

# The VacScene

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## The VacScene

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The VacScene is a publication of Public Health – Seattle & King County written for health professionals. Content is consistent with the most current recommendations from the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP).

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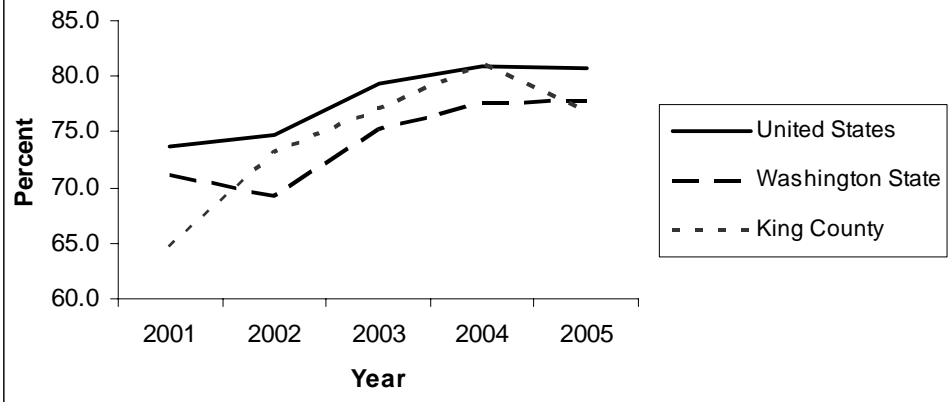


## Room for Improvement: Results of the 2005 National Immunization Survey (NIS) Data

National rates for childhood vaccination coverage have leveled off, albeit at or near all-time high levels. Although national coverage for the 4:3:1:3:3\* series was stable at just over 80.8% ( $\pm 1\%$ ), the new benchmark is to achieve over 80% coverage of children aged 19-35 months with the 4:3:1:3:3 series *plus* varicella (4:3:1:3:3:1). According to CDC's survey, vaccination coverage for the 4:3:1:3:3 series in King County (76.8%  $\pm 7.8\%$ ) and the rest of Washington State (78.2%  $\pm 6.5\%$ ) remains below the national average (see graph). The decrease in the King County rate from 81.0% in 2004 to 76.8% in 2005 is not statistically significant.

The King County coverage rate for the 4:3:1:3:3 series drops to 68.7% with the inclusion of the varicella vaccine. It is expected that varicella vaccine coverage will continue to improve with the new Washington DOH school entry requirement. Starting in 2006, all kindergarteners and 6th graders should have received a dose of varicella vaccine or have a parent-reported history of disease.

### Estimated vaccination coverage with 4:3:1:3:3\* among children aged 19-35 months, by area and year-- US, National Immunization Survey, 2001-2005



\* $\geq 4$  doses of diphtheria, tetanus toxoid and pertussis vaccines, diphtheria and tetanus toxoid vaccine, or diphtheria and tetanus toxoid and any acellular pertussis vaccine (DTP/DT/DTaP);  $\geq 3$  doses of poliovirus vaccine;  $\geq 1$  dose of any measles-containing vaccine;  $\geq 3$  doses of Haemophilus influenzae type b vaccine; and  $\geq 3$  doses of hepatitis b vaccine.

The NIS survey results reflect two notable national achievements. First, despite vaccine shortages, pneumococcal conjugate vaccine (PCV) coverage is substantially increased. Coverage for the full series ( $\geq 4$  doses) surpassed 50% and coverage for  $\geq 3$  doses surpassed 80%. Another accomplishment is that the gap in health disparities appears to be closing. For the first time in a decade, there is no significant difference by race/ethnicity in coverage estimates for a completed series, including varicella vaccine. However, inequalities still exist for coverage with some individual vaccines. The full report of survey results is available at:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5536a2.htm>

## King County VFC News -Vaccines for Children Program-

### Influenza Vaccine

This year, the Washington State VFC Program will provide a variety of flu vaccine products. The formulations are licensed to different age groups, so it is important to select the appropriate vaccine formulation for each patient.

There are two steps to choosing the correct state-supplied influenza vaccine for your patient:

1. Is the patient eligible for state-supplied vaccine? The patient must fit into *at least one* of the three high risk categories:

- A. **Age:** All children 6 months up to the 5<sup>th</sup> birthday;
- B. **Health status:** Children and teens 5 years up to the 19<sup>th</sup> birthday with medical conditions placing them at increased risk for complications of influenza (chronic heart, lung, metabolic, renal or cognitive dysfunction; hemoglobinopathies; immunosuppression; aspirin therapy; spinal cord injuries; seizure disorders; pregnancy);
- C. **Contacts:** Children 5 years of age up to the 19<sup>th</sup> birthday who are household contacts of high risk individuals of any age

2. Which formulation should you use? For patients determined to be eligible for state-supplied vaccine, choose the appropriate, licensed vaccine for that patient (see table below).

