August 2012

Vermont Department of Health

Vaccinate *Vermont*

VTrckS: What to Expect

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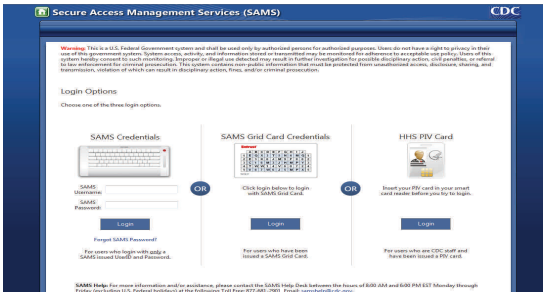
VTrckS (Vaccine Tracking System) is the new vaccine ordering system released by the Centers for Disease Control and Prevention (CDC). This system will allow your practice to place, track and manage vaccine orders on-line, including your Vaccines for Children (VFC) and publicly-funded vaccines, more efficiently.

Every state is required by the CDC to use VTrcKS, and all VFC/VFA (Vaccines for Adults) providers in Vermont will need to enroll in the new system to order state-supplied vaccine. The Immunization Program staff will enroll, train and transition all VFC/VFA providers to the on-line ordering system.

What to expect?

A brief online survey regarding your practice's computer equipment and software was emailed in mid-July. The results of this survey will help us determine if technical outreach is necessary. Your practice will be notified of the transition schedule eight weeks prior to transition. At that time the Immunization Program will send a letter that includes information about important dates for training and materials.

Per CDC requirements, your practice will need to be identity proofed, which is a required step when an individual is requesting access to any federal information system. In order to access VTrckS, each user at the provider office must go through the identity



proofing process. Two users from each practice must be identity proofed, including the person(s) responsible for ordering vaccines. This is done to ensure that secure access to the national vaccine ordering system is limited to those assigned such responsibilities and to avoid fraud or misuse.

A pre-recorded VTrckS training webinar will be available on the VDH website (healthvermont.gov). Please view the webinar during the time provided in your transition letter. Step by step written instructions will also be available. If additional assistance is needed, a live VTrckS demonstration and Question & Answer session is scheduled during your transition time period.

The implementation of this new vaccine ordering and tracking system represents a major change that will provide better vaccine management and improve vaccine ordering operations throughout the state. For updated information regarding Vermont's transition to VTrckS, please visit the Immunization Program website http://healthvermont.gov/hc/imm/index.aspx.

Pneumococcal Disease Prevention in Adults

PCV 13 vaccine
PPSV23 vaccine

There are now two FDA approved pneumococcal vaccines for use in adults. People age 65 and over, and younger adults with certain chronic health conditions, should be considered for vaccination. Coverage is low despite CDC vaccination recommendations

Eighty-five percent of invasive pneumococcal disease cases occur in adults. The most serious clinical manifestations are pneumonia and invasive disease (bacteremia and meningitis). Pneumococcal meningitis can cause hearing loss, seizures, blindness and paralysis. Cardiac events are common among patients hospitalized with pneumococcal pneumonia.

Pneumovax - Pneumococcal polysaccharide vaccine (PPSV23) - FDA approved Pneumovax in 1983 for use in adults of any age. Protects against 60- 70 % of strains responsible for invasive disease in adults. Data regarding effectiveness against pneumonia are less clear. CDC recommends Pneumovax for adults age 65 years and older and younger adults who smoke or have chronic health conditions.

Prevnar - Pneumococcal conjugate vaccine (PCV13)- FDA recently approved Prevnar for use in adults age 50 years and older. CDC has not yet provided guidance for use of Prevnar in adults or made it available on their adult vaccine contract. Vermont's Vaccines for Adults program will offer this vaccine after CDC recommendations and purchase contract are available. For provider resources and information, http://adultvaccination.org/professional-resources/pneumo-toolkit and http://www.cdc.gov/vaccines/pubs/ACIP-list.htm#pcv

"85% of invasive pneumococcal disease cases occur in adults"

Ask the experts: Vaccine Specific Q's and A's Answered by CDC Experts

Q. What are the recommendations for use of rotavirus vaccines?

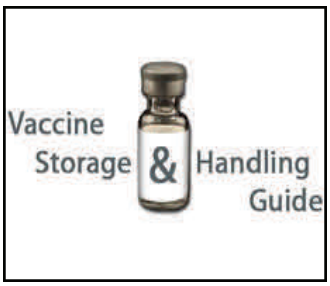
RotaTeq (by Merck) was licensed in February 2006 and is recommended for routine oral administration for all infants as a 3-dose series. The usual schedule is at ages 2, 4, and 6 months. A second rotavirus vaccine, Rotarix (by GlaxoSmithKline), was licensed in April 2008 and is recommended as a 2-dose series at ages 2 and 4 months. ACIP recommendations for use of rotavirus vaccines are available at www.cdc.gov/mmwr/preview/mmwrhtml/rr5802a1.htm?s_cid=rr5802a1_e. The minimum age for the first dose is 6 weeks and the maximum age for dose #1 is 14 weeks 6 days. Vaccination should not be initiated for infants age 15 weeks 0 days or older because there are insufficient data on the safety of dose #1 in older infants. The minimum interval between doses of rotavirus vaccine is 4 weeks. The maximum age for the last dose of rotavirus vaccine is 8 months and 0 days.

