# Vaccinate Vermont

# Vermont Department of Health

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Someone You Love: The HPV Epidemic

The Davis Auditorium UVM Medical Center

Burlington Free and open to the Public

## HPV9 — What You Need to Know

The CDC recently recommended 9valent human papillomavirus (HPV9) vaccine as one of three available HPV vaccines. All three HPV vaccines protect against HPV 16 and 18, types that cause about 66% of cervical cancers and the majority of other HPVattributable cancers in the United States. In addition to the current formulation (HPV 6, 11, 16 and 18 types) contained in the HPV4 vaccine, HPV9 contains HPV 31, 33, 45, 52, and 58, which account for about 15% of cervical cancers.

HPV is associated with cervical, vulvar, and vaginal cancer in females, penile cancer in males, and anal cancer and oropharyngeal cancer in both females and males. The additional protection from HPV9 will mostly benefit females because the additional five types in HPV9 account for a higher proportion of HPV-associated cancers in females compared with males, and cause cervical pre-cancers.

HPV vaccine is recommended for routine vaccination at age 11 or 12 years old, and for females aged 13 through 26 years and males aged 13 through 21 years not vaccinated previously. Vaccination is also recommended through age 26 years for men who have sex with men, and for immunocompromised persons (including those with HIV infection) if not previously vaccinated.

Six different studies with over 13,000 subjects demonstrated that the vaccine was safe and well-tolerated. Common adverse events were injection siterelated pain, swelling, and erythema that were mild to moderate in intensity. Females aged 9 through 26 years had more injection-site adverse events, including swelling (40% in the HPV9 group compared with 29% in the HPV4 group) and erythema (34% in the HPV9 group compared with 26% in the HPV4 group). Rates of injection-site swelling and erythema both increased following each successive dose of HPV9. Males had fewer injection-site adverse events.

All HPV vaccines are administered in a 3-dose schedule at 0, 1-2 months and 6 months. If the vaccine schedule is interrupted, the vaccination series does not need to be restarted. If available, HPV9 may be used to complete series that were started with HPV4. There is no recommendation for HPV9 in those who have completed the HPV series.

http://www.cdc.gov/mmwr/preview/ mmwrhtml/mm6411a3.htm

April 2015

#### New: Vaccine Error Reporting Program (VERP)

In September 2012 the Institute for Safe Medication Practices (ISMP) launched an online website to report vaccine errors, the Vaccine Error Reporting Program http://verp.ismp.org/

VERP was created to allow healthcare professionals and patients to report vaccine errors confidentially. By collecting and quantifying inforISMP National Vaccine Errors Reporting Program



mation about these errors, ISMP will be better able to advocate for changes in vaccine names, labeling, or other appropriate modifications that could reduce the likelihood of vaccine errors in the future. If an adverse event occurs following a vaccine administration error, a report should also be sent to the Vaccine Adverse Reporting System (VAERS) http://vaers.hhs.gov/index. Adverse events should be reported to VAERS regardless of whether a healthcare professional thinks its related to the vaccine or not, as long as it follows administering a dose of vaccine.

Two articles recently published describe the analysis of data collect from 2012-2014, including recommendations to reduce the risk of errors associated with a number of different contributing factors.

December 4, 2014 Part 1: http://www.ismp.org/newsletters/acutecare/showarticle.aspx?id=95

March 26, 2015 Part 2: http://www.ismp.org/newsletters/acutecare/showarticle.aspx?id=104

#### Two Years of It's Ok to Ask - Positive Online Engagement with Parents

It's Ok to Ask was launched in April, 2013. The campaign was designed to encourage vaccine-hesitant parents to think and talk about the issue of childhood immunizations. It was created to provide a comfortable, safe environment for Vermont parents to ask questions and get answers from trusted sources, particularly health care providers and other parents.



The campaign has established a trusted name for parents seeking information about immunizations. In the past two years, over 50,000 unique users have visited the It's Ok to Ask website.

The website provides information about childhood vaccines, the diseases they help to prevent, and risks/benefits of vaccination. Parents can also submit questions that will be answered by health care providers who take care of children around the state.

Social media is used in this campaign to reach the target audience, and to drive traffic to the website. The Facebook page fan base has grown to over 2,500, and 88% of the fans are women. It's Ok to Ask has about 750 Twitter followers, and several are actively engaged in conversation about immunizations and parenting topics.

