

# IMMUNICATIONS

## Vaccinate for Life

Arizona  
Department of  
Health Services

### Continue to Give Influenza Vaccine to Your Patients for Many More Months

*Karen Lewis, MD, AIPO Medical Director*

Interest in influenza vaccine often wanes after Thanksgiving, and influenza vaccine shipments to providers have been slower than normal this year. This may leave providers with a lot of influenza vaccine in their offices. The Arizona Department of Health Services (ADHS) still has plenty of Vaccine for Children (VFC) influenza vaccine available to distribute to providers. As of 12/14/2015, there were over 140,000 doses of VFC influenza vaccine available for ADHS to distribute.

Providers should continue to offer influenza vaccine through the spring to all of their unvaccinated patients who are six months and older. Why? Influenza season in Arizona has barely begun. Once influenza starts to surge, it will circulate widely for several months.

Providers can track current [influenza activity](#) at the ADHS influenza website ([www.azdhs.gov/flu](http://www.azdhs.gov/flu)) in order to monitor influenza activity throughout the season, and to see what past seasons' influenza activity has been like. Usually influenza activity peaks in Arizona in January and February, and it can continue to spread through April and beyond.

[National influenza activity](#) can be followed by going to the Centers for Disease Control and Prevention (CDC) website ([www.cdc.gov/flu](http://www.cdc.gov/flu)). The components in the 2015-2016 influenza vaccine are [similar](#) to the viruses that have been circulating over the summer, suggesting that there could be a good match this year between virus and vaccine, resulting in higher levels of protection.

#### Arizona Influenza Activity

	Week 47 Total (11/22/15-11/28/15)	Season Total
<b>2015-2016*</b>	16	94
<b>2014-2015</b>	18	78
<b>5 year average</b>	19	74

\*The 2015-2016 influenza surveillance season began on October 4, 2015 and will continue through October 1, 2016.

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"Happiness is when what you think, what you say, and what you do are in harmony." Mahatma Gandhi

AIPO (602) 364-3630 | ASIIS Help Desk: (602) 364-3899 | [ASIISHelpDesk@azdhs.gov](mailto:ASIISHelpDesk@azdhs.gov) | VFC Help Desk: (602)364-3642 | [ArizonaVFC@azdhs.gov](mailto:ArizonaVFC@azdhs.gov)

### December 2015

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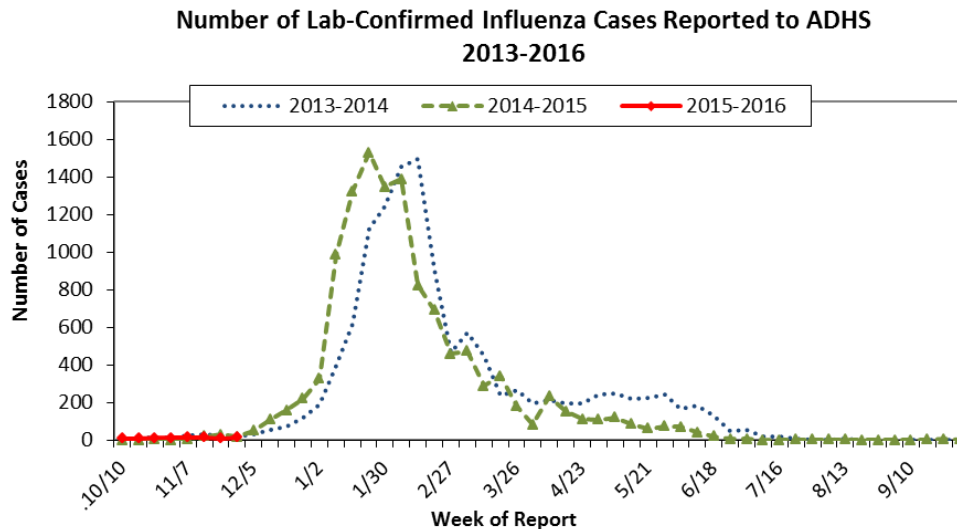
## Give Flu Vaccine (continued)

Karen Lewis, MD, AIPO Medical Director



People at high risk of serious complications from influenza include [young children](#), [pregnant women](#), people with [chronic health conditions](#) like asthma, diabetes or heart and lung disease and [people 65 years and older](#). Getting a vaccine against influenza protects both the vaccinated people and those who they come in contact with.

