



# Oregon Immunization Bulletin

PUBLIC HEALTH DIVISION

FALL 2007

## HATS OFF TO TOPOFF 4



Dr. Katherine Bradley, Dr. Susan Allan, James Whitfield, Partick O'Carroll, and Secretary Leavitt in the AOC.

TOPOFF4 (Top Officials), a federal exercise to test state and local responsiveness to a large scale emergency, took place October 15-19 in Portland. The scenario involved a radiological dispersion devise (RDD), or dirty bomb, exploding on the Steel Bridge.

Immunization Program staff, who are responsible for Oregon's Strategic National Stockpile (SNS) activities, participated in many ways. The State Health Officer and SNS Unit Lead worked with the federal government to attain treatment for the radiological agent on behalf of the counties. Oregon SNS teams processed hospital requests for the treatment and devised a system to distribute it. Immunization staff also served as Public Information Officers to practice communicating with the media in the state's

Please see TOPOFF, Page 8

## DR. PAUL CIESLAK APPOINTED TO ACIP

An Oregon physician has been appointed to the national Advisory Committee on Immunization Practices (ACIP). Paul Cieslak, M.D., joined the 15-member Committee July 1<sup>st</sup> and attended his first meeting in October.

ACIP is a prestigious panel that advises the federal government on vaccine practices.

It is the only entity in the federal government that advises the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention on the most effective way

to prevent vaccine-preventable diseases. "Vaccines are among the best tools we have to prevent disease," said Cieslak. "The production of so many new vaccines in recent years is both exciting and challenging. I'm honored to be able to lend a public-health perspective to recommendations about how vaccines should be used."

Dr. Cieslak has managed the Communicable Disease Program in the Oregon Department of Human Services Public Health Division since 1995. Since 2000, he has also served as Medical Director for the DHS Immunization Program, where he helps decide how limited immunization

Please see ACIP, Page 8

# Immunization News



## VACCINE PREVENTABLE DISEASE FLIPBOOKS: NOW AVAILABLE IN MORE LANGUAGES!

The Oregon Immunization Program has updated its Vaccine Preventable Disease Flipbook. The flipbook is an educational tool for clinical staff to use with parents, especially those who are hesitant about vaccinating their children.

**2-3 Million Children Die Each Year of Vaccine-Preventable Diseases**



This booklet contains graphic pictures.

The flipbook is now available in four versions: Spanish/English, Korean/English, Vietnamese/English, and Chinese/English.

The book also indicates which vaccines are required for day care/school entry and which vaccines will be required in 2008-2009.

If you are interested in receiving flipbooks to use in your clinic, please contact Cessa Karson-Whitethorn: [cessa.karson@state.or.us](mailto:cessa.karson@state.or.us).



## FLU SEASON IS HERE!

As of October 31<sup>st</sup>, Oregon has already had two confirmed cases of flu.

There are more than 130 million doses of vaccine expected for this season. Experts recommend that providers begin offering flu vaccine as soon as it arrives, and continue vaccinating through December and beyond.



The Centers for Disease Control stresses the importance of children 6 months to 9 years receiving two doses of flu vaccine, at least one month apart, the first year they receive flu vaccine. If a child receives only one dose their first season, they should receive two doses during their second season. Subsequent seasons require only one dose.

In addition, Flumist® – now with new FDA licensure -- is available for healthy people aged 2 – 49. As of October 24<sup>th</sup> the VFC program is covering Flumist® for children age 2 through 18.

Because more flu vaccine is expected to be available than ever before, anyone who wants to protect themselves or their loved ones is encouraged to get flu vaccine.

## NEW SCHOOL LAW REQUIREMENTS

Beginning in school year 2008-2009, two additional vaccines will be required for school or childcare attendance: Tdap and Hepatitis A. Seventh graders will need one dose of Tdap if it has been at least 5 years since their last diphtheria-tetanus containing vaccine. Children in kindergarten, preschool, Head Start and childcare will need two doses of Hep A vaccine. The first dose will be required by 18 months and the second dose will be required within one year of the first dose.

### What can you do?

- Give Hep A and Tdap to all recommended ages now.
- Don't miss an opportunity to immunize adolescents with
- HPV, influenza, or meningococcal vaccine. When adolescents come in for Tdap, give all recommended adolescent vaccines—even the ones that aren't required for school.
- Encourage all parents to maintain complete vaccination histories for their children and to make sure that the school also has an updated record. Documentation of specific immunizations is required for students in all grades and for college.
- Use ALERT, Oregon's immunization registry. Authorized users can look up patients' immunization records.

