

Oregon Immunization Bulletin

Public Health

April 2006

Oral Vaccine Against Rotavirus

New Vaccines

Facts about Rotavirus

- Leading cause of gastroenteritis in infants and young children
- 95% of U.S. children are infected with rotavirus by five years of age
- Estimated \$1 billion in health care costs per year in the U.S.
- Most severe cases occur in children six to 24 months of age
- 20 to 60 deaths per year in U.S. children younger than five years of age

On February 21, 2006, the Advisory Committee on Immunization Practices (ACIP) voted to recommend a newly licensed vaccine to protect against rotavirus, a viral infection that can cause severe diarrhea, vomiting, fever and dehydration (gastroenteritis) in infants and young children. RotaTeq® is a live, oral pentavalent vaccine that contains 5 live reassortant rotaviruses. The vaccination series consists of three liquid doses of RotaTeq® administered orally starting at 6 to 12 weeks of age, with subsequent doses administered at 4 to 10 week intervals. The third dose should not be given after 32 weeks of age. RotaTeq® should not be mixed with any other vaccines or solutions, and should not be reconstituted or diluted. It can be given simultaneously with other vaccines. There are no restrictions on the infant's consumption of food or liquid, including breast milk, either before or after vaccination with RotaTeq®.



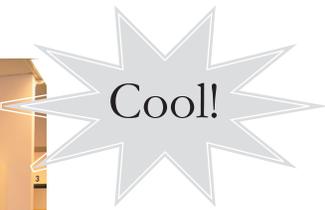
In 1999, RotaShield™, an earlier rotavirus vaccine was withdrawn from the market after it was found to be associated with intussusception, a rare type of bowel obstruction. The risk of intussusception for the new RotaTeq® was evaluated in a large scale trial of over 70,000 children. There was no association found between the RotaTeq® and an increased risk of intussusception, and it did not cause fever to the extent caused by RotaShield™. The Centers for Disease Control and Prevention (CDC), the Food & Drug Administration (FDA), and Merck & Co. (manufacturer of RotaTeq®) will carefully monitor any reports of intussusception associated with RotaTeq®.

Rotavirus is spread through fecal and oral routes on contaminated hands and/or objects. Treatment includes oral replacement of lost body fluids, or in some cases, IV fluids in a hospital setting. The disease can be prevented by routine hand washing and by immunization. For more information, visit www.cdc.gov.

MMR & Varicella

ProQuad®, the combined MMR and varicella vaccine, licensed, September 2005, is indicated for vaccination in children 12 months to 12 years. It is not licensed for people ≥ 13 years. This vaccine can be used for additional protection from varicella in an outbreak. It may also be used if the 2nd MMR vaccine is indicated and no MMR vaccine is available.

ProQuad® is transported on dry ice and must be kept frozen at 5°F (-15°C) or colder. Reconstituted vaccine cannot be refrozen and needs to be used within 30 minutes. The diluent for ProQuad® needs to be stored separately at room temperature. The Vaccines for Children Program expects to have this vaccine available in May.



Clinic Takes Vaccine Storage to the Next Level

Hillsboro Pediatric Clinic has recently taken a step to make sure their vaccine is stored at optimum conditions, with the addition of a new commercial grade refrigerator. Impressive! This clinic recognizes that proper vaccine handling is essential in ensuring kids receiving immunizations will get the best protection possible.

When asked about why they decided to upgrade their unit, they identified multiple reasons, one being a failure of their old system. It is a purchase they would recommend to every

immunization clinic as it has made temperature tracking and recording seamless. The cost of the unit will easily offset the cost of wasted vaccine.

Notice, to the right, the perfect set-up for vaccine storage. The separation between VFC and privately-purchased vaccine is clearly labeled. Vaccine is organized in mesh baskets allowing for cold air to circulate around the vaccine. There is a continuous recording thermometer, in addition to fluid filled thermometers, and they are all placed centrally. Thermometers can be checked without opening the refrigerator door, keeping the temperatures more stable. And they are in range!

