

IMMUNICATIONS

Vaccinate for Life

Arizona
Department of
Health Services

Highlights of CDC's ACIP Committee October 2015 Meeting

Karen Lewis, MD, AIPO Medical Director

The Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) met on October 21, 2015. They voted to approve the 2016 Child and Adolescent (birth-18 years) Immunization Schedule and the Adult Immunization Schedule. Changes in the schedules will become official CDC policy when they are printed in *Morbidity and Mortality Weekly Report* early in 2016. No other votes were taken.

Among the changes to the schedules include a change in nomenclature for human papilloma virus (HPV) vaccines. Four-valent HPV vaccine will be abbreviated as 4vHPV and the nine-valent HPV vaccine will be 9vHPV. The order of the vaccines will be changed to reflect which vaccines are given earlier in life. Quadrivalent meningococcal vaccines (MCV4) will show different recommendations for high-risk and non-high risk individuals. Either of the two licensed meningococcal B vaccines are recommended for high-risk persons ≥ 10 years old (asplenia, complement component deficiency, microbiologists, and exposed people during meningococcal B outbreaks). However, these vaccines only have a permissive indication (based on a physician's one-on-one decision making with a patient) for those 16-23 years old who are not at high-risk for meningococcal B disease.

The pneumococcal polysaccharide vaccine bar on the adult schedule will indicate 1, 2, or 3 doses, since everyone ≥ 65 year old needs a dose of PPSV23; high-risk persons under 65 years of age need 1 or 2 doses of PPSV23, depending on their clinical situation. Certain high-risk adults who are 19-64 years old need a dose of 13-valent pneumococcal conjugate vaccine (PCV13) in addition to PPSV23. If adults reach 65 years of age without having received a PCV13 vaccine, they will need a dose of PCV13 in addition to a dose of PPSV23.

Continued on next page...

November 2015

In This Issue:

- Highlights of CDC's ACIP Committee October 2015 Meeting
- Summary of Reportable Vaccine-Preventable Diseases
- Vaccine Center Update
- Helpful Links
- Ask the Experts
- 23rd Annual Arizona Immunization Conference Save the Date
- ASIIS Tip of the Month: Account for Doses
- Upcoming Trainings/Education

"Give thanks for a little and you will find a lot." Hansa Proverb

Highlights (continued)

Karen Lewis, MD, AIPO Medical Director



Manufacturers continue to project that they will provide between 171 to 179 million doses of influenza vaccine for the U.S. market this season. As of October 23, 2015, there have been approximately 118.2 million doses of influenza vaccine distributed. Global laboratory data continue to indicate that most currently circulating influenza viruses are antigenically similar to vaccine viruses included in the 2015-2016 U.S. influenza vaccines.

HPV vaccines have not been found to have any additional safety issues besides fainting and injection site reactions. Recent studies show no link of HPV vaccine to venous thromboembolism, spontaneous abortion, chronic arm pain, or death. The rate of anaphylaxis after administration of HPV vaccine is in the range of other vaccines which is about 1.3 cases per million doses.

Two anticipated vaccines were discussed by the ACIP committee. The Food and Drug Administration (FDA) approval is expected soon for a hexavalent vaccine for use in infants that combines vaccines for diphtheria, tetanus, acellular pertussis, inactivated polio, *Haemophilus influenzae*, and hepatitis B (DTaP-IPV-Hib-Heb B). A cholera vaccine application has been submitted to the FDA for approval for adults traveling to areas with cholera. FDA licensing of this cholera vaccine may occur in 2016.

DON'T GET THE FLU. DON'T GIVE THE FLU.
We got our flu vaccines to protect each other.



SUMMARY OF REPORTABLE VACCINE-PREVENTABLE DISEASES

January - October , 2015 ^{1,2}

Susan Goodykoontz, Vaccine Preventable Disease Epidemiologist



	Jan- Oct, 2015	Jan- Oct, 2014	Jan- Oct, 5-Year Median
Measles	7	0	1
Mumps	2	9	3
Rubella (Congenital Rubella Syndrome)	0 (0)	0 (0)	0 (0)
Pertussis (Confirmed)	516 (317)	397(222)	717 (222)
<i>Haemophilus influenzae</i> , serotype b invasive disease (<5 years of age)	0(0)	0(0)	2 (1)
Meningococcal Infection, invasive	4	9	11
<i>Streptococcus pneumoniae</i> , invasive	518	623	654
Hepatitis A	53	27	61
Hepatitis B, acute	28	32	98
Hepatitis B, chronic	904	804	726

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



VFC Re-enrollment

Re-enrollment for the 2016 VFC program year will begin in November 2015 and will be completed using fillable, electronic forms that are to be emailed to AIPO. Previous communication from AIPO indicated that re-enrollment would be completed through ASIIS, but this is no longer the case. Please watch your email for re-enrollment instructions and notification that it is time for your site to re-enroll in the VFC program. The re-enrollment email was sent out on November 12th.

