

Vaccinate Vermont

Vaccine Accountability and Restitution

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Accountability for vaccine is an essential requirement of the Vermont Department of Health's Vaccines for Children (VFC) and Vaccines for Adults (VFA) programs. Vaccines are costly and federal and state funds for vaccine purchase are limited. Vaccine quality is the shared responsibility of all parties from the time the vaccine is manufactured until administration.

Upon enrollment in VFC/VFA, providers agree to comply with requirements for ordering, storage, handling and accountability of vaccine. Failure to store or handle vaccines properly may result in practice liability for mishandled/wasted doses (in effect since July 1, 2011). The practice assumes responsibility for replacing vaccine on a dose for dose basis. If restitution is required, then the practice will not receive additional VFC or VFA vaccine until they have documented that replacement vaccine has been ordered, and that corrective actions have been taken to prevent future waste.

There are steps that can be taken to prevent vaccine spoilage and waste, such as:

- Always store MMR vaccine in the freezer.
- Keep water jugs in the refrigerator and ice packs in the freezer to help keep a constant temperature. Use the unit as a cooler during short-term power failures.
- Don't open the refrigerator or freezer doors when power is out.
- Document the temperature twice daily, and clear the memory on the thermometer every work night.
- Have an emergency plan in place for off-site storage, but only move the vaccine after con-



sultation with the VDH Immunization Program.

Most, but not all, refrigerated vaccines cannot withstand even partial freezing. Cold is good, colder is not better. More vaccine is spoiled due to freezing than heat. [Out of temperature excursions are cumulative]. If the Immunization Program has advised that vaccine is still viable after having been out of temperature range, mark the vaccine box with a code. The code should correspond to documentation of the event and the length of time vaccine was exposed to out of range temperature. That documentation can be made on the temperature log and referenced if another temperature excursion occurs.

Adhering to the vaccine storage and handling policy will enable providers to avoid restitution and revaccination of patients, and save money.

<http://www.healthvermont.gov/hc/imm/provider.aspx>

Log On to the Registry



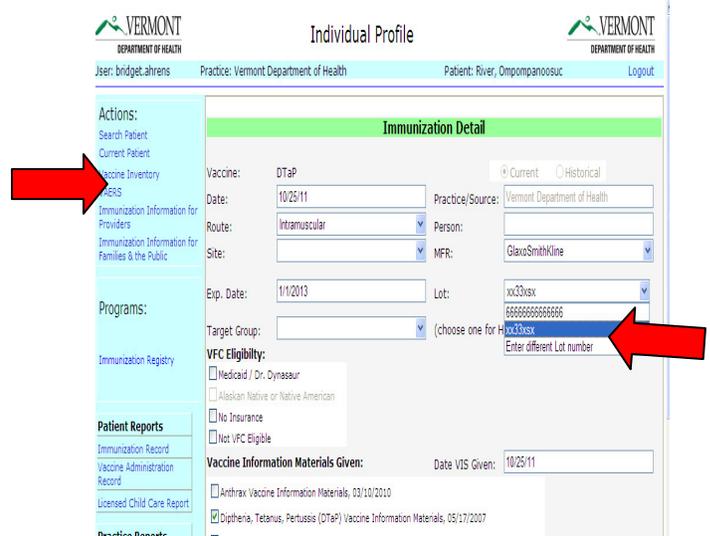
VT Immunization Registry

Immunization Registry Update

It's easier than ever to enter immunizations into the Vermont Immunization Registry. When state-supplied vaccine is delivered to your office from McKesson, the details (lot numbers, manufacturer, expiration date) are automatically loaded into your vaccine inventory. When you record an immunization, enter the date, then choose the lot number from the drop down list – and the rest of the details will pre-fill the record.

You can still enter any additional vaccine purchase privately into the system, so entering that information

will work the same way. Just select Add New Vaccine and complete the fields.



“Tdap is not contraindicated during pregnancy.”

Ask the Experts: Vaccine Specific Q's & A's Answered by CDC Experts Source: http://www.immunize.org/askexperts/experts_per.asp

Q: A 2-month old received her first dose of DTaP and then had inconsolable crying for greater than 3 hours. Should we give additional doses of DTaP or should we give just DT?

A: Persistent crying following DTaP (as well as other vaccines) has been observed far less frequently than it was following the use of DTP. When it occurred after DTP, it was considered to be an absolute contraindication to further doses of pertussis-containing vaccine. When it occurs following DTaP, it is considered a

"precaution" (or warning). If you believe the benefit of the pertussis vaccine exceeds the risk of more crying (which, although unnerving, is otherwise benign), you can administer DTaP. Many providers choose to administer pertussis-containing vaccine if this is the only precaution the child has experienced. You and the parent will need to make this judgment.

Q: Aren't the October 2010 ACIP recommendations for expanded use of Tdap vaccine in children age 7 through 9 years and

in adults age 65 years and older different from what is on the package inserts?

A: Yes. Sometimes ACIP makes recommendations that differ from the FDA-approved package insert indications, and this is one of those instances. ACIP recommendations represent the standard of care for vaccination practice in the United States. In general, to determine recommendations for use, one should follow the recommendations of ACIP rather than the information in the package insert.



