Plenty of Influenza Vaccine Still Needs to Be Given

Karen Lewis, MD, A IPO Medical Director

Influenza vaccines have been distributed more slowly this fall due to a variety of factors. However, as of December 11, 2015, 143.3 million doses of influenza vaccines have been distributed in the United States.

Early season estimates show there are still many people who have not received an influenza vaccine. As of November 11, 2015, the Centers for Disease Control and Prevention (CDC) estimates that only 39.2% of all children, and 39% of adults have been vaccinated. In addition, the CDC estimates that 66.7% of health care personnel have received an influenza vaccine (as of November 13, 2015) and 40.2% of pregnant women have been vaccinated (as of November 5, 2015).

Interest in Influenza vaccine often decreases by January, yet the influenza season is far from over. As of the end of December 2015, influenza activity has just started to increase in the United States and in Arizona. There is still time to give vaccine before influenza becomes widespread.

Even when influenza is widespread in the community, there are still benefits from immunizing unimmunized patients. Influenza activity most often peaks in January and February, and influenza viruses may continue circulating into the spring. Therefore, influenza vaccination efforts should remain vigorous for several months to come.

Arizona Influenza Activity

<table>
<thead>
<tr>
<th>Year</th>
<th>Week 1 Total (1/3/16-1/9/16)</th>
<th>Season Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015-2016*</td>
<td>247</td>
<td>734</td>
</tr>
<tr>
<td>2014-2015</td>
<td>985</td>
<td>1,928</td>
</tr>
<tr>
<td>5 year average</td>
<td>502</td>
<td>1,277</td>
</tr>
</tbody>
</table>

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

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

“Only those who will risk going too far can possibly find out how far one can go.” T.S. Eliot
Measles Begins as an Influenza-like Illness

Karen Lewis, MD, AIPO Medical Director

Influenza and measles have similar clinical presentations at the beginning of the illnesses. Therefore, it is important for health care personnel to consider the possibility of measles in some patients with influenza-like illnesses.

People are at risk for measles if they are unvaccinated, have recently traveled outside of the United States, or have had contact with someone who has recently traveled outside of the United States.

Patients with influenza typically have a sudden onset of high fever, nasal congestion, coughing, sore throat, chills, muscle aches, malaise, and severe fatigue. However, influenza patients rarely develop conjunctivitis or a rash.

Patients with measles do not have a rash when they first get sick. They develop a high fever with a harsh cough, a runny nose, redness of the eyes, and malaise. Then after about 2-3 days of fever and respiratory symptoms, a rash of red spots starts on the face and upper body, slowly spreading down to the feet over several days.

During influenza season, a patient with fever, respiratory symptoms, and conjunctivitis should be evaluated not only for influenza, but also considered for early measles, especially if they are not immunized against measles. Also, measles should be considered in patients with febrile illnesses with a rash. If measles is suspected, the patient should immediately be placed in air-borne isolation, and the county health department should be contacted.

SUMMARY OF REPORTABLE VACCINE-PREVENTABLE DISEASES
January-December, 2015 ¹,²

Susan Robinson, MPH, Vaccine Preventable Disease Epidemiologist

<table>
<thead>
<tr>
<th>Disease</th>
<th>Jan-Dec, 2015</th>
<th>Jan-Dec, 2014</th>
<th>Jan-Dec 5-Year Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>7</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Mumps</td>
<td>2</td>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td>Rubella (Congenital Rubella Syndrome)</td>
<td>0(0)</td>
<td>0(0)</td>
<td>0(0)</td>
</tr>
<tr>
<td>Pertussis (Confirmed)</td>
<td>582(342)</td>
<td>517(287)</td>
<td>867(287)</td>
</tr>
<tr>
<td><em>Haemophilus influenzae</em>, serotype b invasive disease (&lt;5 years of age)</td>
<td>4(2)</td>
<td>0(0)</td>
<td>3(2)</td>
</tr>
<tr>
<td>Meningococcal Infection, invasive</td>
<td>5</td>
<td>9</td>
<td>12</td>
</tr>
<tr>
<td><em>Streptococcus pneumoniae</em>, invasive</td>
<td>678</td>
<td>724</td>
<td>767</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>74</td>
<td>35</td>
<td>73</td>
</tr>
<tr>
<td>Hepatitis B, acute</td>
<td>39</td>
<td>38</td>
<td>104</td>
</tr>
<tr>
<td>Hepatitis B, chronic</td>
<td>1063</td>
<td>929</td>
<td>893</td>
</tr>
</tbody>
</table>

¹ Data are provisional and reflect case reports during this period.