The Oregon Immunization Program is considering a new proposal that would strongly recommend that immunization providers invest in laboratory/commercial grade refrigerators/freezers. We are interested in hearing what our partners think about this probable recommendation. If you have comments, or would like to learn more about Hillsboro Pediatric's refrigerator, including cost, brand, and vendor information, contact Matt Gilman, Immunization Health Educator, 971.673.0319.

Congratulations Hillsboro Pediatric Clinic for making vaccine storage and handling a priority and for setting a shining example for other immunization clinics.



Mark Your Calendars!

The Oregon Adult Immunization Coalition presents the Annual

Oregon Flu Summit

Friday, July 28th, 2006
8 a.m. to 12 p.m.
Portland



Included - Hepatitis A VIS

This updated hepatitis A Vaccine Information Statement (VIS) reflects the new licensing and recommendation change to one year. The new hepatitis A VIS date is 3.21.06 with the previous interim version dated 1.9.06.

Check out www.immunize.org/vis for vaccine information statements in many other languages.



Ask Maria

Who is Maria?

Great question! Maria earned her BSN and Public Health Nursing Certificate from San Francisco State University and later completed her MPH at San Jose State University in 1993. She moved to Oregon to be closer to family and in 2002 joined the Oregon State Immunization Program as a nurse educator. Her job involves

working with private and public immunization providers on strategies for keeping immunization rates up and vaccine – preventable diseases down. She is also the author of Oregon's Model Standing Orders. These are accessible to any immunization provider at oregon.gov/DHS/ph/imm/index.shtml. Call Maria with your burning immunization questions at 971.673.0289.

When you inject a vaccine, why is it not necessary to aspirate?

ACIP does not recommend aspiration when administering vaccines because no data exist to justify the need for this practice. Intramuscular injections are not given in areas where vessels are present. Given the size of the needle and the angle at which you inject the vaccine, it is difficult to cannulate a vessel without rupturing it and even more difficult to actually deliver the vaccine intravenously. We are aware of no reports of a vaccine being administered intravenously and causing harm in the absence of aspiration. If your practice requires aspiration, it is the practice's option.

What schedule should I use to vaccinate adolescents who never received the primary series of tetanus toxoid-containing vaccine?

Adolescents who have never received tetanus-containing vaccines, or whose vaccination history is unknown, should receive the three-dose series. In this situation, ACIP recommends Tdap for dose #1, followed four weeks later by Td for dose #2, followed at least six months later by Td for dose #3. Tdap can substitute for only one of any of the three Td doses in the series. The amount of protection provided by a single dose of Tdap in a person who has not previously received pertussis vaccine is not known.



Big Change for Little Folks

The Advisory Committee on Immunization Practices (ACIP) has changed its flu recommendations for children, now saying that all children between the ages of six months and five years should be vaccinated. This is an expansion of previous recommendations that children six to 23 months should be vaccinated.

Children ages five through 18 years who are household contacts of anyone under the age of five should also get a flu shot, according to the ACIP, as well as adults who are caregivers of a child under the age of five.

These broader recommendations will cover approximately 5.3 million more children and 11.4 million household contacts or caregivers for these children.

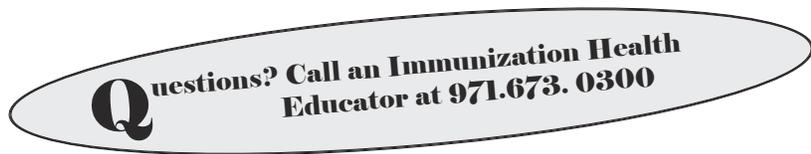
The ACIP continues to recommend flu vaccination for children ages five through 18 years who have certain medical conditions or who are household contacts of people with certain medical conditions.

To view the ACIP's expanded flu recommendations, or to see the list of high-risk medical conditions, please go to www.cdc.gov/od/oc/media/pressrel/r060223.htm.

Watch for news, coming soon, about how Oregon will implement these new recommendations.

