Vaccinate Vermont

Vermont Department of Health

June 2013

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Vaccine Storage and Handling

In response to reports from recent scientific studies on equipment used for vaccine storage and a better understanding of best practices for vaccine storage and handling, the Centers for Disease Control and Prevention (CDC) has updated guidance on vaccine storage and handling practices. With the goal of improving the way providers store and handle vaccines nationwide, several important changes have been made to previous recommendations. CDC now recommends use of a digital thermometer with a biosafe glycol-encased probe or a similar temperature-buffered probe that will more closely approximate the measure of liquid temperature. A temperature buffer enables a thermometer probe to more closely match the temperature changes experienced by stored vaccine. It is required that glycol-encased or similar temperature-buffered probes be placed among the vaccines instead of on or near a wall.

Continuous temperature monitoring permits more accurate and comprehensive monitoring of any temperature excursions to which vaccines may have been exposed, and diminishes the need for opening the unit door while conducting this routine monitoring. Temperature monitoring data should be downloaded and reviewed at least weekly by providers, both to ensure a timely review of the data and the prompt response to issues. CDC strongly recommends the use of stand-alone refrigerators and stand-alone freezers, meaning a self-contained unit that only refrigerates or freezes and is suitable for vaccine storage. These units can vary in size, from a compact, under-the-counter style, to a large, stand-alone, pharmaceutical grade storage unit. CDC does not allow use of dormitory or bar-style refrigerator/freezers for ANY vaccine storage. Use of stand-alone units is a best practice. The standard household single-condenser combination refrigerator/freezer units are less capable of simultaneously maintaining proper storage temperatures in the refrigerator and freezer compartments. These refrigerators are cooled by venting cold freezer air into the refrigerated section – thus a real risk of freezing vaccine near the cooling vents. An alternative to stand-alone units is to use only the refrigerator compartment of a combination household refrigerator/freezer unit to store refrigerated vaccines.

Due to these vaccine storage and handling changes, Vermont Immunization Program purchased TRED30 data loggers for all VFC/VFA enrolled practices. All newly enrolled practices will also receive the data logger for monitoring temperature inside the vaccine storage unit during the enrollment site visit. Keeping vaccine viable is a high priority and the Immunization Program's focus on VFC compliance site visits during this calendar year.

Data Loggers– Most Common Questions

In March 2013, VDH nurses began to install data loggers in all provider offices that are enrolled in Vaccines for Children (VFA) and Vaccines for Adults (VFA) programs. Data loggers provide continual temperature monitoring, which allows practices to quickly identify problems, and determine the exact length of time a refrigerator or freezer temperature has been out of range. Some of the most common questions are listed below:

How often do I need to download the information from the data logger?
Once a week. Pick the same day each week and download on a regular schedule. Even with data loggers, temperatures need to be checked and recorded twice a day, AM and PM, as well as Min/Max each morning on paper logs.

What should I do when the Alarm icon is displayed on the data logger?
Display of the Alarm icon indicates that the temperature went out of range. Download information in order to remove the Alarm icon, and then call the Immunization Program immediately.

How do I pause recording on my data logger?
Any time you press the Review button on the data logger, the recording is paused for 6 minutes. The data logger will resume recording after 6 minutes. So, when you are reviewing the Min and Max temperatures, recording is paused for 6 minutes.

TRED30- data logger

Who to call

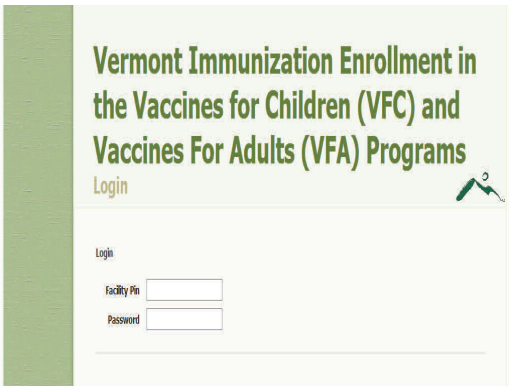
Question about:	Point person on IZ team
VTrckS/routine vaccine orders	Katie Martinez
Vaccine management/refrigerator/freezer issues and data logger questions:	Ines Burazerovic, Karen Halverson Katie Martinez, and Wanda Cosman
School Requirements/reporting	Karen Halverson
Child care requirements/reporting	Jackie Cardona
Online VFC/VFA Enrollment	Geralyn Shelvey
Immunization Pilot (Vaccine Purchasing Pool)	Amanda LaScala
Immunization Registry	Bridget Ahrens
Vaccines for Children (VFC)	Ines Burazerovic
Vaccines for Adults (VFA)	Wanda Cosman

VFC/VFA Online Reenrollment

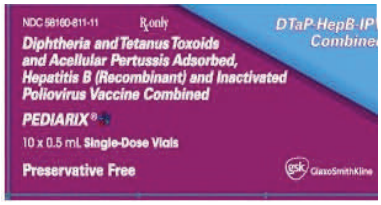
Beginning in 2013, the Vermont Department of Health Immunization Program's annual VFC/VFA enrollment process will be online. All practices must re-enroll by July 1, 2013.

