



Jab and Gab Immunization Newsletter

Wyoming Department of Health-December 2012



Manager's Corner By Lisa Wordeman

As we move out of a season of thanks and look forward to a season of giving, the Immunization Program would like to express our thanks for the great providers we have in Wyoming. I just returned from a meeting in Atlanta where I had the opportunity to hear what is going on in other states. It was refreshing to sit back and feel confident in the work that we are doing in Wyoming. Our VFC/WyVIP providers work hard to maintain proper storage and handling and ensure their patients receive the vaccines they need to remain healthy. The

Immunization Program is thankful for all the hard work of Wyoming vaccine providers.

The Immunization Program is busy planning for 2013, which will include four regional trainings in the spring. We are excited about bringing the program on the road again to educate VFC/WyVIP providers and to learn from those in the "real world" of vaccines. As the recommendations of vaccines and the guidelines from CDC are ever changing, we're pleased to present this information to providers in a location relatively close to their

office. We're in our preparation phase now and hope to have some details next month so primary and secondary vaccine contacts can plan for these upcoming trainings.

Thanks again for all of your hard work, especially during the flu season. The FluView (<http://gis.cdc.gov/grasp/fluview/main.html>) report from CDC is showing that Wyoming has minimal influenza-like illness activity at this time. This is good news as we head into a season of larger crowds and family gatherings. Keep up the great work!

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2013 Vaccine Program Changes By Jude Serrano

The Vaccine Program will be undergoing several changes in 2013. To assist with the upcoming changes a [VFC/WyVIP Provider Training Series](#) has been developed. This resource consists of a series of PowerPoint® presentations that cover various activities associated with being a VFC/WyVIP Provider. The series will be ready for viewing January 1, 2013 to align with the effective dates of the new processes.

Providers are encouraged to reference this resource prior to contacting the Vaccine Program with questions.

The VFC/WyVIP Provider Training Series covers the following subjects:

Min/Max

Temperature Log

Per CDC recommendation providers with a min/max temperature monitoring device should now report a min/max temperature on

their VFC/WyVIP temperature log. The new version of the temperature log will be available December 21, 2012 as providers are expected to use the new log for January recordings. This is a compliance requirement.

Vaccine Transfers

A new process is in place for vaccine transfers. All vaccine transfers must now be entered into the WyIR. The Vaccine Transfer form is no longer to be used.

Vaccine Return Process

The process for Vaccine Returns has been adjusted further and includes the process for returning wasted and expired vaccine. The Vaccine Return Form, found on the Vaccine Program webpage, must be completed electronically. After typing into the form simply check "submit" and the form will be sent electronically to the program for processing. Upon approval, the Vaccine

2013 Vaccine Program Changes...continued

Return Form will be faxed back to the provider with a Vaccine Return ID. A copy of the approved form must be included in each box shipped.

Wasted Vaccine

Providers are required to reconcile their vaccine inventory monthly in the WyIR, prior to placing their vaccine orders. Wasted vaccine that is non-returnable must be adjusted in the inventory total on the Lot Number Reconciliation page to ensure accurate reporting. The previous Wasted/Expired Vaccine report is no longer accepted.

Short-Dated Vaccine Report

To reduce wasted vaccine the program is encouraging providers to use the "Short-Dated Vaccine Report" found on the Vaccine Program webpage. This form will allow providers to notify the program of any vaccine that is within 3-6 months of expiration that they may be unable to use. The program will assist in identifying another provider that is able to accept a vaccine transfer. Transfers are not guaranteed and even after a transfer occurs the original provider is responsible for any unused vaccine. This form is also

electronically submitted to the program.

***Detailed guidance on each of these processes can be found in the provider training series on the vaccine program webpage.**



Exemption Equals Outbreak By Val Koch, RN

According to Sadd Omer, Infectious Disease Epidemiologist for Emory University in Atlanta, vaccine hesitancy is becoming more widespread. Reasons behind recent and more broad-based vaccine fears are complicated, but there are two factors that possibly play a part. The first is social media, namely Facebook and Twitter. These avenues promote messaging from advocacy groups and parents about vaccines, both positive and negative. Secondly, parents of this generation have not seen firsthand the diseases that vaccines prevent.