² These counts reflect the year reported or tested and not the date infected.
Vaccine Center Update
Lisa Underhill, MPA, Vaccine Center Manager

The Arizona Vaccine Center would like to thank the Vaccines for Children (VFC) providers who have submitted their 2016 VFC re-enrollment forms. We are currently reviewing these submissions and will email your site’s VFC Coordinator once re-enrollment for 2016 is approved. If your site has submitted re-enrollment forms but the information is incomplete, we will email your site’s VFC Coordinator to request any missing or incomplete re-enrollment items.

Currently more than 150 VFC providers have failed to submit re-enrollment forms. Please be advised that vaccine ordering and transferring privileges will be suspended for VFC providers who fail to submit VFC re-enrollment forms by January 14, 2016, and the ongoing failure to submit re-enrollment forms will lead to inactivation from the VFC program.

VFC re-enrollment forms can be found on the Arizona Immunization Program website.

Please do not allow your VFC enrollment to lapse. This will impact your ability to order VFC vaccines and will result in removal from the VFC Program.

ASIIS Tip of the Month: Digital Data Logger
Valentin Shoshtarikj, ASIIS Program Manager

The continuous temperature monitoring and recording device (Digital Data Logger) is an electronic device used for continuously monitoring and recording temperatures within a vaccine storage unit. It provides statistical data for detailed analysis in case of temperature excursions, to determine viability of vaccines.

In addition, recommended digital data logger characteristics include:
- Alarm for out-of-range temperatures
- Current, minimum, and maximum temperatures
- Low battery indicator
- Accuracy of +/- 1°F (0.5°C)
- Memory storage of at least 4,000 readings
- User programmable logging interval (or reading rate)

If interested in attending an upcoming training and obtaining a data logger set for your practice please send an email with “Data Logger Training” in the subject line to Lindsay.Shaver@azdhs.gov and you will be contacted as trainings are scheduled.

Want to know more? Check our web site under Vaccines for Children (VFC) – Vaccine Storage and Handling on the following link.

AIPO is currently working on interfacing the data loggers with ASIIS for uploading of temperatures. The interface will provide easy and instant uploading of temperatures into the cold storage module without manual entering—a great benefit to you.

As of January 1, 2018, the Centers for Disease Control and Prevention (CDC) and the Arizona VFC Program will require that all vaccines distributed to VFC providers must be monitored using Digital Data Loggers. The goal of this early announcement is to offer sufficient time to the providers to plan and implement this requirement.
Dr. Daniel T. Cloud Outstanding Practice Awards
Karin Szymanski, Project Coordinator, TAPI

The ARIZONA PARTNERSHIP FOR IMMUNIZATION (TAPI) is seeking nominations for the 2016 Toddler and Teen awards. These awards recognize the exceptional efforts of the many individuals and organizations whose tireless work and innovative strategies have improved immunization coverage levels statewide. We look forward to our annual awards banquet as an opportunity to publicly recognize immunization efforts over the past year.

All nominations packets must be complete and received no later than 5 pm on February 26, 2016. Please contact TAPI at (602) 288–7568 with any additional questions. The nomination forms can be found at TAPI.org or directly at https://www.whyimmunize.org/nomination-forms/

Who you Gonna Call? Disease Busters!
Brenda Jones, RN, BSN, MA, AzCSN, Immunization Services Manager

We understand it can be confusing as to whom to contact for questions on immunization schedules, vaccine administration, VFC program, ordering vaccines and reporting vaccine preventable disease cases or outbreaks.