By June 1st, you will receive an email from the Vermont Immunization Program (invite@mailer.surveygizmo.com) with a personalized link to the annual VFC/VFA enrollment form. The online enrollment form will be practice-specific, and it will include demographics and patient characteristics pre-filled with data from the Immunization Registry.

Enrollment must be renewed by July 1st. Vaccines cannot be shipped until the enrollment process is completed. Be on the lookout for the invitation email and if not received, please call the Immunization Program.



Online reenrollment login page.



Pentacel and Pediarix Shortages

CDC has issued *Guidance for Vaccinating Children during the 2013 Pentacel and Pediarix Shortages*. The Guidance has been issued in response to SanofiPasteur's Pentacel® (DTaP-IPV/Hib) shortage and the reduced allocation of GlaxoSmithKline's Pediarix® (DTaP-IPV/Hep B) vaccine. The shortages are expected to last throughout the summer of 2013.

The guidance encourages vaccine providers to:

- Continue to follow the recommended immunization schedule and ensure patients receive all doses of DTaP, Hib, polio and hepatitis B vaccines.
- Administer single component (DTaP, IPV, Hep B, and Hib) and combination vaccines (DTaP-IPV) during the shortage, which should be readily available.
- Do not substitute DTaP-IPV (Kinrix®) for Pediarix® or Pentacel® in infants. It's licensed only as the fifth dose of DTaP and fourth dose of IPV in children 4-6 years.

The Guidance Document, including possible scheduling scenarios and further information about vaccine shortages, can be found at CDC Current Vaccine Shortages & Delays http://www.cdc.gov/vaccines/vac-gen/shortages/default.htm

It's Ok To Ask

It's Ok to Ask is the new social marketing campaign launched by the Health Department targeting vaccine-hesitant parents. The website www.oktoaskvt.org is a place where parents can go to find information and ask questions that will be answered by local doctors and nurses. The following is an example of what you would find in the ASK section of the website:

Question: After my son had his first shot (2 month) he slept for about 4 hours and then woke up screaming. I'd never seen him this upset and it took about 45 minutes to finally calm him down and get him back to sleep. Of course the Internet can be a scary place and I kept coming across "cry encephalitis." I was just wondering how common this is and what to look for. ~Kelly

Answer: The situation you describe can happen after an immunization – sleeping more than usual is one of the most common effects seen in infants. The irritability that took a while to resolve comes from the soreness at the site of injection in addition to generalized body aches. These feelings are so foreign to babies, that they can cause longer crying spells than usual.

Crying for more than three hours after immunization occurs in 1/1000 cases, but this is not encephalitis. Encephalitis is inflammation of brain structures, usually caused by infections themselves, and does not get better after comforting or holding. This condition requires hospitalization. Seizures can occur in one child out of 14,000 after DTaP vaccine, but this is neither encephalitis nor from any permanent brain damage.

It is important to clarify with your baby's health care provider when you should call the office, for example if there is a prolonged fever after immunization. Be sure to know your baby's correct dose of acetaminophen and/or ibuprofen (for infants older than 6 months) before you leave the appointment. ~ answered by Dr. Elizabeth Hunt, Timber Lane Pediatrics.

"It's OK to ask" campaign

Immunize for life.

School Data

The 2012-13 Vermont school immunization reports provided detailed information regarding the level of immunization and protection from vaccine preventable diseases, for all Vermont students. Legislation passed in 2012 requires all schools to report immunization rates for all students in K -12, and publicly report the immunization rate for the student body. The Immunization Program will provide this information to each school in a standardized format and provide a link that can be placed on the school website:

The following are highlights from the reports:

- The percent of all students entering kindergarten who were fully immunized was consistent over the past two years, 86.9% in 2012-13 and 87.0 % for the previous year.
- In public schools, 87.3% of the students entering kindergarten were fully immunized in 2012-13. When looking at vaccines separately, vaccination rates exceeded 90% for each vaccine.
- In private schools, 78.6 % of those entering kindergarten were fully immunized. When looking at vaccines separately, vaccination rates were below 90% for each vaccine, except hepatitis B which was 91%.
- Philosophic exemptions were identified as the reason for not meeting vaccine requirements for each vaccine for at least one-third of public and private Kindergarten students.
- For students entering 7th grade, 89.7% of public school students and 77.6% of private school students were fully immunized.
- The percentage of 7th grade students immunized with Tdap increased by 5% in the past four years.

Overall, the number of children in kindergarten who were provisionally admitted was 7.0%, the lowest rate in five years. These numbers reflect the efforts of primary care providers and school nurses who are helping to ensure Vermont children are protected from vaccine-preventable infectious diseases. A summary report will be made available on the Vermont Department of Health website www.healthvermont.gov on July 1.

2013 Vermont Infectious Disease Conference

Sponsored by the Vermont Department of Health

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For more information and to register, visit www.VermontIDConference.com

Vermont 2013 Infectious Disease Conference

October 18, 2013 - 1pm - 5pm
October 19, 2013 - 8am - 3pm
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Plan now to join us in October.
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Registration is open now.

Conference offerings include:

- Plenary and breakout sessions
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- Poster exhibit
- Continuing education opportunities for physicians, nurses, EMTs, and nursing home administrators
- Breakfast and lunch provided on Saturday

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