Although the spread of influenza is decreased by frequent [handwashing](#), [covering sneezes and coughs](#), staying home when sick, and staying away from sick people, receiving a [yearly influenza vaccine](#) is an essential part of preventing influenza and its associated hospitalizations and death. Therefore, **continue to give influenza vaccine until influenza is no longer circulating in Arizona.**



All flu related graphs were provided by Kristen Herrick, MPH, CHES, Influenza Epidemiologist at ADHS

## SUMMARY OF REPORTABLE VACCINE-PREVENTABLE DISEASES

January-November, 2015<sup>1,2</sup>

Susan Goodykoontz, Vaccine Preventable Disease Epidemiologist



	Jan - Nov 2015	Jan - Nov 2014	Jan-Nov 5-Year Median
Measles	7	0	1
Mumps	2	11	3
Rubella (Congenital Rubella Syndrome)	0(0)	0(0)	0(0)
Pertussis (Confirmed)	548(335)	433(241)	798(241)
<i>Haemophilus influenzae</i> , serotype b invasive disease (<5 years of age)	4(2)	0(0)	3(5)
Meningococcal Infection, invasive	5	9	11
<i>Streptococcus pneumoniae</i> , invasive	580	652	695
Hepatitis A	60	30	66
Hepatitis B, acute	31	35	100
Hepatitis B, chronic	983	867	807

<sup>1</sup> Data are provisional and reflect case reports during this period.

<sup>2</sup> These counts reflect the year reported or tested and not the date infected.

## Vaccine Center Update

Lisa Underhill, MPA, Vaccine Center Manager



Sanofi Pasteur has recently come out with information regarding a manufacturing delay with Pentacel vaccine. As a result Sanofi Pasteur will not be able to meet all of the Pentacel vaccine demand through the first half of 2016. However, Sanofi Pasteur has sufficient supplies of the relevant single antigen vaccines (DAPTACEL, ActHIB, and IPOL) to address the anticipated gap in Pentacel supply.

Effect on the Arizona Vaccine Center: The CDC will be reducing its allocation of Pentacel to the Arizona Vaccine Center but will increase allocations of DAPTACEL, IPOL, and ActHIB.

Effect on VFC Providers: This means that starting **immediately**, Pentacel will be in reduced supply. The Vaccine Center will make reductions to provider orders based on vaccine availability and provider inventory. **Beginning now the Vaccine Center will reduce orders because we are close to our December allocation. We will continue to reduce orders as needed until Pentacel is fully available again.** Please remember to order single antigens (DTaP, IPV, Hib) or other combination vaccines to replace doses of Pentacel® as needed.

Pentacel doses will not be placed on backorder due to limited supply. The Vaccine Center will not automatically replace doses of Pentacel with single antigen or combination vaccines – you will need to place these orders yourself.

Pentacel supplies may differ between VFC and private stock. The Vaccine Center can address issues with VFC vaccines, but not your private stock.