Q. **Which infants should not receive rotavirus vaccine?**

Do not give rotavirus vaccine to an infant who has a history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose of rotavirus vaccine or to a vaccine component. The oral applicator for Rotarix contains latex rubber so infants with a severe (anaphylactic) allergy to latex should not be given Rotarix; the RotaTeq dosing tube is latex-free. Rotavirus vaccine is contraindicated in infants diagnosed with the rare disorder, Severe Combined Immunodeficiency (SCID).

Ask the Experts

Tips for Safe Vaccine Storage



Vaccine Storage and Handling.

Vaccines that are improperly stored will not optimally protect your patients. The following instructions will help you to avoid waste, revaccination and restitution fees:

Place vaccine *centrally* in unit, away from walls, crisper bins and door. To avoid freezing**, *never* place vaccine in front of air vents** because the vent area may direct freezing air at refrigerated vaccine and cause it to freeze. Vaccine that was frozen may not appear different once thawed. It is recommended that large water bottles marked "do not drink" be placed in the door or on the floor of refrigerator, and cold packs help maintain proper temperature in the freezer. Organize and clearly label vaccine with "state-child", "state-adult" or private purchase. To help organize your stock, only use baskets or open containers— never use a closed vaccine storage container.

Changes in the Immunization Law (Act 157)

The immunization bill was modified and made into law following months of wide-ranging debates in the legislature. Act 157 addresses three main areas: provisional admittance, exemptions and school-based reporting. The provisional admittance time period is now six months for both child care and schools. Therefore, all children who are provisionally admitted in September, 2012 must be up-to-date on their immunizations by March, 2013. Act 157 requires parents to sign and submit annual religious and philosophical exemption forms. The parent must acknowledge on the form that they have "read and understand" evidence-based educational material developed by the Health Department. Medical exemption forms must be signed by the child's health care provider. The provider must identify specific immunizations for which the child is exempted, and the time period for the exemption. Medical exemption forms are different than philosophical and religious exemption forms, and no annual submission is required. All licensed child care facilities and schools must submit and make publicly available immunization reports on the entire student body. The Immunization Program will review data that is submitted annually, and return completed reports to individual sites in a consistent format by June, 2013. School nurses will also be required to provide additional reporting information. Find all updated materials/forms to comply with Act 157 at healthvermont.gov/hc/imm/index.aspx.

"Act 157 requires parents to sign and submit annual religious and philosophical exemption forms."

Avoid Vaccine Loss with Proper Storage

Adjust the temperature of the refrigerator and freezer to "Strive for five (5° C)," which is within the ideal range for vaccines (2° C to 8° C). Freezer temperature must be colder than -15° C and warmer than -50° C.

Allow room for air flow between stacks of vaccine. If your unit is too full to organize properly, a larger or second unit is necessary, or place smaller orders more frequently. Don't forget that extra space is needed for safe storage of seasonal flu vaccine for nine months of the year.

Manage inventory: Take inventory monthly. Place vaccine with the earliest expiration date at the front. Call the Immunization Program immediately if vaccine will expire within 90 days and cannot be used. Store all vials in the original packaging.

Access to IMR Reduces Phone Calls and Requests

The Vermont Immunization Registry (IMR) allows school nurses and child care providers to access immunization histories. As a result, your office staff should notice a significant reduction in the number of calls for immunization histories this fall. The IMR is committed to reducing these requests so that medical practices can focus on providing quality health care to their patients.

Licensed and registered child care providers now have access to the Immunization Registry, which allows them to view records, with parental consent, for all children in their care. Child care providers were originally limited to accessing records for children under age six, but this changed when we learned that they were required to keep records on all children in their care.

School nurses rely on the IMR for immunization records when they are unable to get them through parents. Changes in the school immunization requirements (Act 157) will create a greater need for school nurses to access up-to-date records, and we'd like to insulate practices from escalating numbers of requests by using the IMR – a system built specifically to facilitate this secure method of sharing information.

Please use the IMR to print immunization records for parents/guardians who request records for school or child care. If you are using the Registry, and continue to get calls from school nurses or licensed child care providers, please refer them to the Registry support line (888) 688-4667.

What to do about Patient Status Changes

Your patient population is ever-changing as people re-locate frequently. It is therefore important to keep the IMR updated so that your practice-level report accurately reflects your current patients' immunization status.

In September 2012, the IMR will add a new Patient Status feature to help practices manage the inevitable shift of patients in and out of your practice. If you run a report and see the name of a person you know is no longer your patient, you may open the record and change the Patient Status field to Inactive – Moved or Gone Elsewhere. This will unlink that patient from your practice.

If a patient moves from one Vermont practice to another, and both practices use the IMR, the new practice will make the change. But if a patient moves out of state, the patient's last Vermont practice will retain the association until the new practice unlinks the patient. We've tried to make this process as simple and quick as possible, and we think it will help practices to better track and manage immunization records.

New Reports are Coming for the IMR

More and more practices across Vermont have begun to rely on practice-level reports from the IMR to help assess vaccination coverage, estimate the amount of influenza vaccine they will need, or send reminder letters to families of children who have fallen behind for immunization coverage.

In September 2012, the IMR will release a set of new reports in response to medical practice requests. All current reports will be revised to allow you to run a report for patients in any age group – not just those under age 18. The expansion will include:

- Easy to print Forecaster report showing immunizations due.
- Vaccine coverage reports specifically for adolescents.
- Vaccine coverage reports specifically for adults.
- Invalid vaccination report to help identify patterns of immunization issues around minimum intervals.
- Vaccine list report shows vaccine details (including amount shipped, lot numbers, expiration dates) of vaccine shipped to your practice.

If you would like to request training on how to use IMR reports, please call (888) 688-4667

Immunize to protect.

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