Oregon Immunization Bulletin

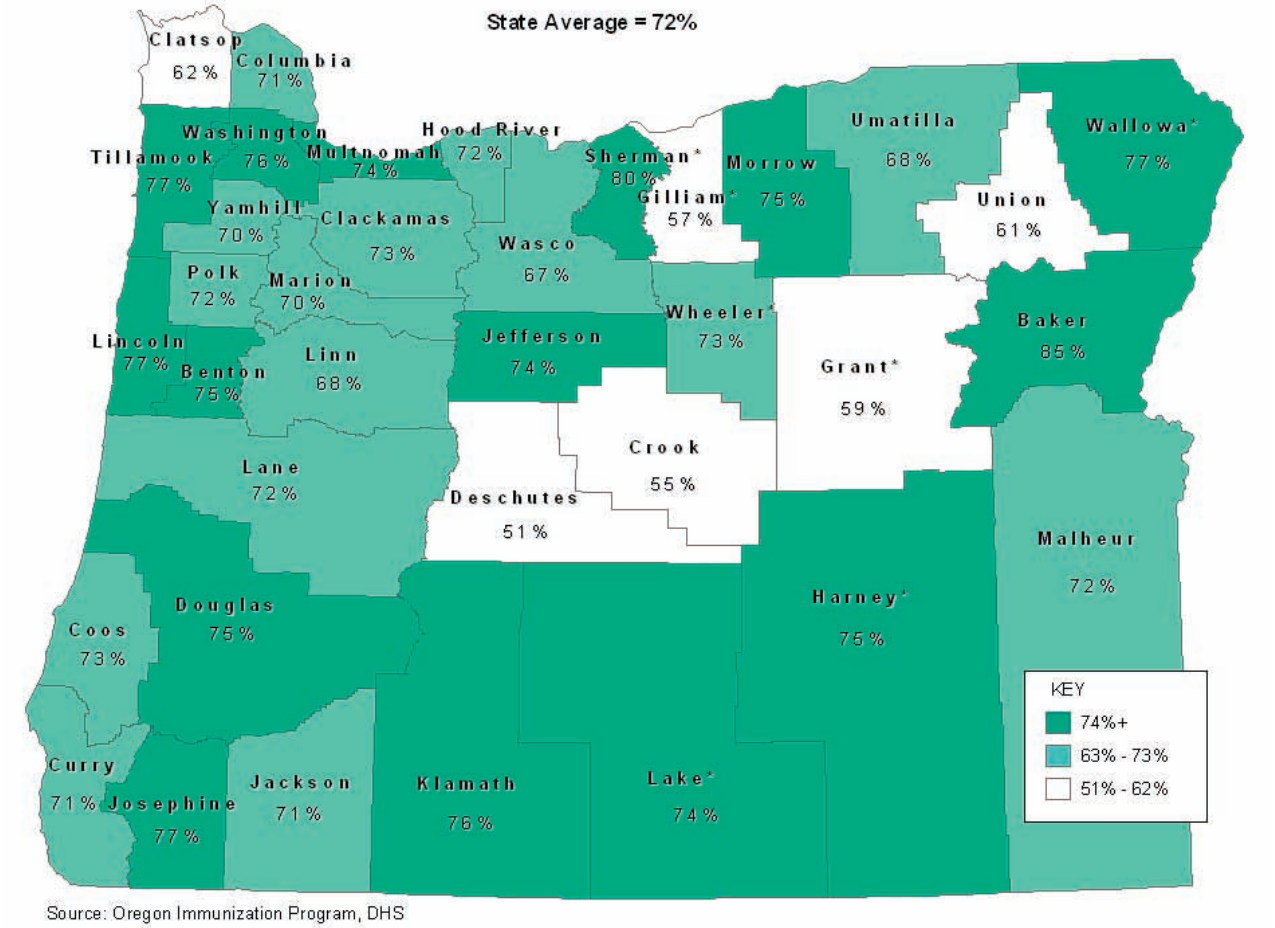
Public Health Division **November 2006**

Immunization Rates – How does Oregon measure up?