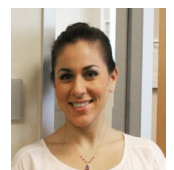
The following is a list of single antigen and combination vaccines that are available:

Vaccine Type	Brand	NDC	Presentation	Manufacturer
DTaP	Daptacel®	49281-0286-10	Single Dose Vials	Sanofi Pasteur
DTaP	Infanrix®	58160-0810-11	Single Dose Vials	GSK
DTaP	Infanrix®	58160-0810-52	Single Dose Syr.	GSK
DTaP-IPV-HepB	Pediarix®	58160-0811-52	Single Dose Syr.	GSK
Hib	Acthib®	49281-0545-05	Single Dose Vials	Sanofi Pasteur
IPV	IPOL®	49281-0860-10	10 Dose Vial	Sanofi Pasteur

The [“Guidance for Vaccinating Children during the 2015-2016 Pentacel® Manufacturing Delay”](#) from the CDC is available. This guidance describes how to use alternate schedules as well as alternate combination vaccines.

## Preliminary Results from the 2015-2016 Immunization Data Report

Alexandra Bhatti, MPH, Immunization Assessment Manager



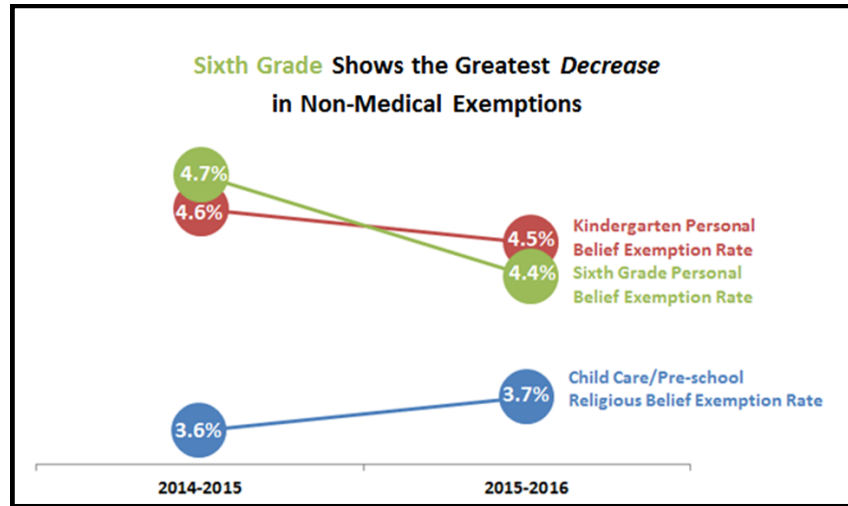
Arizona schools must submit an annual Immunization Data Report (IDR) on students enrolled in child care/pre-school/Head Start, kindergarten and sixth grades by November 15<sup>th</sup>. It is a self-report survey that assesses the immunization coverage and exemption rates for each state-required immunization.

Preliminary numbers are based on all Immunization Data Reports that were received by the November 15<sup>th</sup> deadline. The Arizona Immunization Program Office (AIPO) is still accepting initial IDRs through the end of 2015 and will continue to accept any updates or changes to the report through May 2016. AIPO is following up with schools to ensure that the data accurately reflects the immunization status of the assessed populations – because of this, some of these preliminary numbers are subject to change.

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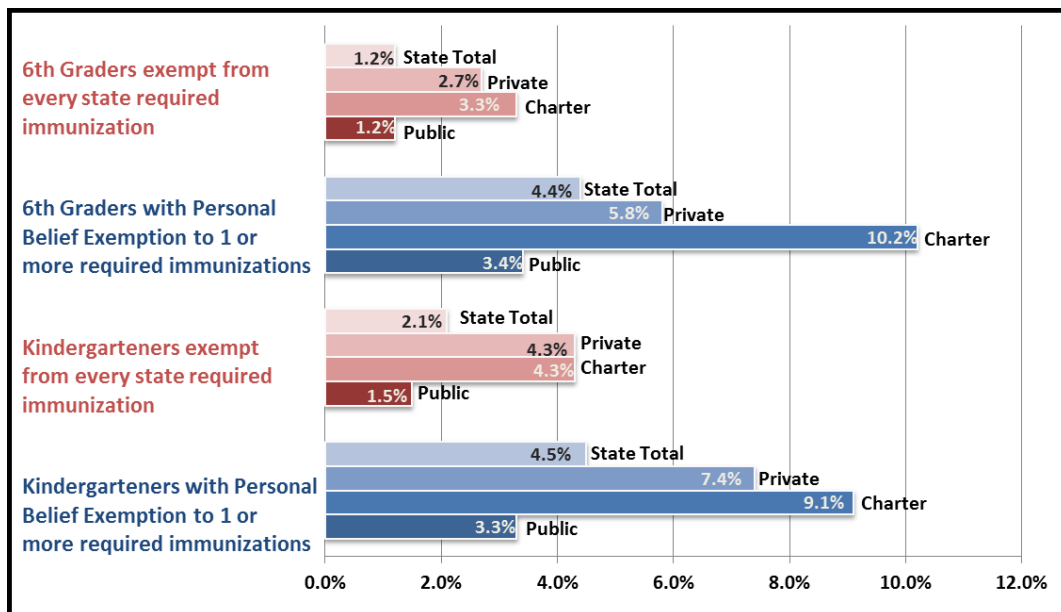
## Preliminary Results (continued)