As always, please ensure that AIPO has your site's most up-to-date contact information so our communications reach the VFC Coordinator and backup coordinator. If you have contact updates to make, complete and return the [VFC Provider Contact/Address Change Form](#).

Temperature Log Submissions Using the Cold Storage Module in ASIIS

Starting January 1, 2016, recording and submitting temperatures in ASIIS will be required of all VFC providers.

The ASIIS Cold Storage module allows you to manage cold storage units and track temperatures in ASIIS. The temperatures recorded in ASIIS replace faxing or emailing temperature logs, allowing the Vaccine Center Team to review your temperature logs within ASIIS. This allows the Vaccine Center Team to efficiently receive, review, and process your vaccine orders.

Please visit the [ASIIS training page](#) to access the Cold Storage Module step-by-step guide. If you have questions after reviewing the training or you notice any problems, please contact the ASIIS Help Desk via email at ASIISHelpDesk@azdhs.gov or via phone at 602-364-3899 or 1-877-491-5741.

Note: You must still retain a paper copy of the temperature logs on your cold storage unit for your office records .



Public Health Preparedness Assistant Director Don Herrington protects our community by getting his flu shot!

Helpful Links

[Arizona Immunization Program Office](#)

[Arizona Vaccine News](#)

[CDC Vaccines and Immunizations](#)

[CDC Vaccine Safety](#)

[Immunization Action Coalition](#)

[The Arizona Partnership for Immunization](#)

[Vaccine Information Statements:](#)

- [Multiple Vaccines \(DTaP, Hib, Hepatitis B, Polio, and PCV13\)](#)
- [Pneumococcal Conjugate \(PCV13\)](#)

Ask the Experts

Experts from the CDC answer questions about vaccines – visit www.immunize.org/askexperts/ for more questions and answers.

Q: I was taught that gloves and protective eyewear should be worn when giving vaccines. Other nurses say this is not necessary. Which is correct?

A: Occupational Safety and Health Administration (OSHA) regulations do not require gloves to be worn when administering vaccinations, unless persons administering vaccinations are likely to come into contact with potentially infectious body fluids or have open lesions on their hands. If gloves are worn, they should be changed between patients. ACIP does not specifically recommend eye protection when administering vaccines. For more information on vaccine administration, see ACIP's [General Recommendations on Immunization](#).

Q: The 2015– 2016 influenza season has started but we don't have all of our vaccine supply yet. How late in the season can I vaccinate my patients with influenza vaccine?

A: Peak influenza activity generally occurs in January or February. ACIP recommends that influenza vaccine be administered to all age groups as soon as it becomes available, as early as September or even earlier. Providers should continue vaccinating patients throughout the influenza season, including into the spring months (for example, through May), as long as they have unexpired vaccine in stock and unvaccinated patients in their office.

Because influenza occurs during April through September in many areas of the world, vaccine should be given to travelers who missed vaccination in the preceding fall and winter. Another late season use of vaccine is for children younger than age 9 years who needed 2 doses of vaccine but failed to get their second dose. For each of these situations, vaccine can be given through the month of June since most injectable influenza vaccine has a June 30 expiration date.

Arizona Immunization Conference– Save the Date

The [23rd Annual Arizona Immunization Conference](#) will be held April 13th and 14th, 2016. The goal of the Immunization Conference is to present the most up-to-date immunization information to our community partners and providers. Because immunizations are one of the most effective measures for protecting the health of Arizona communities, it is important for health professionals to unite for immunization related issues.

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.

