



Hib Vaccine Supply Update

David Oliver
VFC Vaccine Supply Manager

Hepatitis B Recombivax® and Engerix® Merck has announced that beginning April 2009 the supply of Recombivax® vaccine (pediatric/adolescent hepatitis B) is expected to be limited throughout the remainder of 2009 and is not expected to return to a normal supply until some time in 2010.

GlaxoSmithKline (GSK) expects to be able to meet the U.S. market demand for Hepatitis B with its pediatric formulation (Engerix®) until the end of May 2009. GSK is discussing with CDC their ability to meet demand beyond May.

As a reminder, when any VFC vaccine supply is limited or unavailable, the VFC Program will automatically substitute the unavailable vaccine with other single antigens and/or combination brand vaccines.

HIB Shortage

The current HIB shortage is expected to continue through most of 2009. The VFC Program will continue to ship HIB allocations at the beginning of each month. All shipments will continue to include a combination of ActHib™ and Pentacel™ (DTaP-Hib-IPV) vaccines. As a reminder, the fourth dose of Hib vaccine should continue to be deferred until the Hib shortage has been resolved.

Diluent Location in Varivax® shipment

Can't find the diluent in your Varivax® shipment? It's located in the shipping container lid! When your shipment arrives:

1. Remove the lid from the shipping container
2. Flip the lid over
3. Remove the small styrofoam compartment in the center of the lid. The diluent should be located inside.

If you do not find it or believe that it was missing from your shipment, contact Merck to replace it. If you have any questions, please contact your VFC Consultant.

2009-2010 School Immunization Requirements

Robin Decker, RN
Nurse Consultant
Center for Immunization

There were no substantive changes to the 2009-2010 Preschool, School or Child Care immunization requirements. Hepatitis B and

varicella vaccines are now required for all children enrolled in child care/preschool programs through 12th grade. The child care and school vaccination requirements charts can be found online at

www.EDCP.org (Click, Immunization, Click Back To School Immunization Requirements).

Please call the Center for Immunization at 410-767-6679 for additional information.

2009 Recommended Immunization Schedule

Robin Decker, RN
Nurse Consultant
Center for Immunization

The 2009 Maryland Dept of Health & Mental Hygiene (DHMH) Recommended Childhood and Adult Immunization Schedule has been approved by MedChi (The Maryland State Medical Society). Each year, the Maryland Schedule is revised based on CDC Recommendations which are approved by the Advisory Council on Immunization practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP). Revisions, on both the

Childhood/Adolescent and the Adult Schedules include:

- Re-ordering the listing of vaccines and footnotes.
- Including the MMWR issues to refer for vaccine specific information.
- Adding a statement about vaccinating people with immunocompromising conditions.
- Updating the human papilloma virus vaccination recommendations and
- Stressing the use of TIV for influenza vaccination of pregnant women.

On the Childhood/Adolescent Schedule and the Catch-up Schedule DHMH updated the Rotavirus vaccine recommendations.

On the Adult schedule DHMH clarified that there is no minimum interval to wait between Td and Tdap when it is given to protect infants or vulnerable patients.

The 2009 Recommended Childhood and Adolescent Immunization Schedule is available online at www.EDCP.org (Immunization) and is enclosed in this newsletter.



Chief's Corner...Immunization Schedule Review



Edward Hirshorn
Chief
VFC Program

2009 Maryland Recommended Immunization Schedule

The new 2009 Maryland Recommended Immunization Schedule is enclosed in this issue. With the publication of the new schedule, this is a good time to review certain issues with the vaccine schedule that are still occurring. Under the VFC agreement, VFC providers agree to follow the Maryland Recommended Immunization Schedule.

Use of Pentacel® during the Hib vaccine shortage

The Maryland VFC Program has been shipping mostly Pentacel (DTaP-Hib-IPV) since August 2008. Only limited supplies of single

antigen ActHib® vaccine have been available. Many VFC providers have been reluctant to use Pentacel and as a result have been under-vaccinating many infants against invasive Hib disease.

Deaths of infants from invasive Hib disease have occurred in Minnesota and Philadelphia since the beginning of this year. This illustrates that the bacteria is still circulating, and the urgent need to vaccinate these children.

Unfortunately, the Hib shortage is likely to continue through the rest of 2009, so the only real option we have for vaccinating these children is to use Pentacel® where appropriate. The VFC Program will continue to ship Pentacel®, and will no longer retrieve it from providers who refuse to use it. **All providers must begin using Pentacel. Failure to do so may result in being temporarily suspended from receiving any VFC vaccine.**

Hepatitis A and Rotavirus

Hepatitis A vaccine has been part of the Maryland recommended immunization schedule since 2006. However, there are still some providers not administering it. Providers are reminded that they should be following the Maryland Immunization Schedule, and routinely administering Hepatitis A vaccine at 12 months of age. The VFC Program also has additional doses of Hepatitis A available for providers who wish to implement an intensive reminder/recall system.