The Oregon Public Health Immunization Program presents population-based up-to-date immunization rates for two-year-old Oregon children by county of residence (see map below). These data provide an opportunity for local health departments, healthcare providers, and partners to track rates in their communities and to identify priority populations for targeted efforts.

The Immunization Program developed a methodology using standard demographic tools, ALERT registry data, and mobility data, to determine countywide up-to-date immunization rates for two-year-old children. These estimates allow for comparisons among counties because adjustments have been made for biases due to poor reporting or movement of children. While some county rates may fluctuate due to the smaller populations measured, looking at these data over time will provide basic trends that reflect the immunization successes and challenges we face.

Oregon 2005 Up-To-Date 4:3:1:3:3:1 Immunization Rates for Two-Year-Old Children



Source: Oregon Immunization Program, DHS

Note that Up-To-Date here refers to the recommended series of 4 DTaP, 3 Polio, 1 Measles/Mumps/Rubella, 3 Hib, 3 Hepatitis B, & 1 Varicella Vaccines

"If providers could focus special efforts on increasing 4th DTaP and 1st Varicella, it would show the greatest gain for Oregon's vaccination rates."

Lorraine Duncan, Immunization Program Manager

Year 2010 is rapidly approaching and with it comes the Healthy People 2010 immunization goals – 90% coverage for routinely recommended single antigens (DTaP, Polio, MMR, Hib, Hep B and Varicella); and 80% coverage for series 4:3:1:3:3 (4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B) among two-year-old children. Unfortunately, Oregon continues to struggle with less than adequate preschool immunization rates: 75% for 4:3:1:3:3 and 72% for 4:3:1:3:3:1 once Varicella is added to the series. The Oregon 2005 up-to-date map shows that rates vary greatly from county to county, ranging from 51% to 85%. While rates continue to inch higher each year, the take-home message remains the same -- our rates are unacceptably low.

A closer look at some of the single antigen measures helps tell the immunization story for Oregon. The 4th dose of DTaP and Varicella continue to drag our rates down. Varicella is recommended at 12 months of age and the 4th DTaP can be given at the same time provided that the minimum spacing from the 3rd dose is met (6 months).

Single Antigen Rates Oregon, 2005	
4th DTaP	81.5%
3rd Polio	88.1%
1st MMR	88.6%
3rd Hib	89.5%
3rd Hep B	87.4%
1st Varicella	85.6%

Based on hundreds of clinic, county and geographic assessments, there are some important trends that emerge for Oregon:

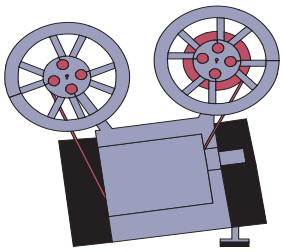
- **Late starts.** Children who start their immunization series after three months of age are much less likely to catch up by age two.
- **Missed opportunities.** Children do not receive all possible vaccines during an immunization visit, requiring more visits to get up to date.
- **The childhood immunization schedule is complicated.** This complexity can result in uncertainty and difficulty in getting all the recommended vaccines on time.
- **Access to immunizations.** While the federal Vaccines for Children program makes vaccines available at no cost to nearly half of Oregon's children, finding providers who are both able and willing to serve the uninsured or poorly-insured is proving more difficult for many Oregon families.
- **Concern about vaccines.** Fear can result in parents choosing to skip or postpone vaccines. However, research shows that providers willing to discuss concerns and promote immunizations can have a positive effect on parents' decisions.

As providers, we need to screen and offer all recommended immunizations at every visit. To successfully meet that challenge, we need to promote combination vaccines, respond to parental concerns, and empower parents to make healthy choices for their children. If providers could focus special efforts on increasing 4th DTaP and 1st Varicella, it would show the greatest gain for Oregon's vaccination rates.

For more information on Oregon's rates and how we compare nationally, go to:
www.oregon.gov/DHS/ph/imm/kids/survey

Featured Immunization Provider

The Oregon 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 the **Josephine County Public Health Department** for the strong role they play to support and sustain their community. This year they celebrated the success of the 13th Annual Kids Care Fair (sponsored by Three Rivers Community Hospital) serving over 200 children and giving well over 500 vaccinations. This annual fair is a prime example of their integral relationship with community partners ranging from the city police to the fire personnel, plus the generous donations of time and money from the many Grants Pass service clubs.

