

Oregon Immunization Bulletin

Public Health Division

August 2006

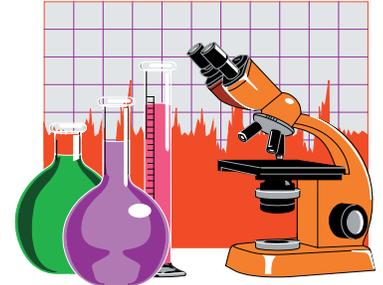
A Breakthrough Vaccine Protecting Against Human Papillomavirus and Cervical Cancer

Human papillomavirus (HPV) is the first vaccine developed to prevent cervical cancer, precancerous genital lesions, and genital warts due to HPV.

HPV is the most common sexually transmitted infection in the United States. More than 20 million men and women in the United States are currently infected with HPV and there are 6.2 million new infections each year. HPV occurs most frequently in women and men in their late teens and early twenties.

This June, the Food and Drug Administration (FDA) licensed the first HPV vaccine for use in girls/women, ages nine to 26 years. The Advisory Committee on Immunization Practices (ACIP) recommends that three doses of the newly licensed vaccine be routinely given to girls at age 11 to 12 years. The vaccine can be given as early as age nine at the discretion of the health care provider.

The recommendation also includes girls and women ages 13 to 26 years. HPV is expected to be available through the VFC Program this fall for girls ages 9 through 18 years.



Gardasil®, manufactured by Merck, protects against two HPV types that cause 70 percent of cervical cancers (Types 16 and 18), and two HPV types that cause 90 percent of genital warts (Types 6 and 11). On average, there are 9,710 new cases and 3,700 deaths from cervical cancer in the United States each year.

For more information see the: Centers for Disease Control and Prevention (CDC) developed fact sheets, www.cdc.gov/std/HPV.

Oregon Immunization Program's Q&A sheet, oregon.gov/dhs/ph/imm/index.shtml.

Table 1. 2006 Reported Cases¹ of Vaccine Preventable Diseases by Age Group, Oregon - Provisional as of 7/22/06

DISEASE	AGE GROUPS					Unknown	All Ages
	< 1 yr	1-4 yrs	5-9 yrs	10-19 yrs	20+ yrs		
Congenital Rubella Syndrome	0	0	0	0	0	0	0
Diphtheria	0	0	0	0	0	0	0
<i>H. influenzae</i> , type B (Hib)	0	0	1	0	0	0	1
Hepatitis A	0	2	1	3	20	0	25
Hepatitis B ²	1	3	4	10	266	0	284
Measles	0	0	0	0	1	0	1
Mumps	0	0	0	0	1	0	1
Polio	0	0	0	0	0	0	0
Pertussis	15	9	3	19	29	1	76
Rubella	0	1	0	0	0	0	1
Tetanus	0	0	0	0	2	0	2

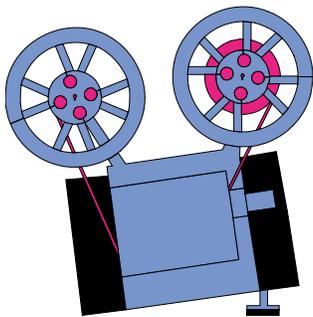
1. Confirmed and presumptive cases.

2. Acute, chronic and indeterminate.

Prepared by the Oregon State Public Health Division, Immunization Program

Featured Immunization Clinics

The Immunization Program is dedicated to recognizing clinics that excel in immunization practice, provide superior patient services, and have established themselves as leaders in the health care community.



This quarter we recognize:

Salem Clinic P.C.
& its three satellite clinics:
Inland Shores
Salem Heights Plaza
Primary Health Care

These clinics have demonstrated outstanding service by meeting high standards in vaccine storage, handling and administration. These four clinics fulfilled ALL of the recommendations and requirements of the Oregon Vaccines for Children (VFC) Program. Only 5 percent of Oregon private providers who had VFC site visits in 2005 were compliant in all the requirements.

When asked what steps they take to maintain such a strong immunization practice, Joan Kaiser, Director of Clinical Services for all clinic sites, replied

“We provide training for new staff and have developed written protocols to support ongoing compliance. The nursing team leaders regularly check documentation in patient records, as well as documentation of vaccine handling practices. In addition, many of the suggestions that were made in the previous (VFC) site visits have been implemented.”

Salem Clinic is now taking their immunization practices to the next level by utilizing Oregon's immunization quality improvement program, AFIX (Assessment, Feedback, Incentives eXchange).



