

Public Health

Seattle & King County

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Return Service Requested

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Revised Date for CDC Annual Immunization Update

The Centers for Disease Control and Prevention (CDC) Annual Immunization Update has been **rescheduled to Thursday, August 28** (not August 7 as originally reported), from 8:30 to 11:30 a.m. This year's update will be a web conference, held at the Region X Building at 6th & Blanchard in downtown Seattle. Registration details will be mailed to health care providers in late July.

King County Immunization Rates Improving!

King County was recognized in March 2008 at the Centers for Disease Control and Prevention (CDC) National Immunization Conference for our improvement in immunization rates between 2003 and 2006. **Public Health accepted the "Most Improved Urban Area" award for King County's progress from 61.2% to 75.9% coverage for a 4:3:1:3:3:1 series (4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B and 1 varicella) for children aged 19-35 months**, as measured by the National Immunization Survey. The state of Washington also received an award for most improved rates, increasing from 56.2% in 2003 to 71.3% in 2006. **Congratulations to all of the providers in King County for your success in raising immunization rates!**

Rabies Vaccine Available Only for Post-Exposure Prophylaxis

Due to manufacturing issues, rabies vaccine is currently available **only for post-exposure prophylaxis**. Until further notice, Public Health—Seattle & King County makes the following recommendations:

- Delay rabies pre-exposure prophylaxis until vaccine is available. It is expected that additional vaccine will be available again approximately later this summer
- Counsel persons at increased risk for rabies exposure to take appropriate precautions to avoid rabies exposure
- Consult with Public Health Seattle & King County to ensure appropriate use of post-exposure prophylaxis for King County residents
- Emphasize general rabies awareness and prevention messages to avoid exposure (e.g., avoid wildlife contact, vaccinate pets/livestock, capture/observe/test exposing animal, etc.)

For more information on the shortage and management of potential rabies exposures go to: www.metrokc.gov/health/providers/epidemiology/rabies/

ACIP Recommendations for Use of Shingles Vaccine

The Advisory Committee on Immunization Practices (ACIP) has published recommendations on the use of a live attenuated vaccine for the prevention of herpes zoster (zoster) (i.e., shingles) and its sequelae, which was licensed by the U.S. Food and Drug Administration (FDA) on May 25, 2006. The ACIP statement summarizes the epidemiology of zoster and its sequelae, describes the zoster vaccine, and provides recommendations for its use among adults aged ≥ 60 years in the United States. The full text of the ACIP recommendation is at www.cdc.gov/vaccines/pubs/ACIP-list.htm#zoster.

Zoster vaccine (Zostavax, from Merck Vaccines) is a lyophilized preparation of a live, attenuated strain of varicella zoster virus (VZV), the same strain used in the varicella vaccines. However, its minimum potency is at least 14 times the potency of single-antigen varicella vaccine. In a large clinical trial, zoster vaccine was partially efficacious at preventing zoster. It also was partially efficacious at reducing the severity and duration of pain and at preventing post-herpetic neuralgia (PHN) among those developing zoster.

- Zoster vaccine is recommended for all persons aged ≥ 60 years, including persons who have chronic medical conditions or who report a previous episode of zoster, unless they have contraindications to the vaccine.
- Contraindications include allergy to gelatin or neomycin; immune deficiency from leukemia, lymphoma, or HIV/AIDS, or taking high doses of steroids by injection or by mouth.
- The vaccine should be offered at the patient's first clinical encounter with his or her health-care provider.
- It is administered as a single 0.65 mL dose subcutaneously in the deltoid region of the arm. A booster dose is not licensed for the vaccine.
- Zoster vaccination is not indicated to treat acute zoster, to prevent persons with acute zoster from developing PHN, or to treat ongoing PHN.



Vaccines For Children

Program News and Alerts

TEN QUESTIONS TO ASK BEFORE BUYING A REFRIGERATOR (PART 2)

This article completes the list from the June VacScene newsletter with advice about buying a new refrigerator.

