

## **Immunization Program Teleconference Minutes**

Date: November 14, 2012

Present-Lisa Wordeman, Robert Grenwelge, Jude Serrano, John Anderson, Kathy Gaines, Karoleigh Cassel, LaChel May, Diana Martin, RN, Val Koch, RN, and Kathy Strang

Facilitator – Lisa Wordeman, Immunization Program Manager

*Minutes submitted by Karoleigh Cassel, Immunization Program Administrative Specialist*

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### **Immunization Program Updates-Lisa**

The one thing expressed by providers after the 2012 regional trainings is that they would like to have more regional trainings. The Immunization Program is currently planning for four regional trainings next year. Information will be sent to providers in the near future about the trainings.

### **Clinical Updates-Diana**

ACIP Meeting Highlights:

1. Pertussis-There were 32,645 cases of pertussis reported as of October 12, 2012, with 16 deaths. Washington State reported 4,300 cases in 2012. The highest incidence has been in 10-year old children. Tdap was recently recommended for all pregnant women after 20 weeks' gestation, with preferred administration between 27 and 36 weeks gestation, if not previously vaccinated. ACIP voted to recommend administration of Tdap during EACH pregnancy. Routine repeat doses of Tdap in all adults will be discussed at the February 2013 ACIP meeting.
2. Meningococcal Vaccine-Four FDA-approved meningococcal vaccines are now available: One quadrivalent polysaccharide: Menomune; Two conjugated quadrivalent vaccines: Menactra & Menveo; A combination vaccine: Menhibrix which is indicated for infants at age 2, 4, 6, and 12 months. ACIP has not recommended routine meningococcal vaccination in the past because of low incidence of the disease. FDA-approved Menactra is recommended by ACIP for high-risk infants (Two-dose series is given between 9 and 23 months).
3. MMR-The Measles, Mumps and Rubella (MMR) vaccine work group is working to update the recommendations which were last updated in 1998. The CDC states that data is insufficient for recommending a third dose of MMR during outbreaks. Acceptable evidence of immunity will be changed to add laboratory confirmation of disease and remove physician diagnosis of MMR. New language is being developed to make recommendation for several high-risk groups as to what should be done if individuals are exposed to measles.
4. Child and Adolescent Immunization Schedules-Numerous changes have been made to the formatting and wording (for clarification). Schedules are being changed from two separate schedules for 0-6 years and 7-18 years of age to one schedule that is 0-18 year. The catch-up schedule remains the same. A proposed high-risk table was evaluated and suggested format was chosen. However, the decision was made to defer the high-risk table until 2014.

5. Adult Immunization Schedule-Proposed changes to the immunization schedule included: incorporating the changes to Tdap recommendations, adding a bar for PCV13 vaccine, removing the purple bar for MMR for those born before 1957 (because they are considered immune), and correcting the PPSV23 bar. There were several changes to the footnotes. The Trivalent Influenza Vaccine (TIV) had a name change to Inactivated Influenza Vaccine (IIV) since a quadrivalent vaccine will be available next year.
6. Japanese Encephalitis Vaccine-Japanese Encephalitis (JE) Vaccine is licensed for patients 17 years and older. A working group has been activated to review the safety and efficacy of the JE vaccine in children younger than 17 years. The presentation for recommendations is expected in February 2013.
7. Hepatitis B Virus (HBV) Vaccine-The goal of the HBV workgroup is to ensure protection for healthcare personnel, who received vaccination without post vaccination serologic testing. Also they have been discussing options for healthcare providers who had HBV vaccine in the remote past (including birth dose) without serology. They discussed two approaches: pre-exposure evaluation for protection or post-exposure assessment and management. It was suggested that both approaches are effective and that no preference would be made. No decision was rendered at the meeting.
8. Human Papillomavirus Vaccine (HPV)-Although no new policy issues were discussed, efficacy for prevention of oral human papillomavirus (HPV) infection and vaccine uptake was discussed. It was suggested that improved communication and strength of recommendations is needed, both for parents and for boys and girls. Safety monitoring is ongoing, but no increased risk has been demonstrated.
9. Rotavirus Vaccine-Since the release of rotavirus vaccines in 2006-RotaTeq and in 2008-Rotarix, vaccine effectiveness studies have not been performed. The effectiveness of both vaccines was recently evaluated using data from 2009 to 2011. RotaTeq was 84% effective and Rotarix 70% effective; however, neither was statistically significant because of the limited number of cases and wide confidence intervals. In conclusion, both vaccines are highly effective, though Rotarix needs further monitoring because it has not been on the market as long as RotaTeq. Also, no evidence of waning of immunity exists for either vaccine.
10. Influenza Vaccine-An outbreak of H3N2 variant (H3N2v) influenza occurred this past summer, totaling 306 cases. Of the cases, 98% involved swine exposure (mostly at state fairs), and only 15 person-to-person transmissions were confirmed. Last year, the influenza vaccine strains did not change and it was the second season with universal influenza vaccination recommendations. The effectiveness of LAIV compared with TIV for healthy children was compared. This review showed that LAIV provided greater relative protection than TIV against culture-confirmed influenza in healthy younger children. Data was not sufficient in older children. There will not be a recommendation on preference of LAIV over IIV (inactivated influenza vaccine). Further reviews on safety, supply, and relative cost are needed. In the 2013–14 influenza season, several quadrivalent inactivated vaccines (QIVs)

will be available, as there are two lineages of influenza B viruses circulate every year (both are circulating currently). During the previous 10 seasons, the B vaccine strain only matched the circulating strains five times. The Vaccines for Children program proposed renaming TIV (trivalent influenza vaccine) as IIV (inactivated influenza vaccine), and ACIP voted to approve. Novartis presented on a novel cell culture inactivated vaccine and they stated that this is an alternative to egg-based production methods and that it is under FDA review for individuals 18 years or older.