The U.S. National Library of Medicine, along with the National Institutes of Health, says that the number of parents who opted out of school-required vaccines, for religious or philosophical beliefs, increased between 2005 and 2011. All states require vaccines for school attendance and all states offer various types of vaccine exemptions. Religious exemptions are allowed in every state except Mississippi and

West Virginia and 20 states also accept philosophical exemptions, according to the CDC. Although the rates of non-medical exemptions grew in all states, the overall rate was 2.5 times higher in states that allowed philosophical and religious exemptions, compared to those that only allowed religious exemptions.

Vaccine preventable disease outbreaks are more common in states with easy exemption policies and in those that permit philosophical, as well as religious exemptions. An example of this is the pertussis outbreak in Washington. An epidemic was declared in Washington on April 3, 2012 and there have been 4,501 cases reported through November 10, 2012. In 2010, the state rate for pertussis cases in California was 45/100,000 persons. From January through October 2010, 455 infants, aged 3 months or less, were hospitalized and 10 died. California and Washington are two of several states with easy exemption policies. According to CDC, there are 24

states with incidence of pertussis that is the same or higher than the national incidence, which is 9.3/100,000 persons. Nine of these 24 states have easy exemption policies in place. Some states with easy policies have begun to tighten them, possibly because of vaccine-preventable disease outbreaks, however other states with difficult policies are relaxing them.

The focus shouldn't be about rewriting policies, but should center on addressing public perception of vaccines. Providers need to educate parents and caregivers. They should talk openly about the importance of vaccines, how they work, be willing to acknowledge parents' fears and answer questions regarding the safety of vaccines.



ProQuad® Clinical Information By Diana Martin



A. ProQuad® combines MMR and varicella vaccines into one injection (MMRV) and is a live-vaccine.

B. **Advisory Committee on Immunization Practices (ACIP) Recommendations.** MMRV is licensed for use as the first or second dose of MMR and varicella vaccines in those 12 months through 12 years of age. However, on May 7, 2012 ACIP reviewed the data on febrile seizures and published additional recommendations: Use of Combination, Measles, Mumps, Rubella and Varicella Vaccines (MMWR 2010:59(RR-3):1-12).

C. Background about Febrile Seizures.

i. Post-licensure studies, initially published in 2008, identified one additional febrile seizure occurring 5 -12 days after vaccination per 2,300-2,600 children who had received the first dose of MMRV at ages 12-through 23 months of age compared with children in the same age group

receiving the first dose of MMR and varicella vaccines administered separately at the same visit.

ii. Data from post-licensure studies do NOT suggest an increased risk of febrile seizures in children 4-6 years of age who received their second dose of these antigens as MMRV as compared to children receiving these vaccines separately.

D. Vaccine Administration Recommendations

i. First dose of measles, mumps, rubella and varicella vaccines in those 12 through 47 months: Unless the parent expresses a preference for MMRV vaccine, ACIP recommends that MMR vaccine and varicella vaccine be given as separate injections for the first dose in this age group, however, either MMR vaccine and varicella vaccine or MMRV vaccine may be used.

ii. Second dose of measles, mumps and varicella vaccines at any age (15 months through 12 years) and for the first dose at 48 months or older. ACIP states that the MMRV vaccine generally is preferred over separate injections of its equivalent component vaccines.

E. Contraindications and Precautions.

i. Personal or family history of seizures now a precaution for MMRV vaccination.

ii. Recent studies have not demonstrated that antipyretics (e.g., acetaminophen or ibuprofen) prevent febrile seizures.

iii. Other contraindications and precautions to MMRV remain unchanged (cerebral injury or seizures, hypersensitivity to eggs or Neomycin, thrombocytopenia), however, children with HIV should not receive MMRV due to lack of safety data.



