

Vaccine Updates

Hepatitis B Vaccine at Birth

The Advisory Committee on Immunization Practices (ACIP) recommends that all medically stable infants weighing ≥ 2000 grams at birth should be vaccinated with hepatitis B vaccine before hospital discharge. This vaccination at birth should be deferred only in rare instances, and **only if a copy of the lab report assuring the mother's negative HBsAg status during this pregnancy and a physician's order to withhold the birth dose are documented in the infant's medical record.** Administering four doses of hepatitis B is permissible (e.g., when combination vaccines are administered after the birth dose). For more information, for examples of standing orders or help with establishing a vaccine supply for newborns, please call the Vermont Department of Health Immunization Program.

Hepatitis A Given at 12 months

Hepatitis A vaccine is **universally** recommended for all children at age 1 year (12–23 months). The two doses in the series should be administered at least six months apart. The newest version of the Hepatitis A vaccine information statement is dated 03/21/06 and is available at the Vermont Department of Health district office locations and on-line at www.immunize.org/vis.

Oral Vaccine Against Rotavirus

Facts about Rotavirus

- Leading cause of gastroenteritis in infants and young children
- 95% of U.S. children are infected with rotavirus by 5 years of age
- Estimated \$1 billion in health care costs per year in the U.S.
- Most severe cases occur in children 6–24 months of age
- 20–60 deaths per year in U.S. children younger than 5 years of age

In February of 2006, the ACIP voted to recommend a newly licensed vaccine to protect against rotavirus, a viral infection that can cause severe diarrhea, vomiting, fever and dehydration (gastroenteritis) in infants and young children. RotaTeq® is a live, oral pentavalent vaccine that contains five live reassortant rotaviruses. The vaccination series consists of three liquid doses of RotaTeq® administered orally starting at 6–12 weeks of age, with subsequent doses administered at 4–10 week intervals. The third dose should not be given after 32 weeks of age. RotaTeq® should not be reconstituted or diluted. It can be given simultaneously with other vaccines. There are no restrictions on the infant's consumption of food or liquid, including breast milk, either before or after vaccination with RotaTeq®.

This vaccine is stored in the refrigerator and is not to be frozen. Studies have demonstrated that the vaccine is well tolerated with respect to all adverse events, including intussusception.

HPV Vaccine

The FDA approved Gardasil® on June 7, 2006. The Advisory Committee on Immunization Practices is scheduled to meet the last week of June to make recommendations on this new vaccine. Once the ACIP has issued a recommendation, the CDC will negotiate a contract with the vaccine manufacturer and notify the states as to their dose and funding allocations for the purchase of this vaccine. We know that HPV vaccine is of tremendous interest to our providers. Stay tuned!

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Vaccine	Availability of VDH Vaccine
Tdap	Now available. Please use Tdap in place of Td when clinically indicated. VDH has a limited supply of this vaccine for adolescents so please restrict use to the age cohort to whom you typically administer Td.
Meningococcal Conjugate (Menactra™)	VDH supplies are limited to college freshman living in dorms.
MMR & Varicella (ProQuad®)	VDH began to supply in January 2006. Clinics must be certified to store varicella vaccine in order to receive this vaccine. Limited to practices with patient populations who can use 10 doses in a year.
Hepatitis A	VDH is offering for routine vaccination of children ages 12 months and for High Risk children through age 18.
Rotavirus (RotaTeq®)	Expected to be available in the summer of 2006 on request.
Influenza	Detailed information about the 2006-2007 season will be in future newsletters.
For complete list of VDH supplied vaccines	Call 1 -800 464-4343 x 7638

VFC Screening

VFC Screening is a federal mandate. Documenting patient VFC eligibility is a federal requirement that must be done at each immunization encounter. The Vermont Department of Health Immunization Program is in the process of conducting site visits to practices that house state-supplied vaccine to check vaccine storage, vaccine management and documentation standards. We have tools to help your practice.

CONGRATULATIONS

- **University Pediatrics–*Burlington***
- **Pediatric Associates–*Rutland***
- **Newport Pediatrics–*Newport***
- **Middlebury Family Health–*Middlebury***

These practices collaborated with the Vermont Department of Health Immunization Program to look at their coverage rates in a random sample of 2-year-old patients in their practices. Rates of children covered with 4 DTaP, 3 IPV, 1 MMR, 3 HIB, 3 Hepatitis B and 1 Varicella vaccine by 24 months of age were evaluated. The CDC Healthy People 2010 goal is 80 percent for 4:3:1:3:3:1. These practices met or exceeded that goal. Well done!

Intervals/Timing counts

In reviewing records of children aged 24–36 months, the Vermont Department of Health Immunization Program found that some children have received vaccine given at intervals that do not meet the minimum interval recommendations made by ACIP. When using Pediarix®, the minimum interval schedule must follow the Hepatitis B vaccine minimum interval schedule.

For example, give Pediarix®:

Dose # 1–over 6 weeks of age

Dose # 2–given \geq 8 weeks after dose # 1

Dose # 3–given \geq 8 weeks after dose # 2 AND at least 16 weeks after dose # 1 AND the child must be at least 24 weeks of age.

One solution to scheduling patients at the correct intervals is to use a scheduling wheel that is available through the local office of the Vermont Department of Health.