Congratulations to all the staff at Salem Clinic!



Hats off to these Health Departments

In June, at the annual conference for Local Health Department Immunization Coordinators, the Oregon Immunization Program recognized the following health departments for tremendous work done to improve immunization rates:

- ♦ **Baker County Health Department** for the highest percent of fully immunized two year-olds
- ♦ **Wasco Sherman Public Health Department** for the largest improvement in two year-old immunization rates
- ♦ **Crook County Health Department** for the fewest missed shots

These Local Health Departments were recognized for five years of continually increasing two year-old immunization rates:

- ♦ **Jackson County**
- ♦ **Marion County**
- ♦ **Wasco Sherman County**
- ♦ **Washington County**

Congratulations to these health departments for their commitment to improving practice and improving the health of Oregon's children!

Mark Your
Calendar!
May 15 & 16, 2007
Portland Hilton

The Oregon and Washington State Immunization Programs proudly present *The 2007 Northwest Immunization Conference: Partnering for Success*. This will be an exciting opportunity for both public and private health professionals to come together and share their knowledge of immunizations.

Stay tuned!

Second Dose of Varicella Vaccine Now Recommended

The Advisory Committee on Immunization Practices (ACIP) unanimously voted on June 29th to recommend a second dose of varicella (chickenpox) vaccine to further improve protection against the disease. The schedule was amended to be in concert with MMR: the first dose of varicella should be given at 12 to 15 months and the second dose at four to six years. MMRV (new MMR and Varicella combination vaccine) is now available through the VFC Program.

Fifteen to 20 percent of children who have received one dose of varicella vaccine are not fully protected and may develop chickenpox after coming in contact with varicella zoster virus. Additionally, only one dose of the vaccine may *not* continue to provide protection into adulthood when chickenpox is more severe. A second dose of varicella vaccine provides increased protection against varicella disease.

Chicken pox outbreaks have continued to occur among vaccinated school children. During these chickenpox

outbreaks, between 11 and 17 percent of vaccinated children developed chicken pox. Chicken pox in vaccinated children is usually mild, but the children are contagious and can transmit the virus to others including immunosuppressed persons or their parents who are at higher risk of severe disease.



Before varicella vaccine licensure in 1995, each year there were about four million cases of varicella, 13,500 hospitalizations, and 150 deaths. Cases of varicella have steadily declined roughly 80 percent in surveillance sites since vaccine licensure. From 1995 to 2001, varicella hospitalizations declined by 72 percent and deaths, among those 50 years old and younger, decreased by 75 percent or more.

The ACIP also recommends that children, adolescents, and adults who previously received one dose of varicella vaccine should receive a second dose.



Ask Maria...Your Clinical Questions

ACIP and the American Academy of Pediatrics (AAP) have different recommendations for spacing Tdap and MCV4 (Menactra™) if they are not given simultaneously. Explain.

The ACIP Tdap recommendations published in the MMWR 3/24/06 state that Tdap or Td can be administered at any time before or after MCV4. AAP's Committee on Infectious Diseases took a somewhat more conservative approach and suggested these vaccines be separated by a month if not given at the same visit. Providers can use either approach.¹

If patients have a history of pertussis disease, should they receive Td rather than Tdap?

No. Although well-documented (e.g., culture confirmed) pertussis disease is likely to confer at least temporary immunity against pertussis (probably at least five years), the exact duration of such immunity is unknown. As a general rule, persons with an indication for Tdap should receive it regardless of a history of pertussis disease. However, if the illness was recent (less than five years) and the diagnosis was certain (i.e., culture confirmed) it is reasonable to wait three to five years before administration of Tdap, unless tetanus and diphtheria toxoids are needed.¹



¹Reference: Immunization Action Coalition's (IAC) Ask the Experts Q&A, www.immunize.org/catg.d/p2021.htm

Vaccines for Children

Change is Coming



What will change with the VFC Program?

A new vaccine distribution process is coming for Oregon and the rest of the United States. The Centers for Disease Control and Prevention (CDC) has developed the Vaccine Management Business Improvement Project (VMBIP). Currently, CDC-supplied vaccine is distributed from the manufacturers to state and local immunization programs, which in turn, pack and ship vaccine to providers. With this new project, vaccine will be shipped from the manufacturers to two or three national distribution companies, which will then ship directly to providers. In Oregon, Local Health Departments may feel the change more, as they currently receive their vaccine from Oregon's Distribution Center. Private providers have received their vaccine from third party distributors for many years.

