

## ACIP recommendations for the 2008-2009 influenza season

On February 27, 2008, the Advisory Committee on Immunization Practices (ACIP) made new recommendations for use of influenza vaccine during the 2008-2009 influenza season. Annual vaccination is recommended for all children aged 6 months-18 years. If feasible, all children aged 5-8 years should be vaccinated as soon as possible after the 2008-09 influenza season vaccine is available.

Persons at higher risk of influenza complications because of underlying medical conditions, i.e., children aged 6 months-23 months and persons aged >49 years, should receive Trivalent Inactivated Vaccine (TIV). Either TIV or live, attenuated influenza vaccine

(LAIV) may be used when vaccinating persons aged 2-49 years who do not have medical conditions that put them at higher risk for influenza complications.

ACIP emphasizes that children aged 6 months-8 years who are receiving the influenza vaccine for the first time should get two doses of vaccine. If TIV is used, doses should be four weeks apart. If LAIV is used, doses should be separated by six weeks. Children who only received one dose the first year should receive two doses the following year. Clinicians and immunization program staff should screen for possible reactive airway diseases when considering use of LAIV for children aged 2-4 years; children with asthma or recent wheezing

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## Influenza Update - 2008

Influenza in Oregon just won't let go! Activity has been widespread since mid-February, and although it continues to decrease, it is doing so slowly. Positive culture results have been reported throughout the state, and increased influenza-like-illness has been present in most surveillance regions monitored by Oregon's network of sentinel providers. Oregon's influenza activity is in line with the rest of the nation; 47 other states are also reporting widespread activity.

To date, 477 influenza A and 277 influenza B viruses have been identified through testing, compared to 420 influenza A and 25 influenza B isolates identified for the same

time period last year. This year's vaccine, while still beneficial, was not an optimal match to the circulating viruses. The influenza A (H1) component has shown itself to be best matched to the circulating virus. While influenza A (H1) predominated through mid-January, an increasing proportion of disease has been identified as influenza A (H3), which is less favorably matched in the vaccine.

Ninety-four percent of circulating viruses that have been tested nationwide are mismatched. This year's vaccine appears to be the poorest match to influenza B. We are seeing more positive isolates, especially of influenza B, this year than flu season last year; however, this change has not translated into more hospitalizations or deaths.

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## School Law Update

Oregon state law requires that every preschool, childcare, Head Start and school child be immunized unless they have religious or medical exemptions. Required vaccines include measles, mumps, rubella, polio, diphtheria, tetanus, pertussis, hepatitis B, chickenpox, and Hib. Because of the recent shortage, children who are not up to date for Hib will still be allowed to attend childcare and preschool this year.

The exclusion cycle for 2008 has just wrapped up and the total number of children excluded is still being calculated. However, since no new immunizations were added, exclusions are expected to decrease. In 2007, local health departments mailed 23,182 exclusion orders for children in schools, preschools and certified childcare facilities. A total of 3,344 children, or about 0.5 percent of children in Oregon schools and children's facilities, were excluded on Exclusion Day in 2007. Preliminary numbers indicate that fewer exclusion orders were sent this year than last year.

Each year, some of the exclusion orders are for children who are fully vaccinated but haven't provided the school or daycare with updated immunization records.

**New vaccines to be required in fall 2008**  
Two additional vaccines, Tdap and Hepatitis A, will be required starting in fall 2008. Each

seventh grader will need one dose of Tdap if it has been five years since receiving the last tetanus-containing vaccine. Two doses of hepatitis Children attending childcare, preschool, Head Start or kindergarten are each required to have two doses of hepatitis A vaccine. These requirements will expand to other grades in future years.

Providers play a critical role in educating parents about new vaccine requirements and in encouraging parents to update shot records with the school or childcare facility. Children coming in for their school or childcare shots

present great opportunities to screen for all required and recommended vaccines.

- Second varicella: Exclusion orders aren't written for the second dose of varicella if the first dose was given before 13

years of age. However, because two doses are recommended for all school-aged children if they haven't had chickenpox disease, so check to see if kids are due for their second varicella shot.