Here is a visual tool to help determine who you should call for particular issues.

Call your County Health Department
To report a vaccine-preventable disease (VPD) case/outbreak

Call Either Your County Health Department or the Arizona Immunization Program
For assistance with vaccine administration and scheduling questions
For assistance with foreign immunization records translation
For assistance with child care and school immunization requirements

Call the Arizona Immunization Program Office
For information on ordering VFC vaccines
For information on becoming a VFC Provider
For assistance with ASIIS data entry, reports, reconciliation and dose accountability

The primary numbers for reaching the Arizona Immunization Program Office are the following:

Main/Reception (602) 364-3630
Vaccine Center (602) 364-3642
ASIIS Help Desk (602) 364-3899 or (877) 491-5741

To contact your county health department, please visit http://www.maricopa.gov/publichealth/stopthespread.aspx.
Ask the Experts
Experts from the CDC answer questions about vaccines – visit www.immunize.org/askexperts/ for more questions and answers.

Q. Can RotaTeq (RV5; Merck) and Rotarix (RV1; GlaxoSmithKline) vaccines be used interchangeably? If so, what schedule should we follow?

A. ACIP recommends that the rotavirus vaccine series be completed with the same product whenever possible. However, vaccination should not be deferred because the product used for a previous dose is not available or is unknown. In these situations, the provider should continue or complete the series with the product available. If any dose in the series was RV5, or the vaccine product is unknown for any dose in the series, a total of 3 doses of rotavirus vaccine should be administered. The minimum interval between doses of rotavirus vaccine is 4 weeks. All doses should be administered by age 8 months and 0 days.

Q. Our experience has been that many babies who receive the oral rotavirus vaccine spit a lot of it out. We know that in the event that part of a dose of oral vaccine is spit out, we should count the dose and not administer a second dose. But how can we be sure that the little they ingest is enough?

A. Try to follow general guidelines for oral administration of liquid vaccines. First, give this vaccine at the beginning of the office visit, while the baby is still happy, and before you administer injections or perform other procedures. Second, make every effort to aim the dropper containing the vaccine down one side and toward the back of the child’s mouth. Don’t put the dropper so far back that you gag the child. You may find the following information from the RotaTeq manufacturer helpful: www.merckvaccines.com/Products/RotaTeq/Pages/dosageandadministration. You can also find a pictorial description of both reconstitution and administration of Rotarix in the package insert at http://us.gsk.com/products/assets/us_rotarix.pdf.

Arizona Immunization Conference– Registration Now Open!
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. We hope you can join us!

Register now!

Helpful Links
Arizona Immunization Program Office
Arizona Vaccine News
CDC Vaccines and Immunizations
CDC Vaccine Safety
Immunization Action Coalition
The Arizona Partnership for Immunization

Openings in the Arizona Immunization Program Office
Postings for the following positions are now live – please share freely:

- **Immunizations Special Programs Manager** – posting closes Jan 29, 2016
- **Immunization and Vaccination Specialist - AFIX** – first resume review Jan 29, 2016
- **Database Management Analyst** – first resume review Jan 21, 2016
Upcoming Trainings/ Education

**Spring 2016 Clinical Vaccinology Course**— Register now
March 18-20, 2016 in Phoenix, AZ
The National Foundation for Infectious Diseases (NFID) is hosting this 2.5 day course which focuses on new developments and issues related to the use of vaccines. Expert faculty provide the latest information on both current and prospective vaccines, updated recommendations for vaccinations across the lifespan, and innovative and practical strategies for ensuring timely and appropriate vaccination essential to improving disease prevention efforts. The course provides CME, CNE, or CPE credit for attendees.

The course will be held in conjunction with a complimentary standing orders program (see below).

**Standing Orders for Adult Vaccinations Workshops**— Register now
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.

New Employees

Savanah Martinez and Tony Brown
ASIIS Customer Service Hotline Specialists

Aaron Drake
Vaccine Center Help Desk Analyst

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