants/downloads/rec-iz-babies.pdf and the Spanish version at www.cdc.gov/vaccines/spec-grps/infants/downloads/rec-iz-babies-sp.pdf

Remember that children younger than 9 years old who received their *first* flu vaccine this season should have a second dose 4 or more weeks after the first dose.



Vaccines For Children

Program News and Alerts

Vaccine Storage and Refrigerator Types

The CDC has announced that small, single-door (dormitory-style or bar-style) combined refrigerator-freezer units **should not be used for overnight or long-term vaccine storage**. The freezer compartment in this type of unit cannot maintain temperatures cold enough to store MMRV, varicella, and zoster vaccines. If attempts are made to cool the freezer compartment to the appropriate temperature, the temperature in the refrigerator compartment will fall below the recommended range, potentially freezing the refrigerated vaccines. However, this type of unit may be adequate for temporarily storing **small quantities** of inactivated vaccines in the refrigerator compartment (not the freezer compartment) if the refrigerator compartment can maintain temperatures at 35°-46°F (2°-8°C). Please do not overstock the unit because this will interfere with cold air circulation and can result in temperature fluctuations that may expose the vaccines to inappropriate temperatures. Refrigerated vaccines stored in a dormitory-style unit should be **returned to the main storage unit** at the end of the clinic day.

Do not place vaccines directly beside or directly below the freezer compartment in a dormitory-style unit, as this may expose vaccines to temperatures below the recommended range. Place cold packs (**not** frozen packs) or water bottles in this space to provide a temperature buffer. To reduce the risk of exposing vaccine to freezing temperatures, consider using a compact refrigerator without a freezer compartment. Remember that freezing temperatures will damage refrigerated vaccines very quickly!

Clinics and provider offices with space for only one refrigerator should replace any dormitory-style units with a stand-alone refrigerator (no freezer section) or a unit with separate, insulated refrigerator and freezer compartments. Each storage unit should be monitored by a **certified** thermometer (indicated by "NIST" or "ASTM" on the thermometer or its packaging).

For more information, go to the CDC's "Vaccine Storage and Handling Toolkit," at www2a.cdc.gov/vaccines/ed/sh toolkit/default.htm

Updated Vaccine Information Statements (VIS) for MMR and Varicella Vaccines

The VIS for both MMR and varicella vaccines have been updated. The new versions, dated 3/13/08, include information about increased risk for febrile seizures following the first dose of MMR-V (ProQuad). You can download copies of the revised VISs at www.immunize.org/vis

Did you know...?

.....About HPV vaccine intervals

- Human papillomavirus (HPV) vaccine is given as a three-dose series and is licensed for females ages 9-26 years. Doses are recommended at the initial visit, then 2 months and 6 months later.
- Minimum intervals between doses can be used to complete the series in a shorter period of time (e.g., before the end of the school year), or to "catch up" when the adolescent is behind schedule. However, specific rules apply:
 - Minimum interval between doses 1 and 2 is 4 weeks.
 - Minimum interval between dose 2 and 3 is 12 weeks.
- **As of March 5, 2008, a new minimum interval guideline has been added for HPV that specifies there should be at least 24 weeks between doses 1 and 3.**
- The four-day grace period applies to all of the HPV minimum intervals and ages.
- REMINDER: VFC vaccine can be used for all HPV doses given to young women age 11 through 18 years. Purchased vaccine must be used for women ages 19 and older.
- If a woman turns 27 years of age after the first dose of HPV was administered but before the third dose is administered, the series should be completed using the recommended intervals between doses, even if this means that the series is completed after a woman turns 27 years of age.

Training Opportunity: Increasing Adult Vaccination Rates: What Works

The National Center for Immunization and Respiratory Diseases (NCIRD), CDC, announces the availability of an interactive, web-based training course, *Increasing Adult Vaccination Rates: What Works*, which focuses on strategies that have proved effective in increasing adult vaccination rates. This training program offers participants the opportunity to review information about effective strategies (such as standing orders, chart reminders, mailed/telephoned reminders), test their knowledge of vaccines recommended for adults, explore facts about vaccine-preventable diseases affecting adults, and access reference/resource materials.

What Works is a self-study course that participants can complete at their own pace. It can also be used as a reference, and can be accessed at anytime. The course is intended for primary care practitioners: physicians, nurses, nurse practitioners, physician assistants, and is also appropriate for other healthcare professionals who provide immunization services and education to adults.

What Works is available free of charge on the CDC website at <http://www2a.cdc.gov/vaccines/ed/whatworks/index.html>. Continuing education credits, available through CDC, will be provided.

Increasing Adult Vaccination Rates: What Works was developed through a Cooperative Agreement between NCIRD and the Association for Prevention Teaching and Research <http://www.aptrweb.org/>. Questions or comments about *What Works* may be e-mailed to nip-info@cdc.gov.

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