The Three Rivers Community Hospital and the Health Department have worked closely for years and because of this long-standing relationship, these two partners are in the process of expanding immunization services within the hospital. Currently, the Health Department is working with the sexual assault hospital team with the goal of providing hepatitis A and B vaccines to all victims seen in the emergency room. The Health Department will follow up and complete vaccination with those immunized in the emergency room.

Last year, the Josephine County Public Health Department recognized that residents of their community had to drive out of town to get travel immunizations. Today, the health department provides vaccines plus information regarding both required and recommended immunizations.

The Health Department wants to be prepared in the event there is a public health emergency. Currently, they are planning a Point of Distribution exercise for the month of December with the Emergency Preparedness team. They will be targeting an underserved population of Josephine County. During this exercise, the county will offer flu vaccine to anyone 18 years and over that is unable to pay for this vaccine.

The Josephine County Public Health Department continues to recognize the changing needs of the community and offer services and supplies to support those needs. It is evident they are a vital partner within their community. *Congratulations!*

WIC Clients may be Coming Your Way

The Oregon Immunization Program has an excellent, effective, long-standing partnership with the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). For years our two programs have worked together to ensure that young children are up-to-date on their vaccinations.

Beginning in January 2007, immunization providers may find WIC clients coming into your offices with a *WICIMM Referral Letter*. This letter will be generated at WIC appointments for those children ages 3 months to 23 months who are due for immunizations. The list of shots due on this letter is based on immunization history coming directly from the ALERT registry. Clients will be asked to take this letter to their next provider visit. Please take the time to review this information with your patient.

It is the hope of both our programs to get children referred to their provider for immunization services without delay.

If your staff have any questions or if there are discrepancies about what is on the referral letter, please contact the ALERT customer service line at 1.800.980.9431.

ALERT

Tips for Clinics Using Barcodes

- *Medicaid Number on the New (blue) Enrollee Form.* Please fill in the actual number, rather than writing "OHP" or "Care Oregon."
- *Comments Line on the New (blue) Enrollee Form.* For children with shots received elsewhere, please photocopy the original shot record, attach a "history" bar code, and mail with pink slips and blue enrollment forms. Another option is to pull bar codes for previous shots given, place them on a pink slip, note the date of shots and check the history box.
- *Green Reassignment Forms.* These forms should only be used to assign a current patient from one sheet of barcodes to another – they should not be used to reassign a patient from one clinic to another. If a patient is new to your clinic, please fill out a New (blue) Enrollee Form.

ALERT and IRIS are Talking!

What is IRIS? IRIS is the Immunization Record Information System used by most local health departments. Any shot given at the public health department goes directly into IRIS and then into ALERT. In the past, IRIS was not getting updates back from ALERT if the client had been seen in the private sector. This has been improved and IRIS is now receiving and integrating this data. A great time-saver for local health departments!

ALERT Lifespan Taskforce–Get Involved!

The Immunization Program has formed a public-private taskforce to develop key messages and to advocate for the passage of legislation to expand ALERT beyond the age of 18 years. ALERT's goal is to move toward a true birth-to-death immunization information system with a phased approach. If the legislation passes, the first phase will be to expand ALERT to include college-aged students 18 to 23 years.

If you are interested in this topic and would like to participate in the task force, provide a letter of support from your organization, or educate in your setting about the benefits of a lifespan registry, please contact Mary Beth Kurilo at 971.673.0294 or Mary.Beth.Kurilo@state.or.us.

Contact an Immunization Health Educator
971.673.0300

Vaccines for Children

Vaccine Update

HPV/Gardasil®

VFC will begin filling orders for HPV starting December 1st! This vaccine will be available for girls/young women from the ages of 9 through 18 years.

Influenza

All VFC orders will be delivered by the final week of November. Please call Sara at 971.673.0328 to request additional flu vaccine or if you have extra vaccine. VFC will help to broker influenza vaccine over the coming months.