Vaccines for Children (VFC)

Vaccine	Availability of VFC Vaccine
Tdap	Now available. Please use Tdap over Td whenever clinically indicated. Providers will not be billed for unused or wasted VFC-supplied Td as long as your Immunization Health Educator is contacted 90 days prior to vaccine expiration.
Meningococcal Conjugate (Menactra™)	VFC supplies continue to improve. Limit 40 doses per order for most clinics. Those eligible for Menactra are VFC-eligible children ages 11, 12, and 15, as well as college freshman ages 18 and younger living in dorms.
MMR & Varicella (ProQuad®)	Expected to be available through VFC in May 2006! Clinics must be certified to stock varicella to order this vaccine.
Hepatitis A	VFC has expanded coverage to those children ages 12 months and older.
Rotavirus (RotaTeq®)	Expected to be available through VFC in the Summer of 2006.
Influenza	Information about ordering for the 06/07 Season will be coming soon.



Dual Coverage--Eligible for VFC?

All Oregon Health Plan (OHP) children are eligible for VFC state-supplied vaccines even if they also have private health insurance.

Please use your VFC stock for OHP children. Bill the private insurance for the administration only (e.g. 90741) because the vaccine serum is at no cost to your clinic. If the private insurance denies the claim because there is no coverage for immunizations, you can then bill OMAP using the specific serum code with modifier -26 for the administration only.

If you have any questions about this policy, please don't hesitate to call your Immunization Health Educator. All of us can be reached via 971-673-0300. We appreciate your continued efforts to keep children in Oregon strong and healthy.

More Kids in School and Up-to-Date



Preliminary numbers from this year's exclusion cycle are in. Hopefully, you noticed slightly fewer panicked phone calls from parents. Approximately 10,000 fewer exclusion orders were issued this year, reflecting that most 7th graders have now completed their hepatitis B series. Additionally, statistics show a twelve-point increase in the number of 7th graders complete for all vaccines. Check out the impressive numbers below.

Thank you for all of your hard work this year!

	School Year 04/05	School Year 05/06
Exclusion Orders Issued	39, 704	28,382 (prelim.)
Children Excluded	7,817	5,255 (prelim.)
7 th Graders – Complete	82.39%	94.52%

Timely & Complete Records-ALERT's Goal



To ensure that registry data are timely and complete for clinic use, ALERT has set a goal to input 90% of immunizations into the registry within thirty days of administration (they still prefer to receive shots within a week of administration).

ALERT recently calculated statewide timeliness rates for clinics that submit data; we found that in 2005, only 75% of shots were received within thirty days. By segmenting the data, we learned that electronic sources achieve the 30-day goal for 88% of shots, while barcode sources achieve this goal 54% of the time. We will be focusing on this goal in 2006, encouraging clinics to send data frequently and providing rapid internal processing to make certain that these data are available for online use as soon as possible.

Please call ALERT Customer Service with questions or comments: 800.980.9431.

Highlighting Changes to the Childhood Immunization Schedule

Below is a summary of the major changes that occurred to the 2006 Recommended Childhood Immunization Schedule. These recommendations are from the Advisory Committee on Immunization Practices (ACIP).

Hepatitis B Vaccine at Birth

ACIP now recommends that **all** medically stable infants weighing $\geq 2,000$ grams at birth (including infants of HBsAg-negative mothers) should be vaccinated with hepatitis B before hospital discharge. The best way for hospitals to implement this is to develop standing orders requiring this practice. This vaccination at birth should be deferred only in rare instances, and only if a copy of the lab report assuring the mother's negative HBsAg status during this pregnancy and a physician's order to withhold the birth dose are documented in the infant's medical record.

Administering four doses of hepatitis B is permissible (e.g., when combination vaccines are administered after the birth dose); however, if a monovalent hepatitis B is used, a dose at age four months is not needed.

For more information, check out the January 24, 2006 CD Summary on The Birth Dose of Hepatitis B Vaccine: Why It's Recommended, oregon.gov/DHS/ph/cdsummary/cdsum.shtml.