- Adolescent immunizations: HPV and meningococcal vaccinations can be recommended to adolescents when they get their Tdap vaccinations.

Questions? Want more information? Contact Stacy de Assis Matthews at [stacy.d.matthews@state.or.us](mailto:stacy.d.matthews@state.or.us), or 971-673-0528, or visit [www.oregon.gov/DHS/ph/imm/school](http://www.oregon.gov/DHS/ph/imm/school)



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episodes should not receive this vaccine..

The ACIP has previously provided screening recommendations for possible reactive airways diseases in children aged 2-4 years; see <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5646a4.htm>.

Recommendations for annual vaccination of persons in other age or risk groups did not change and can be found in Prevention and Control of Influenza: Recommendations of the ACIP, 2007 (<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5606a1.htm>).

### Flu Vaccine Availability

In light of expanded recommendations for the 2008-09 flu season, Oregon VFC encourages private and public providers to increase their current VFC flu order. We cannot guarantee these additional doses will be available, but we will do our best to secure them.

Live activated influenza vaccine (Flumist®) is readily available for the coming flu season and is approved for healthy children aged 2-18 years.

Our program strongly encourages providers to consider this option when adjusting VFC influenza orders. Requests for increasing VFC flu vaccine orders were due April 1, 2008.

If you have questions about influenza vaccine presentations or ordering, please call your Immunization Program health educator.

### ASK MARIA

*Q: With the start of a new year, are there any changes to the child and adolescent immunization schedule?*

*A: You bet! The new changes are listed below.*

*FluMist® and Menactra® are both approved for use in children down to age two.*

*There has been a slight change in the recommendations for Td and Tdap catch-up schedule for children aged 7-18 years. If previous doses of DTaP were received <12 months of age, the child will need three additional doses of a tetanus and diphtheria-containing vaccine to complete the series. If the first dose of diphtheria and tetanus-containing vaccine is received at >12 months, two more doses will complete the series.*



## New Vaccine Presentation Options

Effective April 1, 2008, the Oregon Vaccines for Children (VFC) Program began offering the choice of vaccines in pre-filled syringe presentations. However, not all vaccine brands are available in pre-filled syringes. New forms have been mailed to your clinic. One of these is the vaccine formulary. This form indicates which vaccines are available in both pre-filled syringes and the typical vial presentations.

Also included was our newly revised vaccine order form.

Please recycle any previous versions of your vaccine order forms or your formulary sheets and begin using the new forms immediately. If you need additional forms, please check the appropriate box at the bottom of your order



**Questions?  
Call 971-673-0300**

form when you submit your order. You can also call us at 971-673-0300 to request forms.

For accuracy and to help speed up the processing of your order, we strongly encourage you to order your vaccines online at [www.immalert.org/vfc](http://www.immalert.org/vfc). The new pre-filled syringe presentations will soon be available online. You can call the Immunization Program for further information.

## Customer Satisfaction Survey is Coming Soon

April is your chance to let us know how the Immunization Program is performing! Be on the lookout for our customer satisfaction survey. The four-page survey asks a variety of questions about VFC and ALERT. The Immunization Program will use the survey results to improve our services to you. This is your time to be heard if you have questions, comments, concerns or suggestions!

## Re-Enrollment is headed your way!

In 2007, clinics were asked to re-enroll in the VFC program. Due to a recent change in CDC requirements, clinics now need to re-enroll annually. If you were responsible for re-enrolling your clinic last year, the process will be the same. New paperwork, including a provider enrollment form and provider profile, will be mailed to clinics and will be due two weeks later.

Thanks to the ALERT registry, we are able to pre-fill your provider profile, showing how many children were seen over the past year in each eligibility category. If your clinic participates in the registry, this will save you a tremendous amount of time when completing the re-enrollment paperwork.

If you have any questions about the forms or would like to know how to start submitting data to the ALERT registry, please notify your health educator.