When will this change happen?

VMBIP will roll out in stages nationally. Oregon may "go live" as early as March 2007.

How will this affect how my practice uses VFC?

It is expected that all VFC providers will need to submit vaccine inventory logs twice a month. Other changes will be described in one-page bulletins that immunization providers can expect to receive monthly, starting in August.

You can be involved

We need input in the planning and implementation of this new vaccine distribution plan. Please email Lydia.m.luther@state.or.us (Mimi) with suggestions or questions. More to come!

Want the latest updates on VFC vaccine supply and policy issues? Subscribe to VFC's List serve. Send email to Lydia.m.luther@state.or.us & put "add to list serve" in subject line.

New and Upcoming Vaccine Information

Vaccine	Availability of VFC Vaccine
Rotavirus	Available now!
Human Papillomavirus (HPV)	Anticipate VFC availability in October. Currently waiting for a decision from OMAP whether OMAP will pay for privately-purchased vaccine used now on VFC-eligible patients.
MMR & Varicella (MMRV)	Available now! Note, MMRV will be shipped separately from other VFC vaccines. It must be stored in the freezer at -15 C°/5° F or colder. Remember that diluent is stored in the lid of the vaccine shipment to keep it from freezing. So please remember to check the lid when unpacking MMRV.
Influenza	Providers can expect to receive all VFC-supplied flu vaccine ordered for the 06/07 Season. Vaccine will be shipped in phases. More detailed information will be mailed in the flu packet this fall.

Oregon Immunization ALERT

ALERT Highlights Summer 2006

- **Pneumococcal Labels Online:** The ALERT web site has changed the labels for pneumococcal vaccines printed on immunization records for improved clarity. The new labels will use each vaccine's abbreviation:

Pneumococcal Conjugate Vaccine = PCV7
Pneumococcal Polysaccharide Vaccine = PPV23

- **New Barcode Sheets:** New ALERT barcode sheets have been printed that include many recently released vaccines (MMRV, Meningococcal, Tdap). These barcode sheets will be sent out as clinics order new supplies – until then, please continue to use “other” stickers for immunizations not listed on previous barcode sheets.
- **Lifetime Registry Exploration:** A new workgroup is forming to explore ALERT's potential expansion to a life span registry, an idea supported by numerous immunization stakeholders. If you are interested in learning more and/or participating in this workgroup, please contact Mary Beth Kurilo at 971.673.0294 or Mary.Beth.Kurilo@state.or.us.

A ALERT
1.800.980.9431
www.immalert.org

Oregon Partnership to Immunize Children

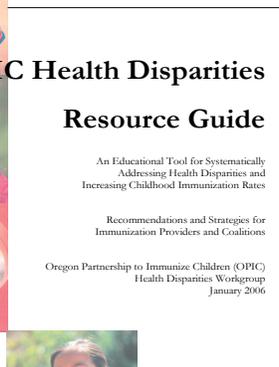
A New Tool for Staff Training and Education

The Health Disparities Committee of the Oregon Partnership to Immunize Children (OPIC) has developed a user-friendly tool that is available at no cost. This tool offers information on the following:

- Childhood and Adolescent Immunizations
- Racial and Ethnic Disparities in Access to Health Care and Immunizations, including Oregon data
- Providing Customer Service in a Culturally Competent Manner
- Improving Customer Service and Adult Education

To receive a copy of the *OPIC Health Disparities Resource Guide*, (January 2006), send an E-mail or fax to the OPIC Coordinator, Karen Elliott, Karen.r.Elliott@state.or.us, fax: 971.673.0278. Please include your name and title, practice name, mailing address, phone, fax and E-mail address. Be sure to designate whether you want the Guide in hard copy, CD-ROM or both formats. For more information contact Karen at 971.673.0285.

Join OPIC in our journey to systematically address health disparities and increase childhood immunization rates!



Hep B-1



World of Immunization, Local News

Doctors Talk, Parents Listen

The Oregon Immunization Program recently completed a statewide survey of parents' attitudes and practices regarding childhood immunizations. The majority (69 percent) of parents surveyed indicated that they placed a lot of trust in local doctors and preliminary results suggest that parents continue to look to health care providers for guidance in making decisions about childhood immunizations.

In most cases, parents report that providers have encouraged them to get all recommended vaccinations and that they have followed that advice.

Of concern, however, are reports that some health care providers are advising parents against immunizations. Fourteen percent of vaccine-hesitant parents in our study told us that their decisions were influenced by advice from health care providers.