FluMist® Replacement Program By LaChel May

The Immunization Program encourages providers to take advantage of the [FluMist® 2012-2013 Replacement Program](#). A fax was sent to VFC/WyVIP Providers on November 9, 2012, introducing the FluMist® Replacement Program along with instructions on how to go about the replacement process.

The FluMist® 2012-2013 Replacement Program will only accept VFC FluMist® purchased through the CDC Contract. Providers have from 15 days prior to the expiration date stamped on the sprayer until January 31, 2013 to be eligible for vaccine replacement. Participating providers will need to call

McKesson Specialty Health's MedImmune FluMist® CDC Replacement Request line at 1-877-633-7375. Operating hours are between 7:00 am CT- 7:00 pm CT, Monday through Friday. Vaccine doses must be returned in multiples of ten. It is permissible to mix Lot Numbers to achieve a complete unit of ten doses. Vaccine does NOT have to be returned/shipped back cold.

To receive a copy of the communication regarding the FluMist® 2012-2013 Replacement Program please contact LaChel May at 307-777-8503 or email at lachel.may@wyo.gov.

Questions about replacement program requirements should be directed to McKesson Specialty Health's MedImmune FluMist® CDC Replacement Request Line.

The Immunization Program is willing to assist with the transfer of FluMist® to another VFC/ WyVIP Provider **after replacement** to reduce waste.





Vaccine Adverse Event Reporting System (VAERS)

By Diana Martin

What is VAERS?

The Vaccine Adverse Event Reporting System (VAERS) is a national program that monitors the safety of vaccines after they are licensed. VAERS is managed by the U.S. Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA). Vaccines prevent serious illnesses and even death in persons who receive them.

Before a vaccine is licensed, FDA takes steps to make sure the vaccine is safe. FDA requires that a vaccine goes through extensive safety testing. After a vaccine is licensed, VAERS is one of the mechanisms used to monitor for any problems, or "adverse events," that happen after vaccination. Not all events reported to VAERS are caused by the vaccine.

Even though careful studies are done before a vaccine is licensed, rare adverse effects may not be found until a vaccine is given to millions of people with different backgrounds and medical histories. By continued monitoring, VAERS helps to make sure that the benefits of vaccines are far greater than the risks. Anyone who receives a vaccine should be informed about both the benefits and risks of vaccination. Any questions or concerns should be discussed with a healthcare provider.

Limitation and Usefulness of VAERS

VAERS is unable to determine that a vaccine caused or did not cause an adverse event. Sometimes people who are vaccinated get sick from another cause unrelated to the vaccine. Even though VAERS cannot determine that a vaccine caused an adverse event, it can give FDA and CDC important information that might signal a

problem. If it looks as though a vaccine might be causing an adverse event, FDA and CDC will investigate further.

Who Can Report to VAERS?

- Parents
- Patients
- Healthcare Providers
- Others

FDA and CDC encourage anybody who experiences any problems after vaccination to report to VAERS. Healthcare providers are required by law to report certain problems.

Why Should I Report to VAERS?

- Reporting gives valuable information that helps CDC and FDA make sure that vaccines are safe.
- Reporting strengthens VAERS so it can be used to assess public health response to vaccines.
- Reporting allows for evaluating public health prevention and control measures. Remember, no vaccine (or any medicine) is completely free of risk and adverse events are possible. If you have an adverse event after a vaccine, please report to VAERS. Each report is important!

What Types of Events Should I Report?