**Note: Accounting for flu vaccine on your monthly reports will be simpler: just report number of doses with preservative ("Flu") and number without ("Flu-PF").**

### Vaccine Distribution Program System Changes

As you may know, all Washington State Vaccines for Children (VFC) Programs are enrolling in the new CDC-sponsored nationwide vaccine distribution system. The changeover from our current distribution system to the new national program is scheduled to take place in late November 2006. This change should have very little impact on King County providers, because we have been using a third party distributor since 1998.

#### What will change:

- The distributor, currently GIV, will change to **McKesson**.
- Place orders for vaccine two full weeks before product is needed; this is because the CDC's involvement adds another step to the process of fulfilling your order; our ability to request emergency shipments will be restricted.
- Because of King County's size and population, the transition to the new distributor will take several weeks. Through December 2006, you may be receiving state-supplied vaccine from both GIV and McKesson.
- A newly formatted Vaccine Request form will replace the current form.

#### What won't change:

- How you order vaccine
- How vaccine is delivered to you
- How you report vaccine usage and storage each month
- Susan, Ricky, Anna, and Darren will still be your contacts within the VFC Program (phone: 206-296-4774 and fax 206-205-5780).
- You will continue to receive free vaccine with free shipping.

Please call with any questions about the new system, (206) 296-4774.

ELIGIBLE GROUP	FORMULATION	DOSAGE (* give a 2 <sup>nd</sup> dose)
All children 6-35 months of age	FLUZONE PF, preservative- free, pre-filled syringes	0.25 mL *
All children 36 months up to the 5 <sup>th</sup> birthday	FLUZONE, multi-dose vial (w/ preservative)	0.50 mL *
All children 4 years of age up to the 5 <sup>th</sup> birthday	FLUZONE or FLUVIRIN, multi-dose vial (w/preservative)	0.50 mL *
Children 5 years of age up to the 9 <sup>th</sup> birthday who are high risk or household contacts of high risk people of any age	FLUZONE or FLUVIRIN, multi-dose vial (w/preservative)	0.50 mL *
Children 9 years of age up to the 19 <sup>th</sup> birthday who are high risk or household contacts of high risk people of any age	FLUZONE or FLUVIRIN, multi-dose vial (w/preservative)	0.50 mL (single dose)
Pregnant teens up to the 19 <sup>th</sup> birthday	FLUZONE PF, preservative free, single dose vials or pre-filled syringes	0.50 mL (single dose)

\* An asterisk indicates that a 2<sup>nd</sup> dose of flu vaccine should be given  $\geq 4$  weeks after the 1<sup>st</sup> dose if this is the first dose of flu vaccine the patient has ever received.

## What's New with Flu for 2006-07?

### *Q: What are the main changes or updates in the ACIP 2006 Recommendations for the upcoming influenza season?*

**A:** The major changes are as follows:

- 1) All children ages 6-59 months and their household contacts and out-of-home caregivers are recommended to be vaccinated against the flu. **NOTE:** If a child aged 6 months -<9 years received influenza vaccine for the first time during a previous season but did not receive a second dose of vaccine within the same season, only one dose of vaccine should be administered this season;
- 2) Additional emphasis on the need for children 6 months-<9 years who have not been previously vaccinated at any time with either live or inactivated flu vaccine to receive a booster dose before the onset of influenza season, if possible;
- 3) Neither amantadine nor rimantadine should be used for the treatment or chemoprophylaxis of influenza A because of recent data indicating widespread resistance of influenza virus to these medications. As an alternative, oseltamivir or zanamivir may be prescribed if antiviral treatment or chemoprophylaxis is indicated;
- 4) The 2006-07 vaccine strains are A/New Caledonia/20/1999 (H1N1)-like, A/Wisconsin/67/2005 (H3N2)-like, and B/Malaysia/2506/2004-like antigens.

### *Q: Is the CDC recommending prioritization of flu vaccine for populations considered at high-risk for complications from the flu?*

**A:** No. Despite the recent news that almost half of the vaccine supply from one of the major US vaccine manufacturers may not be delivered until the end of November or early December, the CDC is not recommending a tiered vaccination strategy this year. Overall influenza vaccine supply for the US is still projected to be about 100 million doses.

### *Q: What is the recommendation for health care workers?*

**A:** Annual influenza vaccination is recommended for health-care workers. Nonetheless, National Health Interview Survey 2004 survey data indicated a vaccination coverage level of only 42% among health-care workers (CDC, unpublished data, 2006). Vaccination of health-care workers is a high priority for protecting patients and keeping healthcare workers healthy. Flu vaccination in health care workers has been associated with reduced work absenteeism and fewer deaths among nursing home patients.