As shown below, preliminary data shows that non-medical exemption rates decreased for kindergarten and sixth grade and went up by 0.1% for child care and pre-schools. This is the second year there hasn't been an increase in exemption rates for kindergarten and sixth grade.



Preliminary data shows the trend that public schools having lower exemption rates than private or charter schools continued in the 2015-2016 school year. Additionally, charter schools show the highest personal belief exemption rate. The chart below shows the breakdown of exemption rates between public, private, and charter schools for 2015-2016 school year. Historically, AIPO assessed how many students were exempt from one or more state-required immunizations (shown in blue). This year, AIPO also assessed how many students were exempt from **every** state-required vaccination (shown in red). The results show that less than half of the students who have exemptions are exempt from every state-required vaccination.

**Less than half** of the students who have exemptions are **exempt from every state-required** vaccination



Data collected from the IDR will be [posted](#) in January 2016. If you have any questions regarding school data feel free to contact [Alexandra.Bhatti@azdhs.gov](mailto:Alexandra.Bhatti@azdhs.gov).

## AFIX Update

Alexandra Bhatti, MPH, Immunization Assessment Manager

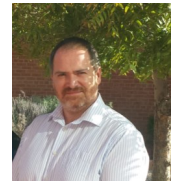
Assessment, Feedback, Incentive, and eXchange (AFIX) is a program that many, if not all, VFC providers are aware of and have participated in. Here at AIPO we have a team that personally visits VFC providers and shares immunization coverage levels, missed opportunities to vaccinate, and more with the VFC office. Additionally, the AFIX team works with VFC providers to develop Quality Improvement (QI) strategies to improve coverage rates at their facility. QI strategies include using reminder/recall, inactivating patients, or having an immunization champion in the office. Our AFIX team follows up with the provider, via email, three to six months later and shares an updated assessment which highlights successes and identifies barriers that may prevent the provider from implementing the selected QI strategies.

Data from AFIX assessments is used in conjunction with other data attained to measure the coverage rates of our community and identify any pockets of need. This helps us better direct resources to ensure that the needs of the community are being met.

This year our AFIX team of two personally visited 433 VFC providers which was a record number of visits for our small yet mighty team. Our goal is to make sure we visit every provider at least every other year. If you have not received an AFIX visit and would like one feel free to contact [Alexandra.Bhatti@azdhs.gov](mailto:Alexandra.Bhatti@azdhs.gov).

## ASIIS Tip of the Month: Cold Storage Module

Valentin Shoshtarikj, ASIIS Program Manager



The ASIIS Cold Storage Module allows for the managing and tracking of refrigerator and freezer temperatures at a desired location.

After entering the time and temperature and saving the changes, a red message appears at the top of the screen indicating the temperature readings were recorded successfully. The saved temperatures are accessible by the Vaccine Center and there is no need to fax or email temperature logs.