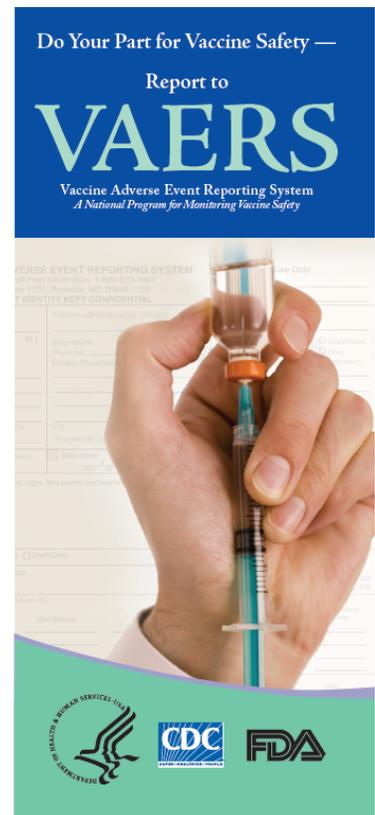
You should report any adverse event that happens after getting a vaccine, even if you are not sure that the vaccine caused the adverse event. It is especially important to report any adverse event that resulted in hospitalization, disability, or death. If you are not sure that a certain type of adverse event should

be reported to VAERS, talk with your healthcare provider. Healthcare providers are required by law to report certain adverse events. To get a list of these, please call 1-800-822-7967 or go to www.vaers.hhs.gov/reportable.htm.

How Do I Report?

- Report to VAERS online at <https://secure.vaers.org>.
- Fax a completed VAERS form to: 1-877-721-0366.
- Mail the completed report form to: VAERS, P.O. Box 1100, Rockville, MD 20849-1100
- Call 1-800-822-7967 to receive a form in the mail

Information Taken from: <http://vaers.hhs.gov/index>



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Delegation of Authority

By Lisa Wordeman

After the transition to Universal Select, Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) delegated authority to providers, which allowed them to vaccinate underinsured children with VFC vaccine. As mentioned in the 2012 Regional Trainings, as of January 1, 2013, only Public Health Nursing clinics and specified rural providers can receive this delegation and any other agreements that are in place will be cancelled. A new Memorandum of Understanding (MOU) is being created between an FQHC, Public Health Nursing, and specified rural providers. Providers not included in this MOU can vaccinate their underinsured patients with WyVIP or private vaccines, but cannot use vaccines identified as VFC-only.

VACCINE TRIVIA



- **What are the two most common side effects caused by vaccines?**
Two of the most common side effects caused by vaccines are fever and tenderness at the injection site.
- **What is one of the most common vaccine-preventable diseases acquired by travel?**
- Hepatitis A is one of the most common vaccine-preventable diseases acquired during travel. For this reason, getting the hepatitis A vaccine is often recommended before traveling to areas with high rates of hepatitis A (i.e. Mexico, Central America, Africa and Asia).
- **Which vaccine-preventable disease is not affected by herd immunity?**
Tetanus is not affected by herd immunity. Because tetanus is not passed from one person to another, it does not matter how many people around you are immunized. Your risk of disease remains the same.
- **Which vaccine-preventable disease is also known as German measles?**
The disease also known as German measles is rubella.
- **While most vaccines are not given to pregnant women, which ones are recommended?**
While pregnant women are advised to wait until after giving birth to get most vaccines, the influenza and pertussis vaccines are specifically recommended during pregnancy.

Have a fun vaccine fact? Email it to jude.serrano1@wyo.gov.

Congratulations!

By Val Koch

Congratulations go out to pin #1144, Arapahoe Health Center, and pin #1150, Ft. Washakie Health Center. These providers have achieved very high adolescent coverage rates for 2011 at 89% and 77% respectively! For 3 dose HPV completion, coverage rates are also phenomenal at 77% for Arapahoe and 72% for Ft. Washakie for 2011! Both of these provider offices conduct health clinics at their local high schools once a week, in which they offer immunizations, thus increasing uptake of adolescent vaccines. We commend these providers for their hard work and for thinking outside the box when it comes to creative ways to increase uptake of adolescent vaccines to achieve rates close to or above the 2020 Healthy People goals!

2013 Regional Training Information Coming Soon!!



Don't forget the Bi-Monthly Teleconference for All WYVIP Providers: January 16, 2013 @ 12:15 p.m. Telephone Number: 877-278-8686 (toll-free) Pass code: 309491