

Vaccinate Vermont

Vermont's Immunization Law-Changing with the Times

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Vermont immunization regulations now require that all licensed and registered child care providers make sure young children in their care are immunized against serious diseases. A number of vaccine preventable diseases – such as measles, pertussis, and varicella – can spread rapidly through child care settings, especially in children who are unimmunized or those who are following a delayed immunization schedule. Very young children are also more susceptible to serious diseases such as meningitis caused by *Haemophilus influenzae b* (Hib) and pneumococcal bacteria. These vaccine preventable diseases can lead to hospitalization, brain damage and even death.

Under the new rule, child care providers must check the immunization status of all children enrolled in their child care facility. Records must be kept on file to show that each child has received the required immunizations or has a signed exemption form. If a non-exempt child does not have an up-to-date immunization record and has exceeded the provisional admittance time period of 60 days, that child should be excluded from attending child care. An annual report that summarizes the immunization status for all enrolled children is also required.

The Immunization Registry is currently being modified to include a new read-only section



for child care providers that will identify whether or not a child is up-to-date for required vaccines. Child care providers will not have the same access to records in the registry as health care providers or schools and they will be required to obtain parental permission to access the registry for each child's record.

The VDH is conducting trainings on the reporting requirements, record keeping and understanding immunization records for child care providers beginning this month.

The intent of these changes is to prevent or reduce the number of serious diseases in this high-risk, vulnerable population. Recent outbreaks of measles and other vaccine preventable illness demonstrate how quickly diseases can re-emerge when children aren't vaccinated and herd immunity is not maintained. Please see the following link for additional information: <http://www.healthvermont.gov/hc/imm/ChildCareEntry.aspx#regs>

REGISTER NOW

2011 Immunization Conference

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Stoweflake Mountain
Resort & Spa

Early Bird registration through
09/30/11

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please visit:
[healthvermont.gov/
events.aspx](http://healthvermont.gov/events.aspx)



Varicella shipping container.

Varicella Storage and Handling Changes

Recently the storage and handling guidelines for varicella vaccine have changed. Merck, manufacturer of Varivax, sent out an update to providers in May 2011 concerning changes in the packaging for shipment of the vaccine. Varicella vaccine has to be stored in a freezer that maintains temperatures between -58°F to $+5^{\circ}\text{F}$ (-50°C to -15°C). The low temperature point of -58°F (-50°C) represents new guidance from Merck about maintaining the potency of Varivax.

Shipping containers are now sent from the manufacturer packed with frozen gel

packs instead of dry ice. Shipments of Varivax contain enough gel packs to maintain the proper temperatures for three days from the shipment date indicated on the packing slip. Providers should contact the Merck Order Management Center at 1-800-637-2579 for any containers received after the three day period. Merck also specifies that gel packs should not be reused and should be discarded with regular trash.

Updates to varicella storage and handling guidelines are now included as part of the *2011 VFC Pro-*

vider Manual (<http://healthvermont.gov/hc/imm/provider.aspx>). Remember to always contact the Immunization Program at 802-863-7638 prior to moving supplies of varicella vaccine.

HURRY, REBATE DEADLINE NEAR

The refrigerator/freezer rebate program closes on October 30, 2011. For more information:

<http://healthvermont.gov/hc/imm/documents/Refrigerator-FreezerRebateApplication.pdf>

“Mark your calendar World Pneumonia Day November 12th. For more info <http://worldpneumoniaday.org>”

Zostavax Update

The Vaccines for Adults program (VFA) provides all ACIP recommended vaccines for persons age 19 and up except Zoster (ZOS) also known as the shingles vaccine.

Merck continues to release doses of Zostavax to private sector customers as supplies becomes available; but orders are still delayed.

Supplies of the vaccine are still not available to state health departments for distribution. VDH will contact VFA enrolled providers

when the vaccine becomes available to us.

The ACIP recommends the use of Zoster starting at age 60, but has not issued a recommendation for its use in younger adults, despite the FDA approval for use in for persons as young as 50 in March 2011.