Analysis is underway to explore provider-parent communications about the risks and benefits of immunizations and how these conversations affect whether or not a child will be vaccinated.

Early OHP Coverage Equals Higher Immunization Coverage

Oregon's Office of Medical Assistance Programs published an article in the American Journal of Public Health (May 2006) describing the factors associated with on-time vaccination for children covered by the Oregon Health Plan (OHP).

The strongest factor for receiving vaccines before three months of age was having the infant covered by OHP within the first month of life. The second most important factor was having the mother covered by OHP at the time of the infant's birth. Children who receive their first vaccine (not including the birth dose of Hep B) before three months of age are twice as likely to be fully immunized by the age of two compared with those who start late.

So, early OHP coverage, whether for the infant or for the mother, was the most important factor predicting that children would start their vaccine series by three months of age, thereby significantly improving their chances of being fully immunized by the age of two.

Pandemic Planning in Oregon is Underway

The Oregon Public Health Division will lead the state's response to an influenza pandemic. Last March, the Division released its Pandemic Influenza Plan. The Oregon Immunization Program will play a critical role in the prioritization, allocation and distribution of vaccine and antivirals during an influenza pandemic.

To test elements of the plan, a November 2006 full-scale exercise is being developed by an exercise design team. To date, all 34 local health departments and most Oregon hospitals will participate. Activities leading up to the November event include a statewide pandemic influenza workshop, regional tabletop exercises and drills. The ultimate goal of these activities is to lessen the impact of an influenza pandemic on Oregon residents, their community and the health care system.

To learn more about Oregon's pandemic influenza plan: www.oregon.gov/dhs/ph/acd/flu/panflu.shtml



World of Immunization, National News

Updated Flu Recommendations

On June 28, CDC issued the latest ACIP influenza recommendations in an MMWR Early Release. The new recommendation states the following should get flu vaccine:

- All kids six months to five years
- Children five to 18 years who are household contacts of anyone under five years
- Adults who are caregivers of children under five years of age.

More influenza information and materials will be sent in the fall packet.

Defer Use of Tdap in Pregnant Women

ACIP voted to recommend postpartum administration of Tdap for pregnant women. ACIP did not feel there was enough evidence to suggest that a benefit of passive maternal antibodies would outweigh the risk of interference with the current childhood vaccination schedule and therefore did not recommend administering Tdap during pregnancy.



www.cdc.gov/nip

Defer Menactra™ for Young Adolescents

Due to supply problems of meningococcal conjugate vaccine (MCV4) or Menactra™ the CDC recommends the following interim guidelines (as of May 19th):

1. Until further notice, only administer MCV4 to these persons:
a) Those entering high school or 15 years of age; b) college freshmen living in dorms; c) those at high-risk for meningococcal disease¹
2. Defer administration of MCV4 vaccine to 11 to 12 year olds.

¹ MCV4 is preferable to meningococcal polysaccharide (MPSV4) or Menomune® for vaccination of most persons. However, MPSV4 is highly effective in preventing meningococcal disease caused by serogroups A, C, Y, W-135 and is an acceptable alternative to MCV4.

Mumps Review

Reporting Now Required in Oregon

Mumps cases now need to be reported in Oregon. This action comes as more Oregon counties are suspecting this viral illness, the recent outbreak in the Midwest, and because Oregon is the only state where doctors have not been required to report the disease.

So far, one positive case of mumps has been reported in Oregon.

Cases Nationally

Through June 6th of this year, 4,403 mumps cases have been reported to CDC from 14 outbreak-affected states. Of the total number of current cases, 44 percent have been reported from the Iowa Department of Public Health. The predominant age group affected in most states is 18 to 24 year olds, many of whom are college students. This outbreak has resulted in some severe complications, including deafness, meningitis, encephalitis, pancreatitis, oophoritis and orchitis, and one death.

In response to the current outbreak, the ACIP updated criteria for mumps immunity and mumps vaccination recommendations. Mumps vaccine is the most effective control measure. The vaccine efficacy is approximately 80 percent after one dose and 90 percent after two doses.

For more information see the Acute & Communicable Disease Prevention web site, oregon.gov/dhs/ph/acd

Give Hepatitis A at 12 Months—it is Official

The ACIP now recommends routine Hepatitis A vaccination for children aged one year or older in the United States. The recommendation was published in the May 19 MMWR.



Oregon Department
of Human Services

Immunization Program

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