MMRV/ProQuad®

Please order early and expect orders to take two to four weeks for delivery.

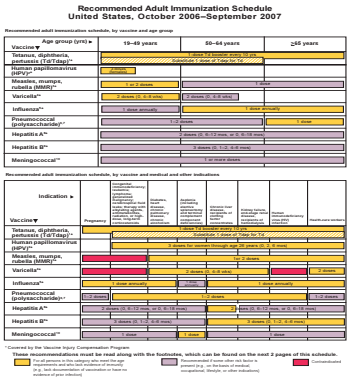
MCV4/Menactra®

Supply is good. Please resume routine vaccination for children aged 11 to 12 years.

Free Temperature Monitoring Units

The Oregon Immunization Program is pleased to make available new temperature monitoring equipment to enrolled VFC providers. Please complete and return the enclosed insert to reserve a free unit for your clinic today.

New Adult Immunization Schedule


Recommended Adult Immunization Schedule
United States, October 2006–September 2007

In October, the Centers for Disease Control and Prevention (CDC) published the Adult Immunization Schedule for October 2006-September 2007 in the Morbidity and Mortality Weekly Report (MMWR). Major recommendation changes include:

- HPV vaccine for women <26 years
- Tdap vaccine one-time, 1-dose for persons <64 years and for all indications except pregnancy
- A 2nd dose of mumps vaccine for adults in certain age groups and with certain risk factors
- A 2nd dose of varicella vaccine for all adults without evidence of immunity
- Influenza vaccine for close contacts of children aged 0-59 months rather than 0-23 months
- Hepatitis B vaccine for any adult seeking protection from hepatitis B virus infection and adults in specific settings

The article can be accessed at: www.cdc.gov/mmwr/preview/mmwrhtml/mm5540a10.htm. The schedule can be found at www.cdc.gov/nip/recs/2006/adult-schedule.pdf or call 971.673.0300.

Influenza Q & As

Q. How serious a problem is influenza in the U.S.?

A. Influenza is the most frequent cause of death from a vaccine-preventable disease in this county. From 1990 through 1999, an average of 36,000 influenza-associated pulmonary and circulatory deaths occurred during each influenza season. In addition to fatalities, influenza is also responsible for more than 200,000 hospitalizations per year.

National Influenza Vaccination Week (NIVW) Nov. 27th - Dec. 3rd

CDC has created NIVW to help raise awareness of the importance of influenza vaccination through November and beyond.

Q. We are not getting flu vaccine until the end of November. Our patients want it now. What can we do?

A. Educate your patients about influenza disease. Remind your patients that, in Oregon, flu typically peaks in February. Getting vaccinated in November, December, and even later will still protect them from influenza. More flu vaccine is arriving in Oregon every day, and there will be more than 100 million doses available in the United States this season---more than ever before!

Q. Which influenza vaccines can we give to children?

A. Of the three vaccines currently licensed for children, Fluzone® (sanofi pasteur) can be used in children as young as 6 months of age; Fluvirin™ (Novartis), for children beginning at age 4 years; and FluMist® (MedImmune), beginning at age 5 years. Fluarix™ and FluLaval™ (GlaxoSmithKline) may only be given to persons age 18 years and older.

Q. Is a VIS mandatory or is it recommended when administering influenza vaccine?

A. As of January 1, 2006, the use of a Vaccine Information Statement (VIS) for influenza vaccine became mandatory under the National Vaccine Injury Compensation Program. Two VISs are published annually, one for the live intranasal influenza vaccine and one for the inactivated influenza vaccine. All VISs can be located at www.immunize.org/vis.

Visit the Oregon Immunization Program's influenza web site for more information at:

oregon.gov/DHS/ph/imm/flupage06.shtml

World of Immunization, Local News

Providers Respond to Change of Immunization Schedule

Research Brief: Did private providers change their timing of DTaP vaccination following local public health recommendations for use of the accelerated schedule during the 2003 pertussis outbreaks in Southwest Oregon?