## ASK CAROL



**Q: The CDC strongly recommends using standing orders / protocols to improve vaccination coverage. Are there resources available to assist us in the development of standing orders / protocols?**

A: Yes. Using standing orders/protocols decreases the likelihood of administration errors and are effective in a variety of settings such as clinics, hospitals, and long term care facilities.<sup>1</sup> The Oregon Immunization Program provides standing orders for providers to download.

For more information, contact Maria Grumm at 971-673-0289 or your Health Educator.

<sup>1</sup> Source: The Community Guide. Available online at [www.thecommunityguide.org](http://www.thecommunityguide.org)

**Q: If an adult over 60 does not have immunity to varicella should that person receive 2 doses of Varivax or one dose of Zostavax?**

A: Lab testing is not recommended due to likely false negatives. You can assume anyone born before 1980 has had chicken pox. If you do test and the results are negative, the person will need two doses of Varivax at least four weeks apart. Otherwise, one dose of Zostavax is recommended.<sup>2</sup>

<sup>2</sup> Source: The Centers for Disease Control and Prevention. Available online at [www.cdc.gov](http://www.cdc.gov)

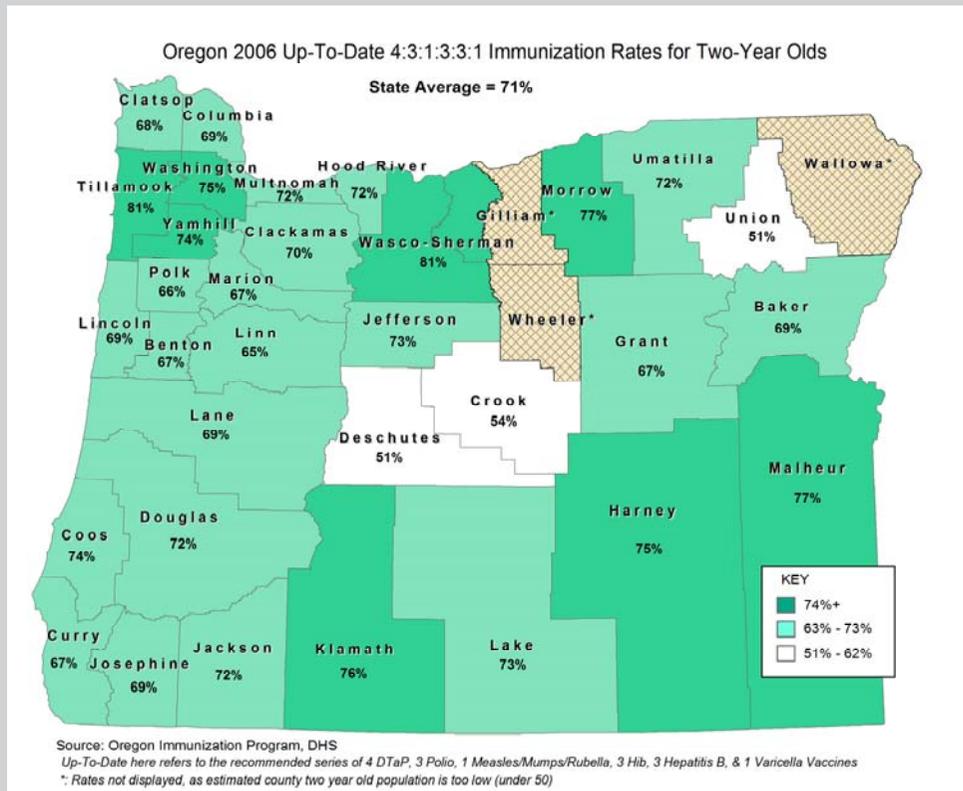
# What's new with Oregon's immunization coverage rates?

Population-based immunization coverage rates in Oregon for 2006 continue to show a relatively flat up-to-date (UTD) rate for the standard 4:3:1:3:3:1 (4 DTaP, 3 Polio, 1 MMR, 3 HIB, 3 Hepatitis B, 1 Varicella) series for 2 year olds – **71% in 2006 compared to 72% in 2005 and 69% in 2004.**

UTD rates by county, range from a high of 81% to a low of 51%. As in previous years, the data for these rates come from immunization administration data submitted to the ALERT registry. The data is adjusted for incomplete reporting and child mobility. One key difference in the 2006 rates, however, is that the minimum spacing requirement between the 3rd and 4th DTaP doses has been added to the UTD calculation. This minimum spacing was not included in 2004 and 2005, which likely resulted in slightly higher rates for those years. The message remains the same: timely and complete immunizations are critical.