Vaccinate for Life
MISSION:
POSSIBLE

ASIIS Tip of the Month:

Valentin Shoshtarikj, ASIIS Program Manager



Account for your doses

	Find your patient in ASIIS.
	Edit the correct demographic data of the patient.
	Go to Vaccinations View/Add screen and use the 'Add Administered' function.
	On the Vaccination Detail Add screen, select the correct vaccine and make sure the Lot Number is entered with every administered dose. This will link the lot number of the administered vaccine to the patient.
	Administer the vaccine without entering it in ASIIS with the correct lot number.
	Use the Reconciliation screen to write off the doses that are Wasted, Spoiled and Expired ONLY .
	Write off the vaccines in the Reconciliation page using Administered but Not Linked.
	Not sure What to do? Check the trainings on ASIIS Main page
	Not sure What to do? Contact us: via email ASIISHelpDesk@azdhs.gov or phone 602-364-3899 or toll-free 877-491-5741.

Upcoming Trainings/ Education

Immunization Best Practices and Influenza Vaccines

Each year the CDC receives multiple reports of vaccine mishandling and administration errors, particularly in non-clinical settings. JoEllen Wolicki, nurse educator for the CDC, states that one of the best ways to prevent such errors is to assure all staff have received comprehensive competency-based training before they deliver vaccines. One method for doing this is through completion of a skills checklist (e.g., the [skills checklist](#) available from the Immunization Action Coalition) to assure *all* staff (including temporary and part-time) have sufficient knowledge and skills related to vaccine handling. Such training should be conducted routinely, as well as whenever vaccine changes occur. The CDC already has received vaccine error reports this influenza season, including both storage/handling and administration errors. Here are the best practices to prevent these errors from occurring:

Storage equipment

CDC recommends use of stand-alone (i.e., separate units for refrigeration and freezing) or pharmacy grade/purpose-built units for vaccine storage. These units can vary in size, but they should be large enough to hold sufficient vaccine for the busiest times of year, such as during the back-to-school rush or influenza season.

Upcoming Trainings/ Education (continued)

Dormitory-style refrigerators (compact combination freezer refrigerator with one door and an evaporator plate under a small freezer area) are unreliable and are never recommended for vaccine storage, even temporarily.

Temperature monitoring equipment

CDC recommends use of temperature monitoring devices that are calibrated (with a Certificate of Traceability/Report of Calibration) and which continuously monitor temperatures, such as with a digital data logger. These should be easily readable from outside the unit and have a probe stored in a thermal buffer such as glycol to protect it from fluctuations in air temperatures within the unit. Additional information on monitoring equipment may be found in CDC's [Vaccine Storage & Handling Toolkit](#).

Vaccine expiration

Use of expired vaccine is a frequently reported error. From July 1, 2007 through June 30, 2014, CDC received 866 reports of administration of expired live attenuated influenza vaccine (LAIV.) In particular, staff should be aware the LAIV generally has an 18 week shelf life; 95% of expired LAIV reports occur during the first week in November, which is approximately 18 weeks after the vaccine manufacture date of July 1. Best practices to prevent use of any expired vaccine include checking vaccine expiration dates weekly, removing expired vaccines from inventory, and placing vaccines with the earliest expiration dates in front of those with later expiration dates.

Vaccine administration

Vaccine administration best practices include maintaining proper infection control practices while preparing and administering vaccines; using proper hand hygiene; preparing vaccines in a clean, designated area; and preparing vaccines just prior to administration. Vaccine administration "don'ts" include 1) *don't* use the same needle or syringe on more than one patient, 2) *don't* enter a vial with a used needle or syringe, 3) *don't* use partial doses from two or more vials to obtain a full dose, 4) *don't* use a single-dose vial for more than one patient or dose, and 5) *don't* transfer vaccine from one syringe to another. Use of provider pre-drawn syringes is not recommended because it increases the risk of administration errors and administration syringes are not designed for vaccine storage. If vaccine must be pre-drawn at a large clinic, only one type of vaccine should be pre-drawn, and no more than 10 doses (one multi-dose vial) should be pre-drawn at a time. At the end of the workday, any remaining pre-drawn doses should be discarded.

Resources for staff education

[Standing order templates](#) serve as a great resource offering consistent guidance for all staff administering vaccine. Multiple education products also are available on the [CDC education and training webpage](#). Other important resources include:

[Vaccine Storage & Handling Toolkit](#) • [You Call the Shots](#) (influenza module recently updated) • [Injection Safety](#)

[Vaccine Administration](#) • [Epidemiology and Prevention of Vaccine-Preventable Diseases](#) (Pink Book) – 13th Edition

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