

## Public Health

Seattle & King County

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### Recommendations for Use of Tdap Among Pregnant & Postpartum Women and Their Infants

The Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) has updated recommendations for use of Tdap (tetanus toxoid, diphtheria toxoid, and acellular pertussis) among pregnant and postpartum women and their infants.

In 2006, ACIP advised routine administration of Tdap for postpartum women who were not previously vaccinated with Tdap and use of Td in pregnant women who have an urgent indication for tetanus or diphtheria toxoid vaccination to prevent maternal or neonatal tetanus or diphtheria. Consistent with the 2006 recommendations, the new ACIP guidance states that pregnant women who were not vaccinated previously with Tdap:

- receive Tdap in the immediate postpartum period before discharge from hospital or birthing center,
- may receive Tdap at an interval as short as 2 years since the most recent Td vaccine (however, ACIP says there is no minimum interval if pertussis protection is needed),
- receive Td during pregnancy for tetanus and diphtheria protection when indicated, or
- defer the Td vaccine indicated during pregnancy to substitute Tdap vaccine in the immediate postpartum period if the woman is likely to have sufficient protection against tetanus and diphtheria.

ACIP recommended use of Td instead of Tdap during pregnancy because of a lack of adequate data on 1) the safety of Tdap for pregnant women, their fetuses, or pregnancy outcomes; and 2) whether Tdap-induced transplacental maternal antibodies provide early protection against pertussis to infants or interfere with an infant's immune responses to routinely administered pediatric vaccines. Although pregnancy is not a contraindication for receiving Tdap vaccine, health-care providers should weigh the theoretical risks and benefits before choosing to administer Tdap vaccine to a pregnant woman. The full text of this recommendation is available at [www.cdc.gov/mmwr/preview/mmwrhtml/rr57e0514a1.htm?s\\_cid=rr57e0514a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr57e0514a1.htm?s_cid=rr57e0514a1_e).

### Updated ACIP Recommendations for Human Rabies Prevention

ACIP has published updated comprehensive recommendations for human rabies prevention in the United States. Vaccination recommendations are unchanged. *NOTE: Due to manufacturing problems for one of the two manufacturers of U.S. rabies vaccine, the current U.S. supply of rabies vaccine is restricted to post-exposure treatment of persons with known rabies exposures.*

**Pre-exposure:** Rabies pre-exposure vaccination should include three 1.0-mL injections of human diploid cell vaccine (HDCV) or purified chick embryo cell vaccine (PCECV) administered intramuscularly (one injection per day on days 0, 7, and 21 or 28).

**Post-exposure:** In almost all circumstances, testing or observation of the suspect rabid animal before administration of PEP is preferable. Prophylaxis for the prevention of rabies includes prompt and thorough wound cleansing followed by passive rabies immunization with human rabies immune globulin (HRIG), and vaccination with a cell culture rabies vaccine.

- For persons who have never been vaccinated against rabies, post-exposure vaccination should always include administration of both HRIG and vaccine (HDCV or PCECV). The full dose of HRIG should be thoroughly infiltrated into and around the wounds, and is administered only once, at the beginning of antirabies prophylaxis, to previously unvaccinated persons to provide immediate rabies virus neutralizing antibody coverage until the patient responds to HDCV or PCECV by actively producing antibodies. If RIG is not administered the day vaccination is begun, it can be administered up to and including day 7.
- A regimen of 5 1-mL doses of HDCV or PCECV should be administered intramuscularly to previously unvaccinated persons. The first dose of the 5-dose course should be administered with HRIG as soon as possible after exposure (day 0). Additional doses should then be administered on days 3, 7, 14, and 28 after the first vaccination.
- Persons who have ever previously received complete vaccination regimens (pre-exposure or post-exposure) with a cell culture vaccine or persons who have been vaccinated with other types of vaccines and have previously had a documented rabies virus neutralizing antibody titer should receive only 2 doses of vaccine (no RIG): one on day 0 (as soon as the exposure is recognized and administration of vaccine can be arranged) and the second on day 3.

The full text of this recommendation is available at [www.cdc.gov/mmwr/preview/mmwrhtml/rr5703a1.htm?s\\_cid=rr5703a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5703a1.htm?s_cid=rr5703a1_e).

Please CONTINUE TO RESTRICT THE 4TH DOSE OF HIB vaccine to high-risk children only.  
Hib vaccine supply is expected to improve by late summer 2008.