New analysis this year includes a comparison of UTD rates among WIC

participants vs. non-WIC participants by county. Statewide, WIC participants had a 70% UTD rate as compared to 76% for non-WIC participants. This lower UTD rate for WIC participants is reflective of numerous



demographic differences and possibly health care access issues between WIC and non-WIC enrollees. However this gap in rates is expected to drop in future since the WIC program has placed a greater emphasis on having regular, systematic immunization screenings.

Interested in learning more? Please see more information about our methods, rate tables and maps at [www.oregon.gov/DHS/ph/imm/kids/survey/index.shtml](http://www.oregon.gov/DHS/ph/imm/kids/survey/index.shtml). New data on Medicaid kids is expected to be posted by January 2008,



# Top 10 things you need to know about your continuous tracking thermometer and recording temperatures

Proper temperature monitoring is essential for protecting your vaccine and making sure it is effective in preventing disease. Continuous tracking thermometers are a great way to monitor refrigerator and freezer temperatures...if they're used correctly. Here are the TOP TEN THINGS you should know about continuous tracking thermometers.

- Continuous tracking, certified, and calibrated thermometers are required by the Oregon Immunization Program for monitoring vaccine. They are considered the gold standard for tracking temperatures.

- Continuous tracking thermometers can be used in refrigerators and freezers! Place them in the middle of the unit, right next to your vaccines.

- The paper wheels on your continuous tracking thermometer need to be changed **ONCE A WEEK**. Assign someone in your clinic to be responsible for this. Keep the used paper wheels for a minimum of three years.

- The paper wheels tell you if your vaccine has been out of temperature range! If the red line goes into the shaded area of the wheel, call your Health Educator for advice on what to do next.

- Some continuous tracking thermometers track temperatures in Celsius, but others track in Fahrenheit. Make sure the chart paper you're using matches the unit you have. Fahrenheit chart recorder cannot be used in Celsius unit, and vice versa.



- Need to order more chart paper? Contact Dickson at 1-800-757-3747 or at [www.dicksondata.com](http://www.dicksondata.com). And remember, when ordering chart paper, order the paper that matches the SKU number on the back of your thermometer.

- Continuous tracking thermometers need to be calibrated on a regular basis to be accurate. When does your thermometer need to be recalibrated? Just flip it over! There's a sticker on the back that tells you when it needs to be recalibrated.

- Continuous tracking thermometer not working properly? Have you checked to see if the red pen or the battery needs to be replaced?

- Simply looking at your continuous tracking thermometer is not enough! Temperatures must still be recorded by clinic staff twice a day. To obtain blank temperature logs, visit: [www.immunize.org](http://www.immunize.org), or call your Health Educator.

- Using a continuous tracking thermometer can **SAVE YOU MONEY!** If your vaccine goes out of temperature range, you'll know the exact length of time and the temperature your vaccine reached. The vaccine might still be okay to use, after all!

# ALERT News

## ALERT Q & A

Web access to immunization records in ALERT has become the easiest and most common way to request a record. The following questions are some of the most frequently asked.

### 1. Why are there multiple records on my patient?

ALERT can't consolidate records based on name and date of birth only and may never be able to merge two or more records if additional demographics are not provided. For clinics that submit via barcodes, the more information ALERT gets from the blue registration form, the higher the chances that separate records can be matched. Some of the information ALERT relies upon to merge records are: mother's maiden name, child's Social Security Number, Medicaid number, address and phone number.

### 2. If I find my new patient on the web, why do I still need to send in New Enrollee Form (blue) and assign a barcode? (for clinics who submit to ALERT via barcode)

You need to send in a blue registration form and assign a barcode sheet because this links the patient to your clinic, and gives ALERT the information to merge the child's record to information from previous providers.

### 3. I know I sent ALERT data, but it is not on the web. Why?

There are a few different things that could have gone wrong. Give ALERT a call! We can search by more than birthdate and last name and possibly correct the record making it easy to find your patient in the future.