Rotavirus vaccine has also been on the recommended schedule since 2006. Rotavirus is the leading cause of severe gastroenteritis in the world, and annually results in 55,000 – 70,000 hospitalizations in the United States. Providers who are not routinely using rotavirus vaccine should begin administering it.

Mumps Investigation Highlights Student Immunization Exemptions

Kimberly N. Sharpe, MPH
Epidemiologist
Center for Immunization

On February 5, 2009 the Center for Immunization received an urgent notification from a local pediatric office concerning two siblings diagnosed with mumps by positive blood tests. The family reported recent travel to Algeria, where they were exposed to several family members infectious with mumps at the time of the visit. Upon return to the United States, both children developed classical symptoms of mumps including swollen parotid (salivary) glands. **Due to parental objection specifically to the Measles-Mumps-Rubella (MMR) vaccine, the children had never received any mumps containing vaccines.**

During the infectious period, the children exposed two additional household members, five healthcare workers (HCWs) in the pediatric office, and a large number of school and daycare students. The parents

provided documentation of recently receiving their adult MMR vaccinations, and specimens obtained from the exposed HCWs provided laboratory evidence of immunity. The exposed daycare children all provided documentation of immunity by age-appropriate vaccination; however the follow-up within the local elementary school was extensively more detailed.

Three students within the school claimed religious exemptions to vaccination, however only one of the students was considered a close playmate and exposed during the infectious period. It is recommended that non-immune individuals exposed to mumps that refuse vaccination be excluded for 26 days after the onset of parotitis in the last identified case¹.

As the exposed student claimed immunization conflicted with religious beliefs, the student refused immunization and was excluded for a mandatory 26 days due to the exposure and non-immune status. There were

no secondary cases of mumps related to this exposure, and both students were permitted to return to school at the end of their exclusion periods.

This mumps investigation emphasizes the importance and benefits of age appropriate vaccination. As in this situation, an individual that is under/unimmunized is susceptible to vaccine preventable diseases, and subsequently puts others at risk of disease and other possible consequences.

Reference: ¹ Centers for Disease Control and Prevention. Update: Multistate Outbreak of Mumps – United States, January 1 – May 2, 2006. MMWR 2006; 55 (Dispatch): 1-5.



Measles Cases in Maryland Residents

Kimberly N. Sharpe, MPH
Epidemiologist
Center for Immunization

The Maryland Department of Health and Mental Hygiene (DHMH) and the Montgomery County Health Department are investigating four cases of measles among residents of Montgomery County diagnosed since March, 2009. This is the first outbreak of measles in the State of Maryland since 1991, and the first case of measles since 2006.

The first identified case was likely exposed during travel to China in February 2009. Upon return to the United States, the index case subsequently exposed a co-worker who was later confirmed to have measles in early March. The second case then visited a local hospital emergency department, exposing a large number of patients and hospital staff during the infectious period. An eight month old infant was exposed while in the emergency department and was later confirmed as the third case of measles.

The fourth probable case had no known exposures to the other cases. **Among the four cases, one was too young to be routinely vaccinated, and the other three were all foreign-born with an unknown/undocumented vaccination history.** Transmission appears to have occurred in a variety of community and healthcare settings, and it is possible that additional cases will be identified.

It is important to note that measles is a **highly contagious** viral illness characterized by cough, runny nose, conjunctivitis, and rash. Due to the contagious nature of measles, anyone with symptoms should notify their health care provider immediately, and inform them of the possibility of measles before the visit. This will prevent additional exposures.

Assessment of patients with febrile rash illness should be performed in a manner that minimizes the risk of exposure to staff and patients. If you suspect measles in a patient, it is recommended that you do the following:

- Do not allow the patient to remain in the waiting area.
- Place such patients in a negative pressure private room, or if not available, a room with a closed door.
- Use standard precautions and also airborne precautions, if possible.
- Only allow immune health care workers to attend to the patient.

In general, persons can be presumed to be immune to measles if they have documentation of two doses of measles vaccine, laboratory evidence of immunity to measles, documentation of physician diagnosed measles, or were born before 1957.

This outbreak highlights the risk of measles in unvaccinated individuals, the risk of transmission to infants that are too young to be vaccinated, and the importance of high immunization coverage in the community, especially among health care workers. **Please contact your local health department or DHMH at (410) 767-6700 should you have any suspected cases of measles, or if you require additional guidance.**

VFC Consultant Corner...Reflections After a Year in the Field

After approximately one year as a VFC Consultant, I must say that the experience has been rewarding. It has been really wonderful meeting everyone and putting faces to voices that I've spoken with over the phone. I wanted to take this time to discuss some of the common problems I've come across.