The cold storage temperature report may be exported and printed or saved for records. The report shows all cold storage units in the location and the recorded temperatures.

The ASIIS Cold Storage Module requirement that was originally required as of January 1, 2016, has been postponed. Providers are still encouraged to begin entering temperatures in ASIIS, as it will be required in the future.

Additional training can be found here [Cold Storage Module Training](#)

## Receive a 1-2-3 Campaign Letter From AIPO?

Recently the Arizona Immunization Program Office (AIPO) implemented a centralized mailing to two different cohorts. First AIPO sent a letter to all ASIIS users accompanied by our 1-2-3 campaign material that was intended to remind you that your strong recommendation to vaccinate is invaluable. We also provided links to attain [free materials](#) that you can use to assist in sharing the positive vaccination message in your office.

We also sent a letter to parents of pre-teens who may be due for one or more ACIP recommended vaccinations. This letter included the 1-2-3 campaign material. Approximately 110,000 letters went out to parents. AIPO received roughly 19,000 back due to either incorrect or incomplete address information or out-dated address information, including guardian information. This is why we strongly encourage not only careful and complete entry of information into ASIIS but also updating the information when needed. The article below details what is required and what is recommended for data entry.



### They Still Need You to Help Protect Their Future

1 dose of Tdap, 2 doses of meningococcal, & 3 doses of HPV protects your preteen from 5 vaccine-preventable diseases & certain HPV-related cancers. Start the series at their 11 or 12 year old health checkup, but it's never too late to catch-up and protect their future.

- |  |  |   |
|--|--|---|
| <p><b>Protects against pertussis, tetanus, and diphtheria</b></p> <ul style="list-style-type: none"> <li>Pertussis is sometimes called the "100 day cough" or Whooping Cough.</li> <li>It's a serious disease that's easily spread &amp; can be very harmful for babies and grandparents.</li> <li>Tdap also provides protection from tetanus, also called lockjaw, and diphtheria.</li> </ul> | <p><b>Protects against bacterial meningitis</b></p> <ul style="list-style-type: none"> <li>Get your child vaccinated at age 11 then boosted at 16 as the best way to prevent meningitis.</li> <li>1 in 7 teens that get bacterial meningitis will die — this illness is fast and serious.</li> <li>Close contact with others can increase risk of meningitis — coughing, kissing or sneezing and dorm living.</li> </ul> | <p><b>Protects against human papilloma virus</b></p> <ul style="list-style-type: none"> <li>In the USA each year more than 17,000 women &amp; 8,000 men are affected by HPV-related cancers.</li> <li>Getting your child vaccinated with 3 HPV shots now means a future with one less thing to worry about.</li> <li>Two HPV vaccine shots you can prevent certain kinds of cancer in your child's future.</li> </ul> |
|--|--|---|

Are These Vaccines Safe? Yes. All of these vaccines were studied in tens of thousands of people around the world. The most common side effects reported are mild. Always talk to your health care provider.

Learn more about protecting your child at: [WhyImmunize.org/ProtectMeWith3](http://WhyImmunize.org/ProtectMeWith3)



## Patient Demographics in ASIIS

Current and accurate patient demographics helps ASIIS and *all of us* to find the correct patient.



### required fields

- First Name
- Last Name
- Birth Date
- Guardian First Name
- Mother's Maiden Name
- Street
- City
- State
- Zip Code
- Sex
- Eligibility Category



### additional fields

- Middle Name
- Birth File
- Patient SSN
- Multiple Birth
- Phone Number
- Email
- Guardian Middle and Last Name
- Guardian SSN
- Guardian 2 First and Last Name
- Health Plan Information



*It is impossible for the database software to recognize spelling mistakes.*  
Always check the patient demographic details for spelling errors.

## Ask the Experts

Experts from the CDC answer questions about vaccines – visit [www.immunize.org/askexperts/](http://www.immunize.org/askexperts/) for more questions and answers.