Zoster is a fragile vaccine that must be maintained within a strict temperature range and has to remain frozen until it is administered.

Merck provides information about Zostavax stor-

age and handling, including a demonstration of proper handling at https://www.merckvaccines.com/Products/Zostavax/Pages/storageandhandling_remove.aspx?tab=1

Additional information concerning the disease and the vaccine for patients, medical providers and the media is available at: <http://www.cdc.gov/vaccines/vpd-vac/shingles/default.htm>.



Zostavax Vaccine

HL7 Messaging Efforts Get Boost

The Immunization Program has been awarded \$792,000 by the CDC to enhance and update the Vermont Immunization Registry (IMR). Funds for the two year project are specifically intended to ensure the IMR is compatible with the electronic health record (EHR) systems used by providers

and can communicate using Health Level 7 (HL7) messages, the standard for the health care industry.

The ability to exchange information in a standardized way will improve the completeness of immunization histories available to clinicians, improve the timeli-

ness of data submission to the registry, and improve the quality of vaccine coverage in the state. Most importantly, use of electronic data exchange for immunization records will reduce the burden of duplicate data entry for immunization providers.



Ask the Experts: Vaccine Specific Q's & A's Answered by CDC Experts Source:<http://www.immunize.org/askexperts/> click influenza

Why do people who received influenza vaccine last year still need to get vaccinated this year when the viruses haven't changed?

Although the strains are the same as in the previous year's vaccine, you should NOT use the previous season's vaccine you might still have in your refrigerator. Influenza vaccine distributed in the northern hemisphere expires on June 30 after each season; expired

vaccine should NEVER be administered. Secondly, antibody titers that persons might have achieved from the previous year's vaccination will have waned and need to be boosted with a dose of the current year's vaccine.

http://www.immunize.org/askexperts/experts_inf.asp

How should influenza nasal spray and the injectable influenza vaccine be stored?

Both the injectable or trivalent influenza vaccine (TIV) and the live attenuated influenza vaccine (LAIV) or nasal spray should be refrigerated at temperatures between 35°F (2°C) and 46°F (8°C).

http://www.immunize.org/askexperts/experts_inf.asp#storage

“VIS UPDATES BY EMAIL. Receive email updates when changes are made. Go to the following link and click on “Get Email Updates” <http://www.cdc.gov/vaccines/pubs/vis/default.htm>”

In Brief– Measles in the US and Canada

High two-dose measles vaccine coverage has led to the elimination of indigenous measles transmission in the U.S.; but eleven years later, this highly infectious disease is back. Cases have spiked to the highest levels since 1996. In Vermont to date, one confirmed case of

measles has been reported. Most cases are importations from measles-endemic countries such as Africa and Asia; but European nations, are reporting large outbreaks. In Canada, over 700 cases of measles were reported in Quebec by the end August 2011. The increase

in measles cases in North America highlights the ongoing risk of importation of vaccine preventable diseases and the need for high vaccine coverage.

