



VACCINATE VERMONT!

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VDH IMMUNIZATION PROGRAM NEWSLETTER

April 2006

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Welcome.....

to the first Vaccinate Vermont newsletter. The VDH Immunization Program in conjunction with the Vermont Chapters of the American Academy of Pediatrics and the American Academy of Family Practice recently completed a survey of Vaccines for Children (VFC) providers. Many respondents indicated that they were interested in the results. Thank you to all who responded.

Survey Says!

The survey was mailed in February 2006 to **678** providers and **216** individuals responded, giving a **32%** response rate.

The varicella vaccination coverage rate in Vermont lags behind the rest of the nation in 49th place. Due to the low coverage rates, the immunization program wanted to collect more information from providers regarding their use of varicella vaccine.

Results:

- **77%** of the respondents have varicella vaccine available at their practice
- **88%** offer varicella vaccine to children in their practice (although they may need to refer the individual to another provider)

How strongly do you recommend varicella vaccine to children in your practice? Rate 1-5

5	Strongest Recommendation	= 46%
4		= 34%
3	Moderate Recommendation	= 11%
2		= 6%
1	Weakest Recommendation	= 3%

List the top reasons why varicella vaccine would not be recommended/used:

VDH Immunization Program responses are in italics:

Varicella is a benign disease:

- *Yes, for most people....but is it worth any risk when a safe and effective vaccine is available?*
- *Complications of varicella can include pneumonia, encephalitis or bacterial infection*
- *In the U.S. prior to the vaccine, 11,000 people were hospitalized and up to 100 people died each year*

Freezer / storage issues:

- *It may be time to upgrade! Freezer temperatures are most stable in a stand alone freezer available at any appliance dealer*

Too many injections:

- *The combination MMRV is now available*

I don't believe the vaccine is effective:

- *No vaccine is 100% effective*
- *If an individual develops the disease they usually have a milder case, often without vesicles, fever or exclusion from school or child care.*

Immunity to vaccine wanes:

- *In Japanese studies 97% of vaccinated children had detectable antibodies 7-10 years post vaccination. Japan has been using varicella vaccine since 1988. (CDC Epidemiology and Prevention of Vaccine Preventable Diseases, 9th Edition January 2006)*
- *Ongoing study will indicate if a second dose is necessary*

My colleagues oppose using this vaccine:

- *The American Academy of Pediatrics, The American Academy of Family Physicians and the Centers for Disease Control and Prevention*
- Survey continued on back.....*

Updates: New and Upcoming VFC Vaccines

Tdap: Use in place of the adolescent Td booster. Now available from your local VDH District Office.

MMRV: For routine use at 1 year check-up. Available by special order call 1-800-464-4343 X 7638. **Needs to be stored at or below -15°C (5°F)**

Hep A: For routine use at one 1 year check-up, with second dose due 6 months later. Also available to high risk individuals age 2-18. Now available from your local district office.

HPV: Pending FDA licensure projected date of summer 2006

Rotavirus: For use at 2, 4, and 6 months of age. ACIP recommended. Will be available in June through VDH.

Survey continued.....

Disease Control and Prevention all recommend varicella vaccine

- **96% of respondents indicated that they are interested in receiving and recommending the new MMRV vaccine.**

We hope that with the use of the combined vaccine, more individuals will be protected from the varicella.

What new vaccines are of greatest importance to your patients?

- Tdap = 58%
- MMRV = 33%
- HPV = 6%
- Hep A = 3%

Who would you like to receive information for the Immunization Program?

- 74% would like *vaccine related information* to go to the vaccine manager
- 51% would like information regarding *vaccination coverage rates* to go to the vaccine manager.

How would you like to receive information from the Immunization Program? (What format?)

- Manual that gets updated regularly= 48%
- Regular mailings i.e. newsletter= 46%
- Referral to web-based materials= 6%

This information will be used to target the most effective methods to communicate with practices.

2006 Quality Assurance (QA) / Quality Improvement (QI) Visits To Your Practice

In 2005, **179** practices participated in the VFC program. 100% of the practices had a QA visit completed by VDH staff.

Also in 2005, 68 out of 179 practices (38%) received QI visits to assess immunization delivery systems and immunization coverage rates. These visits were conducted in collaboration with Vermont Child Health Improvement Program (VCHIP).

In an effort integrate the two programs and minimize disruptions to your staff we will be combining these visits in 2006 and focusing on best practices to improve immunization rates in busy practices.

Vaccine Storage Errors, Vermont is not alone....

During our 2005 quality assurance visits we discovered that four practices were storing their vaccine at temperatures that were either too warm or too cold resulting in a need to reimmunize some children and adults.

Reimmunization is expensive, in terms of time and vaccine cost with potential loss of patient/family confidence in the practice.

The VDH Immunization Program sought the advice of CDC experts and other state immunization programs and found that improper storage of vaccines was a common problem nationwide.

Some examples from other states:

- **Oregon February 2006**
Revaccination of 3,000 children was recommended due to improper storage of 25,000 doses of vaccine
- **West Virginia May 2005**
It was discovered that for previous 18 months vaccine had been stored at or below freezing temperatures.
- **New Mexico April 2005**
27 VFC providers stored their vaccine below 32°F.

In all three states extensive and expensive revaccination campaigns are underway.

**Avoid the need to revaccinate!
Assure that your vaccine is stored at proper temperatures:**

REFRIGERATED VACCINES:

2°-8° C (35°-46° F)

- *STRIVE FOR 5°C (40°F)!*
- *Freezing destroys vaccine viability*
- *COLDER IS NOT BETTER*

FREEZER STABLE VACCINES (MMR & MMRV)

-15° C (5° F) or colder

- *THESE VACCINES CAN NEVER BE TOO COLD*

Call the VDH Immunization Program if you have any out of range temperatures.

Contact the Vermont Department of Health
Immunization Program with any questions, ideas,
submissions or corrections.
863-7638 or 1-800-464-4343