**Q. If a child only received a half dose of live attenuated influenza vaccine (LAIV, FluMist, MedImmune), I understand they are not considered immunized. Can the child receive inactivated influenza vaccine (IIV) on the same day?**

A. You are correct that a half dose of LAIV (or any other vaccine) is a non-standard dose and should not be counted. If you weren't able to give the second half of the LAIV at the same appointment, you will need to provide another full dose of influenza vaccine at another visit. If you want to try using a different type of vaccine, you can give IIV any time after the partial dose of LAIV. If you want to give LAIV again, you should wait four weeks because it is a live vaccine.

**Q. The protective cap on a single-dose vial was removed but the vaccine was not needed. No needle punctured the rubber seal. According to CDC's [Vaccine Storage & Handling Toolkit](#) the vial without the cap should be discarded at the end of the workday. If no needle punctured the seal, what is the reasoning for discarding the vaccine?**

A. Removing the protective cap increases the likelihood the septum or stopper could be punctured. The puncture may not be visible. Once the protective cap has been removed, the vaccine should be discarded at the end of the workday because it may not be possible to determine if the rubber seal has been punctured.

## Arizona Immunization Conference– Save the Date

The [23rd Annual Arizona Immunization Conference](#) will be held April 13th and 14th, 2016.

We have an exciting line-up of speakers including a medical officer from the Centers for Disease Control and Prevention (CDC), a local pediatrician that spoke on Capitol Hill and a health humorist. Stay tuned for more information as it becomes available.

Registration will be open in early 2016!

**Vaccinate for Life**  
**MISSION:**  
**POSSIBLE**

## Helpful Links

[Arizona Immunization Program Office](#)

[Arizona Vaccine News](#)

[CDC Vaccines and Immunizations](#)

[CDC Vaccine Safety](#)

[Immunization Action Coalition](#)

[The Arizona Partnership for Immunization](#)

## Upcoming Trainings/ Education

**CDC: Pink Book Updates/Corrections:** Several errors have been identified in the Pink Book 13th edition, as well as several places where updates or clarifications were needed. These have been listed on a new "Errata, Updates, and Clarifications" link, which can be found at <http://www.cdc.gov/vaccines/pubs/pinkbook/pink-errata.html> When noted, changes have been incorporated into the online html and pdf versions of the Pink Book. The listing of changes can also be printed out to be placed with the hard copy of the Pink Book.

**"You Call the Shots" Updated Modules:** The Flu and DTaP modules have been updated on the CDC web-based "You Call The Shots" training course. Please visit <http://www.cdc.gov/vaccines/ed/youcalltheshots.htm> to view the new modules and the entire training course. This is required training for VFC providers and staff, and is broken into individual modules which make a perfect addition to any monthly staff meeting.

**Standing Orders for Adult Vaccinations Workshops:** The Immunization Action Coalition (IAC) has launched *Take A Stand*, a new program developed to promote the use of standing orders for adult immunizations. The goal of the project is to reach key leaders (clinicians, nurses, and clinic managers) in private practices and integrated delivery networks to help them implement or enhance the use of standing orders for adult immunizations in their medical settings. The program will consist of workshops held around the country from October 2015 through June 2016. Each workshop is being led by nationally recognized speakers, such as Dr. Bill Atkinson and L.J Tan. Attendees will participate in a 4-hour interactive session, and they also will be able to receive one year of support with any problems they encounter while implementing standing orders. The two workshops in Arizona will be held in Phoenix on March 17 and in Tucson on March 18. A listing of workshop dates and locations, as well as other materials, is available at [www.standingorders.org](http://www.standingorders.org).

**HAPPY  
HOLIDAYS**  
From the Arizona Immunization Program Office

Do you like the new, monthly Immunizations?  
Let us know at [wendy.odonnell@azdhs.gov](mailto:wendy.odonnell@azdhs.gov)

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