See also: <http://www.cdc.gov/measles/outbreaks.html>

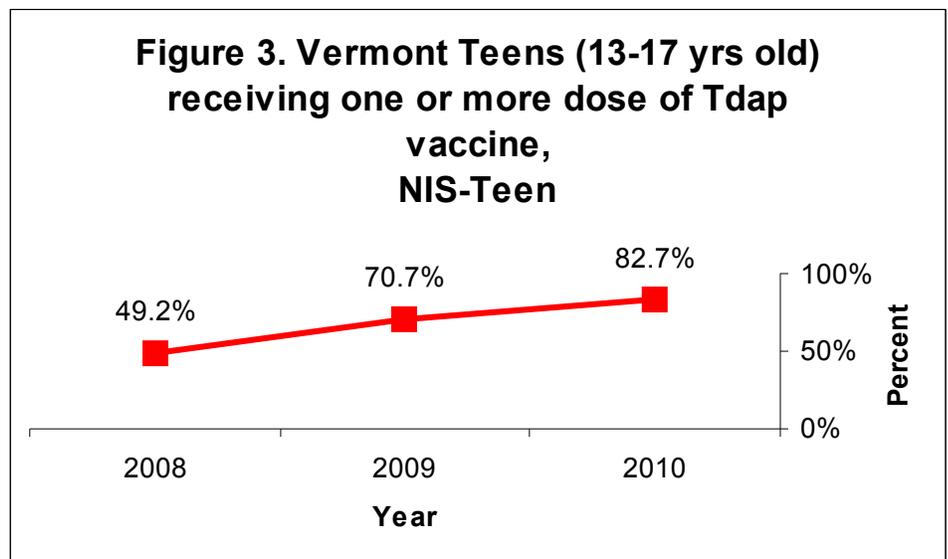
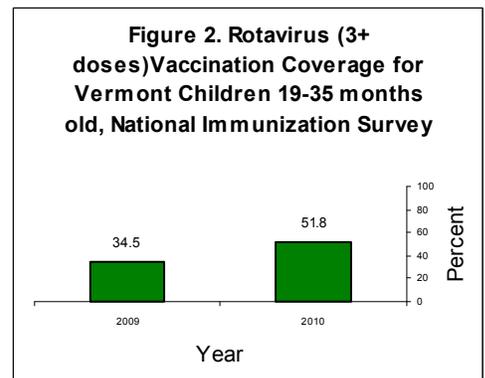
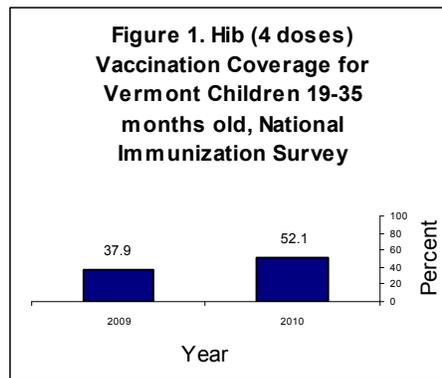


Highlights from the 2010 National Immunization Survey (NIS) for Children (19-35 months) and Teens (13-17 years)

The NIS recently published updated vaccination coverage information for children 19-35 months of age. Nationally, 2010 rates continued to increase from 2009 rates and in Vermont there were some significant increases. Vermont coverage level increases reported by the NIS were statistically significant for: the full series of Hib vaccine that increased to 52.1%; ≥ 2 or more doses of rotavirus vaccine, reaching 51.8%; and the 4:3:1:3:3:1:4 vaccine series (including Hib) grew to 40.6% from 23% in 2009. However, coverage levels for the birth dose of hepatitis B vaccine decreased 1.4% to a low of 21.4%, the lowest in the country.

The NIS-Teen has collected vaccination and related data from parents or guardians regarding adolescents from 13 through 17 years of age since 2006. For 2010, national vaccine coverage for Tdap, meningococcal conjugate and HPV vaccines increased from 2009. Vaccine coverage for Vermont teens of the same age also increased in 2010. Tdap vaccine coverage increased 12 percentage points to 82.7% and meningococcal conjugate vaccine coverage increased to 54.1%. However girls receiving 3 doses of HPV decreased half a percentage from 2009 levels to 38.6% in 2010, still significantly greater than the 2008 coverage rate of 25.8%. These results are compatible with Healthy People 2020 goals.

Nationally, adolescent coverage rates are increasing overall, but HPV coverage is significantly lower than other adolescent vaccines. In order to increase HPV rates, national goals include convenient access to HPV for teens, parental and adolescent awareness of the vaccine, integration of re-



records systems, and promotion of adolescent preventive health care visits. Current survey results indicate there is work remaining to ensure Vermont's youngest are protected. These results represent the collective impact of efforts by clinicians, parents, state and local public health organizations, and health plans to partner across communities to achieve mutual goals to safeguard children from illnesses and death caused by infectious diseases. NIS reports can be found at: <http://www.cdc.gov/vaccines/stats-surv/immz-coverage.htm>



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healthvermont.gov/hc/imm/index.aspx