## ALERT Goes Lifespan

In the first half of 2007, ALERT staff members and community partners presented testimony to both the Oregon House and Senate supporting HB 2188A, the expansion of the ALERT Immunization Information System (IIS) to cover the lifespan. Many key community partners helped pass this important legislation by developing educational materials, sending letters of support and testifying in person.

The strong testimony demonstrated how beneficial the ALERT IIS's expansion would be for many health care providers. For example, colleges and universities would be able to locate students' immunization records and speed up the registration process for many students who are missing their paper records. Pharmacists would be able to look up immunization histories online for patients aged 18-23 years who come into pharmacies for flu and other vaccinations. Physicians treating adult patients would be able to access their patients' immunization histories. But what does that mean for you?

In January 2008, ALERT went from a childhood (0-18) to a lifespan registry. Oregon Administrative Rules were filed in

March 2008. These rules allow ALERT to implement the changes needed to move to lifespan. Phase one will focus on expanding through age 23. All future expansions will be contingent upon available resources. Clinics can now submit data on all ages. Clinics submitting via barcodes will be able to access new barcode sheets that will allow for easier adult submission. Please use up all old stock of barcodes before reordering the sheets, which should be ready soon. Other new ALERT materials suited for all ages are being developed.

Immunization histories of adults aged 18-23 years are currently in the database and available on the Web at [www.immalert.org](http://www.immalert.org). The law allows adults aged 18 and older to opt out of ALERT. Instructions on this option will be posted on the ALERT Web site.

With your support, ALERT has been extremely successful! We look forward to partnering with you to offer this extended service. Questions? Please call ALERT Customer Service at 800-980-9431.

### Highlights of ALERT expansion

- **June 2007: HB 2188A passed;**
- **January 2008: New legislation goes into effect;**
- **Implementation will occur over several months;**
- **Immunization histories for adults aged 18-23 years who are currently in the database are available on the Web as of March 2008;**
- **Clinics can submit shot data on all ages;**
- **New ALERT educational materials are currently being developed.**

## Oregon Adult Immunization Coalition

The Oregon Adult Immunization Coalition was excited to offer our pilot immunization mini-grant project in 2007. These

mini-grants were designed to support or enhance promotion of adult immunizations throughout Oregon and Southwest Washington. Our selection committee reviewed 16 submissions and awarded a total of \$7,000 to a variety of innovative projects, with a maximum individual grant of \$2,500. Congratulations to the award recipients, and thank you to all of our applicants.

### 2007 OAIC adult immunization minigrant recipients:

- The Rinehart Clinic - Wheeler, Oregon. Supports clinic expansion into adult immunizations and community immunization clinics for senior citizens;
- Curry County Health Department. Partners with senior center to provide off-site flu clinics and adult immunizations at centers in three cities;
- Asian Health and Service Center - Portland, Oregon. Hosts four community educational workshops on adult immunization in Cantonese, Korean and Mandarin languages and helps clients access immunizations;
- Douglas County Health Department. Created a 60-second radio public service announcement promoting adult Tdap

(tetanus, diphtheria, pertussis) vaccinations to prevent whooping cough;

- Central Oregon Home Health and Hospice - Bend, Oregon. Partner with senior and community center to provide adult immunization clinics and improve access to vaccinations for underserved/underinsured groups;
- North by Northeast Community Clinic - Portland, Oregon. Expanded into adult immunizations at community clinic and provided free influenza clinics for uninsured adults in North and Northeast Portland.

## Oregon Partnership to Immunize Children

The Oregon Partnership to Immunize Children (OPIC) will recognize the recipients of

the 2008 OPIC awards during the Public Provider Conference, April 24, 2008 at the Monarch Hotel in Clackamas. The awards breakfast will be 7:30-9:30 a.m. Guest speaker Deborah Wexler, the executive director of the Minnesota-based Immunization Action Coalition, will present "Opportunities for Immunization Advocacy at the National Level."