In July 2003, during Oregon's 30 year high in pertussis, local health department officials recommended the accelerated, minimum-spacing, DTaP vaccination schedule to community providers in the three southern outbreak counties of Lane, Jackson, and Klamath. The Oregon Immunization Program has recently completed the first-ever evaluation of the effect of such recommendations.

Compared with children vaccinated in non-outbreak counties (where no accelerated recommendation was made), the Immunization Program found shorter intervals between the first three doses of DTaP among children vaccinated after the recommendation to use the accelerated schedule in those three outbreak counties. Pediatricians responded the most to the recommendation with children vaccinated in pediatric clinics having the shortest intervals between DTaP doses.

The results from this study indicate that providers did respond to the local public health recommendation to implement the accelerated schedule. These shorter intervals were likely to be clinically important for outbreak control through the earlier vaccination of some at-risk children.

For more information, contact Dr. Jim Gaudino, Senior Medical Immunization Epidemiologist, 971.673.0288 or james.a.gaudino@state.or.us

Save the Date

The Oregon Partnership to Immunize Children and the Oregon Adult Immunization Coalition are partnering to co-host an "Immunizations Across the Lifespan" meeting on February 28, 2007, 2 p.m. to 5 p.m. Stay tuned!

Pandemic Influenza Exercise Report

The Oregon Immunization Program was a key player in the state-wide PandOrA (Pandemic Oregon Activity) Influenza full-scale exercise that was held on November 1st and 2nd. Along with many others, program staff exercised command and control functions, communications, and aspects of the Vaccine Shortage Plan, including vaccine prioritization and allocation.

Preparedness exercises are designed to push response systems close to the point of failure in order to identify weaknesses in existing procedures. Examples of areas identified by the Immunization Program as needing further improvement include:

1) Developing routing systems for tracking resources and public information requests
2) Internal and external communications
3) Additional training for specific positions

One clear success was the relatively smooth execution of procedures around vaccine prioritization and allocation. This success is no doubt due, in part, to the lessons learned from the 2004-2005 vaccine shortage. Experience is a great teacher!

Call for Abstracts

The Oregon Immunization Program and the Washington State Department of Health Immunization Program CHILD Profile are hosting the 2007 Northwest Immunization Conference on May 15 & 16, 2007, in Portland. The call for abstracts is underway and the deadline for submission is December 15, 2006. We look forward to highlighting your great local programs, so please consider submitting an abstract.

Information about CE credits, speakers, the agenda, registration and more can be found at: www.regonline.com/immunization2007

Herpes Zoster Vaccine

This October, the Advisory Committee on Immunization Practices (ACIP) voted unanimously to recommend the herpes zoster vaccine (Zostavax®) for the prevention of shingles. The committee recommended routine vaccination with one dose of vaccine for adults aged 60 years and older including those who have had a previous episode of shingles. To view CDC's press release on this topic, please visit: www.cdc.gov/od/oc/media/pressrel/r061026.htm

Update: GBS Among Recipients of MCV4

Reports to the Vaccine Adverse Event Reporting System (VAERS) have shown a possible associate between Guillain-Barre Syndrome (GBS), a serious neurologic disorder, and receipt of meningococcal conjugate vaccine (MCV4). As of September 2006, 17 cases of GBS have been reported and confirmed within 6 weeks after MCV4 vaccinations. Because of the limitations of VAERS, these findings should be viewed with caution. The risk of contracting meningitis, however, is far greater than the risk of GBS, and therefore CDC will continue to recommend MCV4 for adolescents and college freshmen until more conclusive data can be generated from a larger study.

More information can be found: www.cdc.gov/od/science/iso/concerns/gbsfactsheet.htm

Childhood and Adolescent 2007 Schedule Changes

In October, the ACIP voted unanimously to accept the proposed changes to the childhood and adolescent immunization schedule:

- The schedule will be split into two distinct schedules: 0-6 years and 7-18 years
- The catch-up schedule will remain a two-table, one-page format
- The red-dotted box for special populations will be removed
- The footnotes have been bulleted and are more concise
- The minimum age of vaccination has been inserted for each vaccine in the footnotes

Recommendations for Prevention of Rotavirus

In August 2006, the MMWR printed the ACIP recommendations for prevention of rotavirus gastroenteritis among infants and children. This report can be accessed at: www.cdc.gov/mmwr/preview/mmwrhtml/rr5512a1.htm

Revised Recs for Mumps Vaccination

Following the resurgence of mumps outbreaks in 2006, ACIP issued these revised recommendations for mumps vaccination and new criteria for evidence of immunity.