**Standing orders** for influenza vaccination of health care workers is one method that could foster increased vaccination coverage levels of this population. To download *Standing Orders to Administer Flu Vaccine to Adults*, go to: <http://www.immunize.org/catg.d/p3074.pdf>

### *Q: How late into the season should I recommend that my patients be vaccinated against the flu?*

**A:** October through November are the optimal months for people to receive influenza vaccine, however **vaccination efforts should continue through December and into January**, as long as vaccine supplies are available. Flu season generally peaks in

February and cases continue to occur through Spring. People should receive flu vaccine even after influenza activity has begun in the community.

### *Q: What about Flu Mist, the live-attenuated influenza vaccine (LAIV)?*

**A:** Flu Mist, the intranasally administered flu vaccine, is an excellent option for vaccination of healthy, non-pregnant persons aged 5-49 years. Possible advantages of LAIV include its potential to induce a broad mucosal and systemic immune response, its ease of administration, and the acceptability of an intranasal rather than intramuscular route of administration. For more information on LAIV, go to: <http://www.cdc.gov/flu/about/qa/nasalspray.htm>

## Prevent Cervical Cancer and Genital Warts

In June 2006, a new vaccine for human papillomavirus (HPV) was licensed for use in girls and women 9-26 years of age to prevent cervical cancer and genital warts due to HPV. Gardasil, manufactured by Merck, protects against four types of HPV, two (types 16, 18) that cause 70% of cervical cancers and two (types 6, 11) that cause 90% of cases of genital warts. HPV is the most common sexually transmitted infection in the US. Approximately 10,000 women are diagnosed with cervical cancer every year, and an average of 10 women die each day from the disease.

**Cost:** The retail price for the private sector is \$360 for the three-dose series. Pending the CDC and HHS acceptance of the ACIP recommendation for the vaccine's inclusion in the federal VFC program, a request for supplemental funding will be brought to the WA State legislature in January. If approved, Gardasil could be available late Spring or early Summer 2007 through WA State's VFC program to girls ages nine up to the 19<sup>th</sup> birthday. The vaccine is not licensed for use in males at this time.

**Schedule:** The vaccination series consists of three intramuscular injection given over a six-month period; the second and third doses should be given 2 and 6 months after the first dose, respectively.

### **Where can I get the vaccine?**

Providers can purchase the vaccine directly from the manufacturer or via a distributor. Public Health clinics do not have HPV vaccine available at this time. Some of the major grocery chains that have on-site pharmacies (e.g. Safeway) have the vaccine; the pharmacist can administer it to eligible recipients.

### **How can I find out more about HPV?**

Interim Vaccine Information Sheet, Q & A, etc.:

<http://www.cdc.gov/nip/vaccine/hpv/default.htm>

HPV -ACIP provisional recommendations:

[http://www.cdc.gov/nip/recs/provisional\\_rec/hpv.pdf](http://www.cdc.gov/nip/recs/provisional_rec/hpv.pdf)

Return Services Requested

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## Highlights

### 2007 Epidemiology & Prevention of Vaccine-Preventable Disease Course

Mark your calendars for CDC's live satellite course, *Epidemiology and Prevention of Vaccine-Preventable Diseases*, scheduled for **January 25, February 1, 8 & 15, 2007**. Each of the four-hour morning sessions will be located in Seattle at the Blanchard Plaza Building, 6<sup>th</sup> and Blanchard.

The course provides a comprehensive overview of the principles of vaccination, general recommendations, immunization strategies for providers and specific information about vaccine-preventable diseases and the vaccines that prevent them. CME/CEUs will be awarded to course participants who complete the training.

Registration forms will be mailed in December to *Vac Scene* subscribers and will also be available on our website at: <http://www.metrokc.gov/health/immunization/providers.htm#training>. The broadcast may also be accessible via webcast.

If you need additional information, you may call Maybelle Tamura at 206-296-5252.

### Vaccine Information Statements (VIS): Myth Exposed!

**Myth:** A newly-licensed vaccine cannot be administered until a VIS is available for it.

**Fact:** The law does not require that a vaccine be withheld if a VIS for it does not yet exist. Once a VIS is available, it should be used; but **providers should NOT delay use of a vaccine because of the absence of a VIS.**

In the event that a VIS is not yet available for a particular vaccine at the time that a provider begins using the vaccine, it is recommended that the manufacturer's package insert – or other information sheet created by the provider – be used to inform patients about the benefits and risks of that vaccine.

#### New VIS

Two VIS released in September 2006 include: **Human papillomavirus (HPV)** and **Shingles**. There are also interim VIS for **Tdap** and **Rotavirus** (7/06 and 4/06, respectively) and **Influenza** (TIV and LAIV), 6/06. Camera-ready copies of all VIS are available in English as well as a variety of other languages and can be downloaded from the Immunization Action Coalition website: <http://www.immunize.org/vis/#English>. VIS can also be ordered from the Washington State Department of Health at [immunematerials@doh.wa.gov](mailto:immunematerials@doh.wa.gov) or fax (360)664-2929.

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Available in alternate formats