

Public Health

Seattle & King County

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

Return Service Requested

In this issue:

- Timing and Target Groups for Influenza Vaccination
- Did You Know...About Intranasal Flu Vaccine?
- VFC News
- Preventing Vaccine Administration Errors

Timing and Target Groups for Flu Vaccine

Influenza vaccine is expected to be in plentiful supply this year and purchased vaccine for adult clients (aged 19 years and older) may already have been received by some providers. NOTE: State-supplied (VFC and universal purchase) influenza vaccine for children ages 6 months through 18 years will ship in mid-September. So, when should your practice start giving influenza vaccine?

The Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) recommends that:

- Influenza vaccine should begin to be offered soon after it becomes available and if possible by October.
- Vaccine should be offered during routine healthcare visits or during hospitalizations whenever it is available.
- Organized vaccination campaigns should be scheduled after at least mid-October to minimize the need for cancellations if all vaccine ordered has not yet been received.
- Flu vaccination should continue throughout influenza season (December-March), especially to healthcare personnel and those at high risk of complications. Although influenza activity can occur as early as October, peak activity occurs much later. In more than 80% of influenza seasons, peak activity has not occurred until January or later; the peak occurred in February or later in more than 60% of flu seasons.

This year, ACIP expanded the recommendation for annual influenza vaccination to include all children ages 6 months through 18 years, beginning in the 2008-2009 influenza season, if possible. Children typically have the highest attack rates during community outbreaks of influenza, and often serve as a major source of transmission within communities.

Others who should receive influenza vaccine include:

- Adults age 50 years and older
- Anyone of any age with chronic medical conditions, such as heart, lung or kidney disease, or diabetes, that increase their risk of influenza complications
- Women who will be pregnant during influenza season

- Household contacts of those with chronic medical conditions or of children aged <6 months

Dosing and schedule: The dosage for children aged 6 through 35 months is 0.25 ml; the dose for anyone aged 3 years and older is 0.5 ml. Two doses at least 4 weeks apart are recommended for children ages 6 months through 8 years who are receiving influenza vaccine for the first time.

- If these children did not receive a second dose of influenza vaccine in the initial year that they received influenza vaccine, they should receive 2 doses during the next influenza season
- If these children did not receive two doses in the first or second season they were vaccinated, they should receive a single annual dose in subsequent seasons.

Remember that Washington State law requires the use of vaccines that do not contain thimerosal for any child aged <3 years and for pregnant women.

Did you know...

...about Intranasal Flu Vaccine (FluMist)?

- Live Attenuated Influenza Vaccine (LAIV or "FluMist") is sprayed into the nose, not injected. It is licensed for healthy people aged 2 through 49 years who are not pregnant, including healthy household contacts of persons at risk for severe influenza (i.e., household contacts of pregnant women, infants, and persons with underlying high-risk medical conditions).
- LAIV is *not recommended* for people with certain chronic medical conditions, for pregnant women, or for children ages 2 through 4 years who have asthma or a recent wheezing episode.
 - Consult the medical record, when available, to identify children 2 through 4 years of age with asthma or recurrent wheezing that might indicate asthma.
 - Parents or caregivers of children 2-4 years should be asked: "In the past 12 months, has a healthcare provider ever told you that your child had wheezing or asthma?"
 - Children whose parents or caregivers answer "yes" to this question, or whose medical record notes asthma or a wheezing episode within the past 12 months, should not receive LAIV.
 - Inactivated influenza vaccine should be administered to children with asthma or possible reactive airways disease or to anyone who cannot receive LAIV because of chronic medical conditions.
- LAIV should be stored at *refrigerator temperature* (35°-46° F) at all times. Do not expose it to freezing temperatures.

The shortage of Hib vaccine is expected to last through 2008.

Please continue to defer the 4th dose of Hib vaccine for healthy children.



Vaccines For Children

Program News and Alerts

The Diluent Blues

Diluent for Varicella vaccine and MMR (sterile water) should accompany every shipment you receive, a box of 10 diluent for every 10 doses of vaccine. Each box of Hib contains 5 doses of vaccine and 5 vials of diluent. Because Hib is packed with its diluent, providers rarely report shortages; however, you may come up short on diluent for Varicella or MMR vaccines. **Check your deliveries carefully, and count the diluent as well as the vaccine.** Diluent for Varicella is packed in the same carton, but in a separate compartment from the vaccine in order to prevent freezing. If your shipment is short on diluent, report it to the VFC Program right away, and we will arrange to have the error corrected. Shortages reported later are more difficult to trace and correct.