Acceptable Presumptive Evidence of Immunity

- Documentation of two doses of mumps vaccine for all school-aged children and adults at high risk (i.e., persons who work in health care facilities, international travelers, and students at post-high school educational institutions.

Routine Vaccination for Health-Care Workers

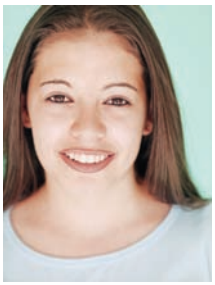
- Persons born during or after 1957 who do not have evidence of immunity should receive two doses of mumps vaccine.
- Persons born before 1957 who do not have evidence of immunity should consider one dose of mumps vaccine.

For Outbreak Settings

- Children aged 1 to 4 years and adults at low risk should consider a second dose of mumps vaccine.
- Health-care workers born before 1957 without evidence of immunity should strongly consider two does of mumps vaccine.

These recommendations were published in the MMWR: www.cdc.gov/mmwr/preview/mmwrhtml/mm55e601a1.htm.

HPV Immunization - A Potent Ally in Cervical Cancer Prevention



In June 2006, the Food and Drug Administration (FDA) approved Gardasil®, the first vaccine against the Human Papillomavirus (HPV) types that cause 70% of cervical cancers (Types 16 and 18), and 90% of genital warts (Types 6 and 11). Listed is information about HPV vaccine and its use:

- Vaccination is recommended for females 11 to 12 years at the routine adolescent visit, and providers may choose to administer vaccine to females as young as 9 years of age.
- Catch-up vaccination is recommended for females 13 to 26 years of age who have not been vaccinated previously or who have not completed the full vaccine series.
- Complete vaccination involves a series of three injections, given at the elected date, two months after the first dose and six months after the first dose.
- Minimum spacing may be used when a person is behind schedule and needs to be brought up-to-date as quickly as possible. Four weeks between dose one and two. Twelve weeks between dose two and three.
- Store vaccine in the refrigerator with temperatures ranging from 35° to 46° F (aim for 40° F) or 2° to 8° C (aim for 5° C).
- The catalog price of Gardasil® is approximately $120 per dose.

Oregon's standing order for HPV vaccine can be accessed at: www.oregon.gov/DHS/ph/imm/provider/stdgordr.shtml

DHS
Oregon Department of Human Services

Ask Maria... Your Clinical Questions

Did you know that ACIP has recently revised their criteria for evidence of immunity for varicella?

Current varicella immunity criteria includes any of the following (6/06):

- Documentation of age-appropriate vaccination:
  - Preschool-aged children ≥ 12 months of age: one dose
  - School-aged children, adolescents, and adults: two doses[1]
- Laboratory evidence of immunity[2]
- Born in the U.S. before 1980[3]
- A healthcare provider diagnosis of varicella or healthcare provider verification of history of varicella disease[4]
- History of herpes zoster based on healthcare provider diagnosis

[1]For children who have received their first dose before age 13 years and the interval between the two doses was at least 28 days, the 2nd dose is considered valid.

[2]Commercial assays can be used to assess disease-induced immunity, but they lack adequate sensitivity to detect reliably vaccine-induced immunity (may yield false negative results).

[3]For healthcare providers and pregnant women, birth before 1980 should not be considered evidence of immunity. Two doses of varicella vaccine are strongly recommended.

[4]Verification of history or diagnosis of typical disease can be done by any healthcare provider (e.g., school or occupational clinic nurse, nurse practitioner, physician assistant, physician). For people reporting a history of or presenting with atypical and/or mild cases, assessment by a physician or their designee is recommended and one of the following should be sought: a) epidemiologic link to a typical varicella case or b) evidence of lab confirmation. When documentation is lacking, people should not be considered as having a valid history of disease.