

Vaccinate Vermont

The MMR and Autism controversy continues

Inside this issue:

- Purchasing Pool **2**
- Vaccine Info. St. **2**
- Registry Update **3**
- Ask The Experts **3**
- In Brief **3**
- Excellence Award **4**

What does the official exposure of Andrew Wakefield's fraudulent study linking MMR vaccine and autism mean for health care professionals in Vermont?

The 1998 publication of Wakefield's paper in the *Lancet* served as a catalyst to the firestorm that has significantly eroded confidence in the MMR and vaccines in general despite repeated scientific studies demonstrating no link between the MMR vaccine and autism. The small study of 12 children proposed that MMR caused intestinal problems that lead to the release of toxins resulting in brain damage characterized by autism.

However, the retraction of the paper by the journal in 2010 does not constitute closure of the controversy. Beyond a discredited study are considerable ethical violations that were presented during the proceedings that ultimately resulted in Wakefield losing his medical license in the United Kingdom. Wakefield was a paid researcher for a London attorney working on a lawsuit against a vaccine manufacturer prior to the paper's publication. Study participants were recruited from an anti-vaccine group represented by the attorney. Children in the study were subjected to unnecessary medical tests and blood samples were taken at a birthday party for Wakefield's son.

What can we take away from this controversy? What can we do to ensure the health and well being of children in our care? What



do we know about vaccine safety?

A significant body of evidence has demonstrated the development of autism is entirely unrelated to childhood vaccines. Large epidemiological studies have clearly demonstrated no link. The causes of autism are not fully understood and it is uncertain if environmental triggers are involved. It remains unknown if autism is rising or a result of increased research, diagnostic changes, media attention, or a combination of these and other factors.

Like the aftermath of a firestorm, we must not presume the job is done because the fire appears to be out. We can continue to examine the issues, maintain open dialogues and acknowledge concerns that arise. We need to communicate to parents that vaccines are safe and do not cause autism. It will take time and our collective effort to clarify this and other misperceptions about vaccines. We are well served as parents, providers and consumers to continue to ask questions, examine evidence, and explore consequences but, without the vitriol that has often characterized this debate.



Purchasing Pool- Pilot Program

On April 1, 2011 the Vermont Department of Health (VDH) will launch the Vaccine Purchasing Pool pilot program to ensure universal access to immunizations recommended for children and adults. The program, authorized in statute, establishes a vaccine purchasing pool that will enable VDH to purchase pediatric and adult vaccines at the lowest possible price for all Vermonters.

Under the pilot program, insurers are required to reimburse VDH for the cost of vaccines provided to all their members, and an ad-

ministrative surcharge for the costs of administering the pilot. VDH will administer the program and continue to purchase and distribute vaccines. Routinely recommended vaccines identified in the 2011 Vaccines for Children/ Vaccines for Adults (VFC/ VFA) Availability / Eligibility list will be made available. Beginning July 1, Zostavax vaccine will be available through the VFA program for those 60-64 years of age. The Immunization Program has updated the Vermont Recommended Adult Vaccination Schedule, to include new

ACIP recommendations.

In collaboration with the Vermont Medical Society, VDH will again provide a \$200 rebate program toward the purchase of new vaccine refrigerators or freezers for practices participating in the VFC/VFA programs. However, practices that have purchased vaccines for their patients, may find there are now more incentives to participate in VFC and/or VFA. The pilot program will continue until December 31, 2012. It is anticipated that it will become formally established after the two-year pilot period.

“Zostavax vaccine will be available through the VFA program for those 60-64 years of age.”

Vaccine Information Statements (VIS)

A Vaccine Information Statement (VIS) is a one-page information sheet, produced by CDC. The VIS informs vaccine recipients or their parents or legal representatives about the benefits and risks of a vaccine as required by the National Childhood Vaccine Injury Act of 1986. The law requires that a VIS be given out whenever vaccinations are given. All vaccine providers, both public and private must give out VIS's at every immunization visit. The legal mandate is that providers must:

to the recipient or to the recipient's parent or legal representative with each dose of vaccine

**give it prior to administration of the vaccine, *give it each time the vaccine is given (not just with the first dose)*

**record certain information in the patient's permanent medical record.*

VIS's must be given out at the time of each vaccination prior to administration of the vaccine. VIS's are translated into multiple languages and are available at <http://www.immunize.org/vis/> or

<http://www.cdc.gov/vaccines/pubs/vis/>



Vaccine Information Stmt. for Rotavirus vaccine.

Current VIS Dates			
Check your stock of VISs against this list. If you have outdated VISs, search our website to get current versions.			
Anthrax	3/10/10	MMRV	5/21/10
Chickenpox	3/13/08	Multi-vaccine	9/18/08
DTaP/DT/DTP	5/17/07	PCV	4/16/10
Hepatitis A	3/21/08	PPSV	10/08/09
Hepatitis B	7/18/07	Polio	1/01/00
Hib	12/18/98	Rabies	10/08/09
HPV	3/30/10	Rotavirus	12/08/10
Influenza (LAIV)	8/10/10	Shingles	10/08/09
Influenza (TIV)	8/10/10	Smallpox	11/15/03
Japan. enceph.	3/01/10	Td/Tdap	11/18/08
Meningococcal	1/28/08	Typhoid	5/19/04
MMR	3/13/08	Yellow fever	11/09/04

Immunization Registry Update:

If your medical practice enters data into the Immunization Registry, or sends data to the Registry electronically, don't forget there are many Registry reports that can help you deliver better-informed health care. These include:
 *Vaccine Coverage Report – shows percentage of chil-

dren in your practice who are Up to Date for the 4:3:1:3:3:1 series.
 *Vaccines Due Report – displays a list of children in your practice who are Not Up to Date for immunizations along with a list of the specific vaccine series involved.