11. The Next ACIP Meeting is February 20-21, 2012 in Atlanta, GA.

### **WyIR Updates-John**

Results from a recent client satisfaction survey on the WyIR enrollment process have led us to propose new changes to the enrollment process. The new changes will hopefully make the process easier. The new process will be routed for approval and WyIR users will receive information on the new process very soon.

The latest provider to get interface with the registry up and running is Lander Medical Clinic. Cheyenne Health and Wellness Center and Cheyenne Regional Medical Center/Cheyenne Children's Clinic are pending to send us data. We are still waiting to get a large historical data transfer from them.

The Business Case Plan is almost complete for presentation to the Enterprise Technologies Solutions (ETS) department (IT department for State of Wyoming). This will show reviewers what providers need in the WyIR, and from there, develop a solid request for a Request for Proposal (RFP) to put the registry out for bid. Hopefully the RFP will be completed by the end of this month or the next month.

There are still 30 providers trying to connect to the registry somehow to provide meaningful use. The WyIR is coordinating with the Statewide Health Information Exchange as well as the Department of Health Total Health Record, which will help determine how the data will come through the registry and how it will look. WyIR has a training with the software vendor for the PC Hub, to gain a better understanding on how this will help with the onboarding process.

Current registry statistics:

146 providers are enrolled in the registry with over 1,000 active users. The number of users has gone up by 100 users in the last month.

### **Vaccine Program Updates-Jude**

2013 VOMS Changes

- Vaccine Transfers
  - Requires initial call to the vaccine program for approval and assistance
  - Transfer request is created in the WyIR
  - Different responsibilities depending on if it is a Short-Dated vaccine transfer, or a transfer due to a vaccine shortage.
  - No more Vaccine Transfer Forms

- Vaccine Returns
  - Electronically submitted Vaccine Return Form (PDF form), no manual forms will be accepted.
  - Requires inventory reconciliation in the WyIR.
  - Includes expired and returnable wasted vaccine.
  - Approved Vaccine Return Form is faxed back to the provider with a Vaccine Return ID to be included in shipped box.
  
- Wasted Vaccine
  - Applies to wasted vaccine that cannot be returned to the distributor.
  - Requires inventory reconciliation in the registry.
  
- Short-Dated Vaccine Transfer Request
  - Used to notify the vaccine program of vaccine that is within 3-6 months of expiration that the provider is unable to use and wishes to transfer out.
  - Goal is to prevent waste.
  - Transfers are not guaranteed.
  - Replacement Policy may still apply.
  
- Vaccine Borrowing Process/Report-out in 2013, hard copy, faxable pdf form, reported monthly
  
- Vaccine Ordering Guidance and Training-out in 2013, ppt
  
- Whenever you see a pdf form please type into the form. This makes it much easier for us to read and reduces processing time.

#### Updated Vaccine Program Webpage

- VFC/WyVIP Provider Training Series
  - Step-by-step guidance on program requirements and VOMS activities
  - Includes screen shots
  - Providers are expected to reference these resources prior to calling the Immunization Program for process walk-throughs.
  - Will be completed mid-Dec.
- VFC/WyVIP Provider Forms
  - The forms used to report certain information to the program
  - Some are printable forms, others are electronically submitted pdf forms.
  - When possible, type in the forms to ensure legibility.
- Manual Forms
  - These forms should only be used when directed to do so by the Immunization Program
  - Order and inventory submitted (faxed) using these forms will not be accepted and will be discarded. In addition, providers may not receive a call when this occurs.

### **FluMist Replacement Program**

- Information has been faxed to all providers, providers are asked to please call the Vaccine Program if the fax was not received and it will be faxed again.
- Encourage use of the replacement program so that providers are able to continue offering FluMist to their patients for a longer period of time.
- FluMist can be transferred out of a provider's facility after the replacement to another provider who wishes to have more FluMist.

### **2013 Enrollment**

- Contracts expire February 28, 2012.
- Contracts will be sent to the primary contact to manage this year, rather than the primary physician.
- Detailed information will be faxed out soon.
- Missed deadlines could result in ordering suspension, pulled vaccine, and a change of provider status to inactive.

### **Pro-Quad**

- Will be available for ordering during the December order window.
- Clinical information will be posted to the Immunization Program website.

### **Pentacel**

- As providers may have noticed Pentacel is no longer an order option.
- There is an extremely limited amount of Pentacel available each month
- If providers feel they must absolutely have Pentacel please feel free to contact the Immunization Program during the order window before placing your monthly order. There is no guarantee.

### **Temperature Logs**

- The program is still receiving out-dated versions of the temperature logs.
- These will no longer be accepted starting January 2013 and may count as non-compliance
- The most recent temperature log must be pulled from the Vaccine Program webpage. No other logs from other resources are accepted.
- Temperature logs will be updated mid-Dec to incorporate changes recommended by CDC such as the recording of min/max temps. These logs will be required in 2013.
- Temperature logs with missing recordings have been coming in regularly. Temps are not required on weekends and STATE holidays only. The holidays recognized by the State of Wyoming are posted on the Vaccine Program page at:  
[http://www.health.wyo.gov/familyhealth/immunization/VACCINEPROGRAM\\_2012.html](http://www.health.wyo.gov/familyhealth/immunization/VACCINEPROGRAM_2012.html)

### **Vaccine Order Process**

- The order window is between the 1st and the 5th of each month. There are no exceptions. If a primary contact is going to be out of the office during this time they must ensure that their secondary is able to place the order. Any orders received outside this window will be automatically rejected.
- Always carry 2.5-3 months of inventory.

**The next teleconference is January 16, 2013 at 12:15 pm.**