Ask the Experts

Legislative Update

Two bills were introduced this legislative session that would eliminate parent's option to exempt children -- based on a philosophical objection -- from immunizations that are required for enrollment in childcare or school. The Senate bill, S.199 also included an extension of the

Immunization Pilot program. Under the Immunization Pilot, health care insurers are assessed a fee, based on market share, to fund vaccines purchased by Vermont's universal program. Senate bill S.199 was passed on March 2, and the House Health Care committee is currently taking

testimony. A public hearing was held on March 22, for consideration this session.

A second bill (H.527) to remove the philosophical exemption was introduced in the House and assigned to the House Health Care committee.



Immunize Health Care Personnel

Specific immunizations are recommended to protect health care personnel (HCP) from work-related risks. Recently, there is increased focus on the ethical responsibility of HCP to be fully immunized. Protected HCP specifically benefit patients who cannot receive vaccination and patients who respond poorly to vaccination, e.g., very young infants, persons aged ≥ 85 years and immune-compromised persons. The CDC defines HCP as all paid and unpaid persons working in health-care set-

tings who have the potential for exposure to patients and/or to infectious materials. Recommendations for hepatitis B, influenza, MMR, varicella, tetanus, diphtheria and pertussis (and meningococcal vaccine for some microbiologists), are found in the November 25, 2011 MMWR, *Immunization of Health Care Personnel* and the 2012 universally recommended vaccination schedule for adults. Many health care facilities in Vermont offer the flu vaccine for employees onsite. Some facilities around

the country are discussing the possibility of making certain immunizations mandatory for all HCP and staff who handle laundry, food and medication. High vaccination rates among HCP and staff will protect vulnerable patients, and reduce disease burden and health-care costs. Vaccination rates of HCP are low; the 2008 National Health Interview Survey revealed only about half (49%) had been vaccinated.

www.immunize.org/askexperts/experts_inf.asp#workers

“Many health care facilities in VT offer the flu vaccine for employees onsite.”

In Brief

Coming Summer 2012
VTrckS - CDC's new online vaccine ordering system

To prepare for Vermont's transition to VTrckS, new Vaccine Accountability & Order forms are now in use. The new forms were designed to collect additional information that will be re-

quired when we begin using VTrckS to place vaccine orders. You will now be required to report the number of doses in your inventory by lot number and expiration date. You will receive the new Vaccine Accountability & Order form when you place your next vaccine or-

der. After your order is placed, you will receive an email that will instruct you on how to retrieve and print your new Vaccine Accountability and Order form from our website. You will no longer receive a faxed copy of your new Vaccine Accountability & Order form.



VTrckS

Vermont's Perinatal Hepatitis B Program

Approximately 1.2 million people are infected with hepatitis B virus (HBV) in the US, which can lead to about 80,000 new cases of HBV each year. Most do not know they have the infection and many adults clear the virus after a few months. Those who do not clear the infection within six months are considered chronic carriers. A pregnant woman with chronic hepatitis B can pass the disease to her newborn child during birth. Without post-exposure immunoprophylaxis, infants born to HBV-infected mothers in the United States have up to a 90% chance of developing chronic HBV infection, and about a quarter of those infants will develop serious liver disease. The focus of the Vermont Department of Health's Perinatal Hepatitis B Prevention Program is to assure that all newborn babies born to HBV positive mothers are given the appropriate preventive treatment of hepatitis B vaccine and hepatitis B immune globulin (HBIG) within 12 hours of birth. The infant is then followed by case management until there is assurance, after the full hepatitis B series and serology is done, that they are clear of the virus. CDC estimates that -- prior to the routine hepatitis B vaccination program -- one-third of the chronic HBV infections in the United States, or 12,000 children per year, were transmitted from mothers to infants and young children. Preventing perinatal HBV transmission is an integral part of the national strategy to eliminate Hepatitis B in the United States. National guidelines call for the following:

- Universal screening of pregnant

women for hepatitis B surface antigen (HBsAg) during each pregnancy.

- Case management of HBsAg-positive mothers and their infants.
- Immunoprophylaxis for infants born to infected mothers, including hepatitis B vaccine and HBIG.
- Routine vaccination of all infants with the hepatitis B vaccine series, with the first dose administered at birth.
- Serology testing by 9-15 months of age for single antigen / Pediarix series.
- The full series of three hepatitis B vaccinations is also recommended for all children and adolescents who were not vaccinated previously, and adults at risk for HBV infection.

All birthing hospitals in Vermont were visited in 2011 and a random sampling was done to determine the percentage of newborns, born in 2010, who received the birth dose of hepatitis B vaccine prior to discharge.

Percentage of 2010 Universal Birth-dose of Hepatitis B by Hospital of birth *

75 %	Brattleboro Memorial Hospital
94 %	Central Vermont Medical Center
11 %	Copley Hospital
50 %	Fletcher Allen Health Care Center
63 %	Gifford Medical Center
87 %	North Country Hospital and Hlth.
6 %	Northeastern VT Regional Hosp
68 %	Northwestern Medical Center
57 %	Porter Medical Center
94 %	Rutland Regional Medical Center
86 %	Southwestern VT Medical Center
90 %	Springfield Hospital

* Percentages based on random sampling for 2010 births

1. CDC Fact Sheets: "When a pregnant woman has Hepatitis B" and "Hepatitis B general information"
2. CDC. A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States: recommendations of the Advisory Committee on Immunization Practices (ACIP), Part 1: Immunization of Infants, Children, and Adolescents, MMWR 2005; 54(RR-16).



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healthvermont.gov/hc/imm/index.aspx