No Temperature Logs

All VFC Providers are required to keep temperature logs for the refrigerator and freezer.

Temperature logs are a good reference for determining how well your unit is functioning. Remember, out of range temperatures increase the potential for vaccine spoilage. Proper climate is extremely important in vaccine storage. It is important to record temperatures twice a day. A good way

to do this is to record temperatures once in the morning when you arrive and again in the afternoon before you leave for the day. Designate one person in the office to perform this task and another person to back that person up in their absence. Temperature logs should be accessible and current. It's also a good idea to post the log on the unit as a reminder to use it twice daily and to document actions taken when temperatures fall outside of the recommended range for vaccine storage. Please contact your VFC Consultant for a supply of temp. logs.

Not offering parents/guardians a copy of the Vaccine Information Statement (VIS) at EVERY immunization visit.

It is required that the VIS be offered to parents/guardians at **EVERY** vaccine

visit. Even if you have given the VIS during the first dose of a series, you are still required by federal law to give it at all subsequent visits. The VIS informs vaccine recipients — or their parents — about the benefits and risks of a vaccine. The law requires that the VIS is given out whenever certain vaccinations are given. **It is important to always document in the patient chart 1) the date that you supplied the recipient with the VIS and 2) the publication date of the VIS given.**

Thanks again for welcoming me as your VFC Consultant. You are doing a great job vaccinating Maryland's children. Keep up the good work!

Annette Hicks is the VFC Consultant for Prince Georges County

Practice Makes Perfect : 2009 Training Dates

Tiffany Tate, MHS
Executive Director
Maryland Partnership for Prevention

The Maryland Childhood Immunization Partnership (MCIP) is pleased to announce the schedule for the remaining 2009 sessions for the Practice Makes Perfect Immunization Training. Practice Makes Perfect (PMP) is a partnership between MCIP and the DHM Center for Immunization that provides health professionals with comprehensive resources to support promotion and administration of childhood immunizations.

This free, half-day training provides an overview of the topics that are important to safely and effectively providing immunizations, including:

- Vaccine recommendations for children, adolescents, and adults;
- Child Care and School Immunization Requirements;
- Vaccine Storage and Handling; and
- Maryland Vaccines For Children Program.

Remaining 2009 Schedule

July 15
Southern Maryland

September 16
Baltimore City Regional/South

October 28
Western Maryland

The PMP Registration form is included in this newsletter. Please register to attend a PMP training near you.

If you have any questions, please call Tiffany Tate at 410-902-4677 or Robin Decker at 410-767-6679.



ImmuNet Update

Keith Childress
Immunization Registry Training Specialist
Center for Immunization

New Staff

Rashid Malik has recently been hired as the ImmuNet Database Specialist. Rashid, a certified Oracle DBA, will serve as the primary ImmuNet IT support for all ImmuNet in-house operations. His duties will include:

- performing ongoing maintenance to ensure that the ImmuNet system is running at an optimum performance level;
- installing ImmuNet system upgrades; and
- uploading patient immunization data files submitted by various sites participating in ImmuNet.

Homepage Update

The ImmuNet homepage has been updated to include recent registry related news, as well as step-by-step details for running a basic Reminder/Recall report.

Security Software Issues

The ImmuNet Help Desk has received a few calls from users experiencing problems logging into ImmuNet because their computer security system is blocking the ImmuNet login page. This can be resolved by adding the ImmuNet URL address to the list of trusted sites on your computer. To do this follow these directions:

- In Internet Explorer, go to Tools > Internet Options > Security;
- Click on the "Trusted Sites" icon and then click on the "Sites" button below the icon
- Add the ImmuNet URL to the dialog box, making sure it is the https address, <https://www.mdimmunet.org>;
- After adding, restart Internet Explorer; and
- Login to ImmuNet.

You will receive a security warning stating that, "The current web page is trying to open a site in your trusted sites list." "Do you want to allow this?". While holding down the CTRL button on your keyboard, click "Yes" and the ImmuNet login screen should now open.

QUESTION OF THE QUARTER

Dear ImmuNet,

A patient has a duplicate record in ImmuNet. Could you please delete record #XZY?

Dear ImmuNet user,

We do not actually delete duplicate records in ImmuNet. However, the ImmuNet system has the ability to merge the files together into one file by indicating which is the "good record" and which is the "bad record". This function is performed by ImmuNet staff only. When a duplicate record is encountered in ImmuNet, you should access the document center within the main menu on the ImmuNet homepage. Then look for the section called "Help Desk Documents" and click on the "Duplicate Patient Report Form". Print the form, fill out the information, and fax it to the number on the bottom of the form.

Please contact the ImmuNet Help Desk at 410-767-6606 with all your ImmuNet questions.