6. **What can I do if there is absolutely no room for a full-size refrigerator?** Smaller, stand-alone refrigerators (and freezers) are available. They are, in fact, easier to find among commercial or lab-quality products than in household products. Most provider offices, however, have full-size refrigerators for storing employee lunches. Invest the same space and money in storing your vaccines safely!
7. **What can I do if a commercial/lab-quality refrigerator is not in my budget?** Household refrigerators are acceptable for long-term vaccine storage as long as refrigerator and freezer are separate, insulated compartments *or* stand-alone units. However, consider that a standard monthly supply of 20 doses of each childhood vaccine is valued at more than \$10,000 (or \$100,000 per year), making the one-time purchase of a \$1,500 refrigerator is a reasonable investment to promote vaccine safety and to protect patient health. Again, make vaccine storage a priority rather than an afterthought and invest in reliable, quality equipment. Your patients (and the VFC Program) will thank you!
8. **How is cool air circulated in the refrigerator section?** Choose a model with at least one cool air fan, to circulate the air better. Some smaller refrigerators keep cool using pipes in the back wall of the unit for a "radiant" cooling effect. The problem here is that the area nearest the wall can be 5 degrees cooler than other sections. Not only will air stagnate without a fan to push it around, but you should not store vaccine next to the back wall because of the temperature difference.
9. **What's wrong with storing vaccine in the refrigerator drawers?** Drawers are kept cool using the "radiant" effect described above. Air does not circulate well in the drawers, and the temperature will differ from the open shelves. For the same reason, vaccine should not be kept in plastic bags. Door shelves are also bad for vaccine storage; each time the door is opened, this section is directly exposed to room temperature.
10. **Is a lock, latch or other closure device necessary?** That depends on how vigilant you and your staff are. Locks and latches remind people to close the door completely. If the clinic has a policy of checking refrigerator doors frequently, and especially at the end of the day, a latch may not be necessary. However, more than 25% of all vaccine spoilage results from refrigerator doors left open overnight.

Did you know...

...About Back to School Requirements for the 2008-09 school year?

Tetanus, Diphtheria, and Pertussis:

- All students age 6 years and older should have completed a primary series of at least 3 doses of DTaP, DT, or Td to meet school requirements.
- Students who are at least 11 years old are *required* to have one dose of Tdap if it has been at least 5 years since the last DTaP, DT, or Td.

Varicella (Chickenpox):

- Students entering kindergarten must have documentation of 2 doses of varicella vaccine given on or after the first birthday **OR** healthcare provider verified history of disease--parent reported history of disease is not acceptable.
- Students in 1st, 2nd, and 6th grade must have documentation of 1 dose of varicella vaccine on or after the first birthday **OR** parent reported history of disease. Students in grades 3-5 and 7-12 are recommended to have evidence of immunity (history of disease or vaccine) but it's not required.

Visit www.doh.wa.gov/cfh/Immunize/schools/vaccine.htm for detailed school requirements.

Two New Combination Vaccines Licensed

The U.S. Food and Drug Administration has approved two new combination vaccines: **Pentacel** vaccine (Sanofi Pasteur) for infants and children aged six weeks through four years that combines DTaP, polio and Hib; and **Kinrix** vaccine (Glaxo SmithKline) for children aged 4 through 6 years that combines DTaP and polio for the school-entry dose. Both of these vaccines are already used in other countries. ACIP reviewed these vaccines at their June 2008 meeting and added the vaccines to the national VFC formulary. These vaccines are not yet available through Washington's VFC Program.

Information on Aluminum in Vaccines

Are parents asking you about ingredients in vaccines? Thimerosal is one additive of interest, but parents may also want to know about why aluminum is used in vaccines. The June 2008 Parents PACK (Possessing, Accessing and Communicating Knowledge About Vaccines) Newsletter from the Children's Hospital of Philadelphia features an article discussing aluminum and its role in vaccines, pregnancy, the environment, and more. You can access the article online at: www.chop.edu/consumer/jsp/division/generic.jsp?id=88173

New Book Answers Parents' Questions About Vaccine Safety

"[Do Vaccines Cause That?! A Guide for Evaluating Vaccine Safety Concerns](http://www.dovaccinescausethat.com/)" is a must-read book for parents, health professionals, journalists and educators concerned about the safety of vaccines. This guide will help parents sort through all the misinformation that makes it hard to decide what's best for their child's health. Parents will learn how to balance the risks and benefits of immunizations for their child, recognize red flags that should raise alarms about vaccine-related information they read in the media and determine whether or not a vaccine is the cause of an adverse event or disease. The book is written by Martin G. Myers, MD, and Diego Pineda, both of whom are with the National Network for Immunization Information (NNii). You can order a copy of the book or read more about it at www.dovaccinescausethat.com/

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