Tdap for Adolescents

The new tetanus, diphtheria, and acellular pertussis vaccine (Tdap) is recommended by the ACIP for adolescents (now recommended by the CDC as recently published in the MMWR, 3/24/06). The two Tdap vaccines (Adacel™ and Boostrix®) were approved by the FDA last year. Tdap is recommended for adolescents ages 11 to 12 years who have completed the recommended childhood DTaP series and have not received a Td booster dose. Adolescents ages 13 to 18 years who missed the 11 to 12-year Td/Tdap booster dose should also receive a single dose of Tdap if they have completed the DTaP series. Subsequent Td boosters are recommended every 10 years. The catch-up schedule for persons ages seven to 18 years has been changed for Td; Tdap may be substituted for any dose in a primary catch-up series or as a booster, if age appropriate for Tdap. A five-year interval from the last Td dose is encouraged when Tdap is used as a booster dose.

Hepatitis A Given at 12 Months

Hepatitis A vaccine is now universally recommended for all children at age one year (12 to 23 months). The two doses in the series should be administered at least six months apart.

Meningococcal Conjugate for Adolescents

Meningococcal conjugate vaccine (Menactra™), approved by the FDA in January 2005, should be administered to all children ages 11 to 12 years, adolescents at high school entry (about age 15 years) and all college freshmen living in dormitories. Children ages two through 10 years in certain high-risk groups should continue to receive the meningococcal polysaccharide vaccine (Menomune®). Other adolescents who wish to decrease their risk for meningococcal disease may also be vaccinated.

Flu Recs Broadened

All children \geq six months and $<$ five years of age should be vaccinated against influenza starting this fall. In addition, all household contacts of these children and others spending significant time with them, including care givers, are recommended for routine vaccination. See "Big Change for Little Folks" on the third page for more information.

Oregon Immunization Program
oregon.gov/dhs/ph/imm/index.shtml



Don't Miss This Lunch

The Oregon Partnership to Immunize Children (OPIC) will host the 8th Annual OPIC Awards Luncheon on Tuesday, April 25, 2006 from 11:30 a.m. - 2:00 p.m. at the Red Lion Hotel, 3301 Market St. NE in Salem. OPIC will recognize eight outstanding individuals and organizations. Gary Overturf, MD, FAAP will give the keynote presentation - "The 2006 Recommended Childhood and Adolescent Immunization Schedule - What's New?" Dr. Overturf is Professor of Pediatrics and Director of Pediatric Infectious Diseases at the University of New Mexico School of Medicine. He is Immediate Past Chair of the FDA Vaccine and Related Biologics Advisory Committee and has been an editor of the AAP's Red Book.

There is no cost to attend the luncheon, however a reservation is required. Contact Anne Van Curen by Thursday, April 20th to confirm your attendance: E-mail - anne.m.vancuren@state.or.us , Phone - 971.673.0314.

Upcoming Immunization Meetings

Listed are county community meetings scheduled for public and private immunization providers. Please call the contact if you are interested in attending or would like more information.



DATE	TOPIC	SPEAKER	LOCATION	CONTACT
April 25 th	2006 ACIP Schedule & OPIC Awards (See above)	Dr. Gary Overturf, FFAP Professor of Pediatrics University of New Mexico School of Medicine	Salem Marion Co.	Ann Vancuren by 4/20 971.673.0314
April 26 th	Tdap, Rotavirus, Hep B Birth Dose	Dr. Paul Cieslak Manager Oregon's ACDP* Program	SW Portland Washington Co.	Matt Gilman 971.673.0319
May 9 th	Tdap, New Vaccines, & Clackamas Co. Clinic Immunization Assessments	Dr. Paul Cieslak Manager Oregon's ACDP* Program	Oregon City Clackamas Co.	Susan Weiner 971.673.0315
May 11 th	Coos Co. Clinic Immunization Assessments & School Law	Amanda Timmons, Oregon School Law Coordinator	Coos Bay Coos Co.	Jenne McKibben 971.673.0323
May 18 th	Adolescent Immunizations - Pertussis & Meningococcal	Dr. Cora Breuner, Washington State Pediatrician	Eugene Lane Co. Provider Meeting only-limited seating	Martha de Broeckert by 5/5 541.682.3936
June 7 th	Vaccine Storage & Handling	Jenne McKibben, Immunization Health Educator	Medford Jackson Co.	Jenne McKibben 971.673.0323

*Acute Communicable Disease Prevention



Oregon Department
of Human Services

Immunization Program

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