# Vaccines For Children

## Program News and Alerts

### TEN QUESTIONS TO ASK BEFORE BUYING A REFRIGERATOR (PART 1)

- 1. Can I get by using one small refrigerator with a freezer shelf?** Sorry, no! Dorm or bar style refrigerators that feature a small freezer shelf are not allowed for general vaccine storage. This type can be used only for a single day's supply; do not store vaccine on the shelf immediately below the freezer "compartment," and return everything to a full-size or stand-alone refrigerator at the end of the day. You *cannot* store frozen vaccines in this unit at all, but at the same time you *will* have to defrost it regularly (and store the vaccine in another refrigerator while the other is defrosting). The freezer shelf is both useless and a hassle at the same time! Providers who do not replace dorm-style refrigerators may be held accountable for vaccines spoiled by improper storage. (NOTE: The VFC Program has handled six incidents in 2008 involving freezing temperatures in dorm-style refrigerators, which resulted in the need to recall and revaccinate patients who received compromised vaccine.)
- 2. Should I get a household refrigerator or commercial/lab-quality type?** Using a household refrigerator in a workplace may void the warranty. Household refrigerators are engineered to be opened about a dozen times a day, while commercial refrigerators are engineered to be opened a dozen times per hour (and maintain a stable temperature).
- 3. Does each section (refrigerator, freezer) have its own thermostat?** This is important when temperature adjustments need to be made due to storage volume, climate change, or room temperature. With only one thermostat, you may find yourself constantly adjusting it to prevent refrigerated vaccines from freezing and frozen vaccines from getting too warm.
- 4. Is there enough room inside for all those vaccines?** Keep in mind that flu season will greatly increase your vaccine storage needs. Pre-filled syringes are also becoming the norm for vaccine packaging, taking up two to three times the amount of space over vials.
- 5. Does it come with a maintenance contract?** Consumer Reports does not recommend extended warranties for any product. Such warranties are notoriously bad deals because: (1) some repairs are covered by the standard manufacturer warranty that comes with the product, (2) products seldom break within the extended-warranty window, and (3) when electronics and appliances do break, the repairs, on average, cost about the same as an extended warranty. Often, you get similar coverage automatically, if you make your purchase with a credit card.

## Did you know...

### ...About Measles, Mumps & Rubella (MMR) Vaccines?

- Children age  $\geq 12$  months should receive two doses of MMR vaccine. According to CDC's "Recommended Immunization Schedule for Ages 0-6 Years", these doses should be given at 12-15 months and at 4-6 years, however they can be given as little as 4 weeks apart.
- Adolescents who have not received two doses of MMR should receive "catch-up doses."
- One dose of MMR can be given to children ages 6-12 months who will be traveling to a measles-endemic area, but this dose will not count as one of the two valid doses and must be repeated at age  $\geq 12$  months.
- State-supplied (VFC) MMR vaccine can be used for first and second doses for:
  - 1) all children age 12 months up to the 19th birthday
  - 2) students born in 1957 or after *who are entering college or post-secondary education programs*.
- All adults born in 1957 or later with no medical contraindications should receive at least one dose of MMR vaccine (from a *purchased* supply), unless they have documentation of vaccination with at least one dose of measles or MMR vaccine, physician-diagnosed disease, or laboratory evidence of immunity.
- **Travelers and health-care workers should have two doses of MMR vaccine or immunity as listed above.**

### New Translations of Multi-Vaccine VIS Now Available

The new Multi-Vaccine VIS has been translated into Spanish, Chinese, Tagalog, Hmong, Russian, Somali, Thai, and Vietnamese. You can access copies of the English version and the translations at [www.immunize.org/vis](http://www.immunize.org/vis). You can use this VIS in place of the ones for individual vaccines when you are giving any or all of the six vaccines it covers (Hepatitis B, Polio, Pneumococcal conjugate, DTaP, Rotavirus, or Hib) at the same visit.

### Sign up for electronic notification of important Public Health information

In the event of a large scale or unusual health emergency, Public Health - Seattle & King County needs to be able to reach you with timely information. The Public Health Information and Alert Network (IAN) was developed to rapidly communicate important information of public health significance to healthcare providers in King County. Healthcare providers can enroll in the Network by following these steps: 1) Log onto our IAN web site: <https://www.metrokc.gov/health/ian/>  
2) Enter Invitation Code: **AmWab06reX** (Case-sensitive)  
3) Enter provider contact information.

### Save the Date — CDC Annual Immunization Update is August 7, 2008!

Plan now to attend the satellite broadcast of CDC's Annual Immunization Update on August 7, 2008. The 2.5 hour annual update, highlighting current and late-breaking immunization issues, will be at the Blanchard Building at 6th & Blanchard in Seattle. Registration information will be available in July.

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**The VacScene**  
Immunization News & Information

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