Here Comes Influenza Season

The Influenza Vaccine Request form was distributed the week of September 8th; contact the VFC Program if you did not receive it. Requests will be accepted immediately; however, the vaccine itself may not be available until late September. For this reason, we do not recommend scheduling flu vaccination clinics before October 15th. The best news of all is that, **this year, state-supplied influenza vaccine is available to all children and teens up to the 19th birthday**, regardless of risk status. Three formulations will be offered: Fluzone-PF (0.25 ml) for 6-35 month olds; Fluzone-PF (0.5 ml) for pregnant teens; and Fluzone in multi-dose vials (with preservative) for children 3-18 years of age. Remember that state law prohibits administering flu vaccine from multi-dose vials to pregnant women and children less than 3 years of age.

Batten Down the Hatches

It's a good time to review your clinic's emergency vaccine storage plan in anticipation of stormy weather. Check the listed contact names, reconfirm your alternative storage location, and assure that you have coolers, cold packs/water bottles, ice packs, and packing instructions. Visit <http://www.immunize.org/catg.d/p3049.pdf> for more information on transporting vaccines safely.

It's A Rush!

"Rush!" requests are an option for providers needing speedier-than-normal vaccine delivery. To avoid the need for a "Rush!" request, review the entire inventory each time you place an order. A good rule of thumb is to double the previous month's usage and subtract current inventory. The resulting answer is your recommended order. Now and then you may find yourself running out of something unexpectedly, and that is the time to request a "Rush!" But please use this option sparingly!

Preventing and Reporting Vaccine Administration Errors

It can be challenging to keep up with changes in the immunization schedule and recommendations for newly-licensed vaccines. As a result, vaccine administration errors may occur. The most common vaccine administration errors reported to CDC include:

- 1) giving the wrong vaccine or formulation
- 2) using incorrect site, route, needle length, or diluent
- 3) using expired vaccine, and
- 4) administering vaccine at incorrect intervals

Here are some suggestions to help prevent these common vaccine administration errors:

- **Check the label** on the vial before vaccine is drawn up. The labels on different vaccines may look similar.
- Label storage containers or baskets with the **age indications** for each vaccine.
- **Be sure all immunization staff receive appropriate training** regarding vaccines and vaccine administration skills.

- **Rotate vaccines** with the shortest expiration dates in the front (those that will expire first) and **remove and discard any expired vaccines**. Unopened vaccine that has expired should be returned to the distributor. Contact Public Health—Seattle & King County's (PHSKC) VFC Program if you have questions about how to return expired vaccine.
- **Post useful resources:** Post a copy of the 2008 Recommended Immunization Schedule in a common area. Post information in your medication preparation area regarding minimum ages and intervals, recommended sites, routes, and needle lengths. Visit www.immunize.org/printmaterials/toppicks.asp for reference materials or refer to your VFC Provider Manual.

Public Health encourages you to report vaccine administration errors to the Institute for Safe Medication Practices at www.ismp.org. Understanding the errors that occur can help to identify strategies to prevent them in the future.

If you have any questions about vaccine administration or what to do following an administration error, call PHSKC at 206-296-4774 and ask to speak with an Immunization Nurse.

It's not too late to view CDC's Annual Immunization Update!

The CDC Annual Immunization Update 2008 that was presented as a "live" webcast on August 28 will remain online as a **webcast-on-demand** for one month. After this, it will be available for one year as an **archived webcast**.

You can access the webcast at www.cdc.gov/vaccines/ed/imzupdate08/default.htm. A **DVD** of the webcast can be ordered from CDC beginning October 1, 2008 at https://www2a.cdc.gov/nchstp_od/PIWeb/niporderform.asp

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

401 Fifth Avenue, Suite 900, Seattle WA 98104
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

Contributors:

Darren Robertson, Yolanda Stetson,
Lauren Greenfield

Available in alternate formats