The success of this campaign relies upon continued engagement with Vermont mothers, fathers and community members seeking accurate information and conversation about vaccines. Please continue to use the website and social media channels as a tool to educate and empower parents.

www.oktoaskvt.org

#### **VFC/VFA Provider Staffing Requirements**

In recent weeks, there have been an increased number of temperature excursions resulting in vaccine wastage and restitution. Practices must designate staff that can complete training and perform oversight and implementation of the Vaccines for Children (VFC) and Vaccines for Adults (VFA) programs including all aspects of vaccine ordering, inventory, and storage and handling of vaccines.

Each practice must designate one staff member to be the primary vaccine coordinator. This person is responsible for providing oversight for all vaccine management within the office and ensuring all vaccines are stored and handled correctly. In addition, practices must designate at least one back-up vaccine coordinator who can assume oversight responsibilities in the absence of the primary vaccine coordinator.

The primary and back-up vaccine coordinators must be fully trained in both routine and emergency vaccine management policies and procedures related to vaccine shipments, storage, handling, transport, and inventory management.

VFC/VFA providers are required to notify the immunization program when there are changes in the vaccine coordinator or back-up coordinator so that the required training can be scheduled promptly.

#### **Congratulations to Jill Read: The 2015 Vermont Immunization Champion**



Jill Read, a pediatric nurse practitioner at Castleton Family Health Center in Bomoseen, has been recognized as Vermont's 2015 Childhood Immunization Champion by the Centers for Disease Control and Prevention (CDC).

Each year, during National Infant Immunization Week (April 18 – April 25) the CDC Foundation

honors health professionals around the country who go "above and beyond" to promote immunization among children in their communities.

Jill has worked as a pediatric nurse practitioner at Castleton Family Health Center since 2005. She has earned a reputation as the "go-to" person for immunization questions among staff in her office for more than a decade.

"She is dedicated to educating families about vaccines, and has developed trusting relationships with her patients," said Melissa Richards, RN, a public health nurse in the Rutland District Office. "She has a contagious enthusiasm and conviction about the efficacy and safety of vaccines that is not only demonstrated by her patient's high vaccination rates, but also by the level of respect among her peers."

Jill and the Community Health Centers of the Rutland Region are currently collaborating with the Health Department on a quality improvement project with the goal of increasing the percentage of children that are fully vaccinated at their practices.

Jill started off her career as a Licensed Practical Nurse, working while attending college to further her career. She obtained her Associate of Science in Nursing, then her Bachelor of Science in Nursing, and finally her Master of Nursing in 1991. It was throughout her college and career experience that Jill gained a psychosocial perspective on health, which has aided in her abilities to effectively communicate with her patients. From October of 1990 to December of 1991, she was involved in an immunization research study and was responsible for implementing research protocols.

Read's full profile is on the CDC's website, and to learn more about CDC's Childhood Immunization Champion Award program, visit: http:// www.cdc.gov/vaccines/events/niiw/

### **Important Immunization Registry Notice**

The login site for the Immunization Registry has changed. Pop-up blockers for your browser (Internet Explorer or Firefox) must be updated. In order to do this please do the following before logging in:

#### If using Internet Explorer Select:

- Gear lcon (located on far right of the window under the red "x")
- Internet options
- Privacy tab
- Select "settings" button in the pop-up blocker section
- Add website address: <u>https://apps.health.vermont.gov/PatientProfile/</u>
- Log into the immunization registry site <a href="http://healthvermont.gov/hc/imr/">http://healthvermont.gov/hc/imr/</a>

#### If using Firefox Select:

- Select ≡ located below "X" on the window
- Options
- Content
- In the pop-up blocker section select "exemptions"
- Add web address: <u>https://apps.health.vermont.gov/PatientProfile/</u>
- Then select "allow"
- Log into the immunization registry site http://healthvermont.gov/hc/imr/

### **Data Logger and Temperature Updates**

Temperature monitoring of the vaccine storage units is a crucial part of proper vaccine storage and handling. This will prevent the inadvertent loss of vaccine and the potential for administration of non-viable vaccine by assuring that temperature excursions are identified quickly, and immediate action is taken.

If a temperature excursion is reported, the Immunization Program will contact vaccine manufacturers to obtain guidance regarding vaccine viability and obtain appropriate documentation, on behalf of the provider practice. The Immunization Program will save all documentation from manufacturers. Practices will not need to print and save it, as was previously noted in a Feb 2nd e-mail.



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