For more information about other reports available, contact the Registry support line at (888) 688-4667. Also, watch the Immunization Registry home page for more How To Guides for running reports at <http://healthvermont.gov/hc/IMR/index.aspx>



Vermont Immunization Registry.

Ask the Experts: Vaccine Specific Q and A Answered by CDC Experts Acquired from: <http://www.immunize.org/nsit.d/n47/n47.pdf> January, 2011

Q: Which vaccines can be given simultaneously?

A: All vaccines used for routine vaccination in the United States can be given simultaneously (i.e., at the same visit, not in the same syringe). If two live vaccines are not given simultaneously, you must wait at least 4 weeks before administering the second live vaccine. Inactivated vaccines can be given at any time before or after each other and/ or live vaccines.

Q: When giving a vaccine that requires a series of doses, is it necessary to start the series over if the patient doesn't come back ?

A: In general, no vaccination series needs to be restarted because of a prolonged interval between doses, even if it's been a year or more. The only exception to this rule is oral typhoid vaccine, a vaccine administered for travel to certain destinations.

Q: We gave a dose of vaccine too soon after the previous dose. When can we give the additional dose that will rectify this error?

A: The repeat dose should be spaced after the invalid dose by an interval at least equal to the recommended minimum interval. You can find the table of minimum intervals and ages for routinely given vaccines here: <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/A/age-interval-table.pdf>

“No vaccination series needs to be restarted, even if it's been a year or more.”

In Brief

Reminder/Recall

Effective March 1, the Immunization Program will begin reminder/recall efforts to assist parents and providers with ensuring infants and toddlers are up-to-date on their immunizations. Letters will be sent to parents of children 8 and 20 months of age who are identified as not up-to-date in

the Immunization Registry. They will advise parents to contact their child's medical provider, update records or contact VDH if they do not have a medical home.

School Immunization Visits

School immunization visits will be conducted by Immunization Program staff to

provide education, resources and assistance to school nurses to prevent disease and ensure optimal immunization rates in all schools. Compliance with Vermont immunization regulations will be assessed and staff will consult regarding specific challenges.



Reminder/Recall Letter.

Excellence in Vaccine Coverage 2010

As part of the Vermont Department of Health Immunization Program, over 50% of primary care practices receive a yearly assessment visit from a public health nurse.

For many practices, this is an opportunity to review the assessment data and discuss successes/strategies for improvement of the immunization coverage rates for specific populations of children in the practice. In 2010, 108 assessment/feedback visits were done. 18 practices had immunization coverage rates of 80% immunization coverage or higher.

90% or more of the 2 year old children**

Dr. Angela Wingate	Green Mountain Pediatrics
Mousetrap Pediatrics –Dr. Fred Holmes	St. Johnsbury Family Health Center
Mount Ascutney Physicians Practice	Drs. Peter & Lisa Hogancamp
Dr. Michael Garcia	

80% - 89% of the 2 year old children**

Alder Brook Family Practice	University Pediatrics in Williston
Dr. H Taylor Yates	Chester Family Medicine
Cornerstone Pediatrics	Ludlow Health Center

80% or more of 13-17 year old children***

Just So Pediatrics	Timber Lane Pediatrics in S. Burlington
Bellows Falls Pediatrics	Family Medicine Associates
Springfield Pediatrics	

Improvement of 20% or more in 2 year old children in all series

Community Medical Associates	Brandon Medical Center
Corner Medical- NVRH	St. Johnsbury Family Health Center
Mount Ascutney Physicians Practice	

Improvement of 20% or more in any single antigen

Neshobe Family Medicine	Border Health
Brandon Medical Center	Community Medical Associates
Little Rivers Health Care- Wells River	Just So Pediatrics
St. Johnsbury Family Health	Gifford Primary Care
Little Rivers Health Care- East Corinth	Arlington Family Practice
Little Rivers Health Care- Bradford	Ottawaquechee Health Center
Bristol Internal Medicine	Upper Valley Pediatrics
Corner Medical—NVRH	Battleboro Primary Care

* 4:3:1:3:3:1 = (4DTap, 3Hep B, 1MMR, 3HIB, 3Polio, 1Varicella)
 ** 4:3:1:3:3:1:4 = (4DTap, 3Hep B, 1MMR, 3HIB, 3Polio, 1Varicella, 4 PCV)
 *** 2:3:2:1:1:3 = (2MMR, 3Hep B, 2Varicella, 1Tdap/Td, 1Meningococcal, 3HPV)



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healthvermont.gov/hc/imm/index.aspx