**QUESTIONS ABOUT  
ALERT?  
CALL 1-800-980-9431**

## TIMELY ALERT DATA SUBMISSIONS AND USING THE ALERT FORECASTER

Timely data submissions are essential to providing current, accurate records. These records are used in clinical decision-making and childcare/school admissions. The ALERT forecaster shows **shots past due** and **shots due now** for all individuals age 0-14. In order for the forecaster to be accurate, data must be submitted to the registry soon after immunizations are administered.

Ideally all shots would be reported within a week of administration. All public clinics are required to submit immunization data within 14 days of administration.

Timeliness rates for clinics that submitted data in both 2005 and 2006 revealed that, in 2005 only 62% of shots were received within thirty days, but the rate increased to 78% in 2006.

Keep up the good work!  
Our goal is 90%.



## **2008 OPIC AWARDS! NOMINATION PROCESS OPEN! SAVE THE DATE!**

Save the Date! The 10th Annual OPIC Awards Luncheon is being planned to coincide with National Infant Immunization Week.

The Oregon Partnership to Immunize Children (OPIC) would like your help in recognizing the special people and organizations throughout Oregon who are doing a very special job immunizing our communities against vaccine-preventable diseases. OPIC encourages you to nominate one of these people or organizations for an OPIC Award. The 2008 Nomination form is included with this Bulletin.

**The nomination deadline is Friday, January 11th, 2008.**

Each year, OPIC honors individuals and organizations who have significantly contributed to increasing childhood and/or adolescent immunization awareness and/or the rate of immunizations in Oregon. Awards are given in eight categories:

- Individual Leadership
- Innovative Partnership
- Model Program
- Media and Promotion
- Volunteer (organization)
- Immunization Provider
- Public Health Organization
- OPIC Champion.

To see a list of past awards winners, or to print a nomination form, go to [www.oregon.gov/dhs/ph/imm](http://www.oregon.gov/dhs/ph/imm) and click on OPIC. For more information, contact OPIC Coordinator Karen Elliott at karen.elliott@state.or.us, ph. 971-673-0285, fax 971-673-0278.

Information about the 2008 luncheon will be sent out in the near future!

### **OPIC ROUNDTABLES- BRINGING COMMUNITIES TOGETHER**

A big thank you to all of the public and private providers who participated in the September 18th and 26th OPIC Roundtables and VFC Trainings in Bend and Hillsboro. Evaluations found these meetings be informative, relevant, and enjoyable. Planning for the 2008 meetings will begin in January, so stay tuned!

### **OAIC UPDATE - MINI GRANTS**

Oregon Adult Immunization Coalition (OAIC) is proud to announce the completion of our 1st cycle of mini-grants. This pilot project is intended to support a variety of immunization projects statewide through \$8,100 in small grants. We received sixteen requests for funding, totaling more than \$32,000. Awardees will be notified shortly and will be showcased in the next Bulletin issue. For more information, or to become involved in OAIC projects, please contact Bryan Goodin (bryan.goodin@state.or.us), 971-673-0472.

funding can be spent most effectively in Oregon. He is a clinical Assistant Professor at the Oregon Health & Science University, teaching infectious diseases and public health topics.

“We are very pleased to see this recognition of Paul’s skills and expertise,” said Susan Allan, M.D., J.D., M.P.H., State Public Health Director in the DHS Public Health Division. “We also are glad that, through Paul’s participation, the experience and perspective from Oregon will help shape national

immunization policy.”

As a member of ACIP, Dr. Cieslak will help develop written recommendations regarding vaccination of children and adults, including ages at which vaccines should be given, number of doses, time period between doses, and precautions to vaccination.

This process includes reviewing scientific literature on the safety and effectiveness of specific vaccines, assessing cost effectiveness, and considering the feasibility of adding vaccines into existing programs.

public health Agency Operations Center (AOC).

Real-world events provided additional challenges for responders who were participating in this exercise, including a blackout that temporarily affected the AOC, and the evacuation of federal participants out of the Lloyd Center’s Doubletree Hotel due to a bomb scare.

The need to understand the federal government’s response procedures has been identified as just one of the many lessons learned. This exercise pointed out strengths and areas for improvement in our current systems. Addressing these issues now is essential to making sure we’re well prepared for a future emergency.



DEPARTMENT OF HUMAN SERVICES  
OREGON IMMUNIZATION PROGRAM  
800 NE OREGON STREET, SUITE 370  
PORTLAND, OR 97232-2162