OPIC awards honor individuals or organizations that have significantly contributed to increasing childhood and/or adolescent immunization awareness and/or Oregon's immunization rate. Thanks to each of you who submitted a nomination.

**We are proud of the following 2008 OPIC Awards winners listed below:**

**Innovative partnership**

Oregon Rural Practice-based Research Network  
L.J. Fagnan, M.D., Network Director and Investigator

**Media and promotion**

Asian Health and Service Center and Department of Human Services, Public Health Division, Oregon Immunization Program, for the “Vaccine-Preventable Diseases Flipbook”

**Individual leadership**

Keith Ayers  
Manager, Region 2 Emergency Operations, Oregon Department of Transportation, Salem

**Virginia Jones**

Secretary, Meadow Park Middle School-Beaverton School District

**Michelle Petrofes, M.D., Oregon Academy of**

Family Physicians  
Dunes Family Health Care, Reedsport

**Immunization provider**

Karen Masulis, R.N., Immunization Coordinator  
Center for Medically Fragile Children  
Providence Child Center, Portland

**Model program**

North by Northeast Community Health Clinic, Portland

**Public health organization**

Baker County Health Department

**OPIC champion**

Oregon State Senator Laurie Monnes Anderson.

**Congratulations to all award winners and nominees! Thank you for all of your hard work promoting immunizations.**



## New Vaccine Information Statements Available

The Centers for Disease Control and Prevention has created and updated vaccine information statements (VIS) for 2008. The meningococcal VIS was updated on Jan. 28 and a new multi-vaccine VIS was added Jan. 30.

This new VIS, which is also available in Spanish, may be used in place of individual VISs whenever routine vaccines (DTaP, IPV, Hib, hepatitis B, PCV and rotavirus) for infants

aged birth-6 months are administered, or when combination vaccines (e.g.,

need to give all six vaccines at one time in order to use this new VIS. It may also be used when two or more of these vaccines are given together at other pediatric visits (e.g., at age 12-15 months or 4-6 years).

Do not administer the multi-vaccine VIS to adolescents or adults.

Before you hand the new VIS to the patient, you **MUST** place a check mark in front of the name of each vaccine you will administer at that visit.

For copies of the new and updated VISs, please visit [www.immunize.org](http://www.immunize.org).

**YOUR BABY'S FIRST VACCINES**  
**WHAT YOU NEED TO KNOW**

Babies get six vaccines between birth and 6 months of age.

These vaccines protect your baby from 8 serious diseases (see the next page).



**Your baby will get vaccines today that prevent these diseases:**

|  |                                    |   |
|--|------------------------------------|---|
| <input type="checkbox"/> Hepatitis B                     | <input type="checkbox"/> Polio     | <input type="checkbox"/> Pneumococcal Disease |
| <input type="checkbox"/> Diphtheria, Tetanus & Pertussis | <input type="checkbox"/> Rotavirus | <input type="checkbox"/> Hib                  |

(Provider: Check appropriate boxes)

These vaccines may be given separately, or some might be given together in the same shot (for example, Hepatitis B and Hib can be given together, and so can DTaP, Polio and Hepatitis B). These "combination vaccines" are as safe and effective as the individual vaccines, and mean fewer shots for your baby.

These vaccines may all be given at the same visit. Getting several vaccines at the same time will not harm your baby.

This Vaccine Information Statement (VIS) tells you about the benefits and risks of these vaccines. It also contains information about reporting an adverse reaction, the National Vaccine Injury Compensation Program, and how to get more information about childhood diseases and vaccines.

Please read this VIS before your child gets his or her immunizations, and take it home with you afterward. Ask your doctor, nurse, or other healthcare provider if you have questions.

Individual Vaccine Information Statements are also available for these vaccines.

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis).



OREGON DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION



CDC



Vaccine Information Statement  
42 U.S.C. § 262-101  
1/30/2008

Pediarix® or Comvax®) are used. The multi-vaccine VIS is an alternative to providing single-vaccine VISs for each of these six vaccines. You don't



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