



**Email Edition**

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## Hib Shortage Recommendations Reminder

The CDC has acknowledged the difficulties this shortage has imposed on vaccine providers, and has made the following recommendations:

- Continue to complete the primary Hib series for all patients.
- If you do not have single antigen Hib vaccine, you may substitute any combination vaccine for Hib, provided that there are no contraindications to other components of the vaccine.
- Continue to defer the Hib booster given after 12 months of age until the vaccine supply has been reestablished for most children. Please note that immuno-compromised children, Native Alaskan or American Indian children, or other high risk children as defined by the CDC should continue to receive the booster dose.
- Use a reminder/recall system to track children who have had their Hib booster doses deferred.
- Surveillance of Hib cases is particularly important to monitor the impact of vaccine shortage. Therefore, any isolates of Haemophilus influenza from sterile sites should be submitted to the ISDH lab for serotyping.

## ActHib® Backorders

The CDC has reported that due to holiday shipping schedules and the availability of the ActHIB® vaccine during the month of December, we are experiencing a delay in shipment of ActHIB® vaccine from the manufacturer.

The ActHIB® allocation for Indiana for January has already been fulfilled.

### How to Allow Substitutions on the Vaccine Order Form

Mark "yes" and we will automatically substitute your Hib order with Pentacel® if ActHIB® allocation has been fulfilled.

Mark "no" and no substitution will occur if the ActHIB® allocation has been fulfilled. Then, a new request for Hib will need to be placed with your next monthly order.

If neither "yes" or "no" is marked, you will be contacted regarding substitutions for your order.

See Page 2 for information about the Hib containing combination vaccine, Pentacel®.

## Hib Availability

Vaccine Presentation	January Doses Allocated	Doses Available to Order
ActHIB®	6,805	0
PedvaxHIB®	830	310
Pentacel®	15,780	9,395

## Vaccine Spotlight: Pentacel<sup>®</sup> (DTaP-IPV/Hib)

Pentacel<sup>®</sup> is a combination vaccine that contains DTaP, IPV and Hib vaccines. Pentacel<sup>®</sup> is manufactured by sanofi pasteur and was approved for use by the FDA in 2008. It consists of Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed and Inactivated Poliovirus (DTaP-IPV) component and an ActHIB<sup>®</sup> vaccine component.



(Note: The ActHIB<sup>®</sup> vaccine component in Pentacel<sup>®</sup> is not the same formulation as the single vaccine ActHIB<sup>®</sup> formulation. **Do not separate any components of a combination vaccine for single use.**)

**Recommended Schedule** The recommended schedule for Pentacel<sup>®</sup> is functionally the same as for DTaP and ActHIB<sup>®</sup> with doses at 2, 4, 6, and 15 through 18 months of age. Pentacel<sup>®</sup> can be administered to any child 6 weeks through 4 years of age, without a contraindication to any component, for whom DTaP, IPV, and Hib vaccines are indicated.

Pentacel<sup>®</sup> is FDA approved to be used for 1<sup>st</sup> thru 4<sup>th</sup> doses of DTaP, IPV and Hib. It is not approved for use as the 5<sup>th</sup> (booster) dose. However, until the Hib supply improves, the ACIP has advised that Pentacel<sup>®</sup> should only be used for the first 3 doses of DTaP, IPV and Hib series, except for those children who are at higher risk who should receive the full series.

**Minimum age:** Dose 1: 6 weeks; Dose 2: 10 weeks; Dose 3: 14 weeks

**Minimum Intervals:** Dose 1 to Dose 2: 4 weeks; Dose 2 to Dose 3: 4 weeks; Dose 3 to Dose 4: 6 months

### Administration

- Intramuscular (IM) injection
- Given in anterolateral thigh or deltoid
- 1-inch need, 22-25 gauge (*Professional judgment is appropriate when selection injection site and needle size*)
- Can be given at the same visit as other vaccines, separate injection sites by 1-2 inches
- Do no mix in same syringe with other vaccines

### Storage & Handling

- Pentacel<sup>®</sup> is supplied as single-dose vials, 5 doses to a package
- A single-dose vial of liquid DTaP-IPV vaccine is used to reconstitute a single-dose vial of lyophilized ActHIB<sup>®</sup> vaccine
- Vaccine is a uniform, cloudy, white to off-white (yellow tinge) suspension
- Must be kept at refrigerator temperature (35°-46° F) at all times
- Pentacel<sup>®</sup> must never be frozen. Vaccine exposed to freezing temperature must not be used
- Use vaccine within 30 minutes of reconstitution.
- Pentacel<sup>®</sup> contains no thimersol.

**CHIRP Users:** Enter as DTaP-IPV/Hib; Use lot number on Hib vial

**Tally Sheet Users:** Pentacel<sup>®</sup> is currently not listed on the tally sheet. Do not write it in. Tally sheets cannot be read by the fax machine if any extra markings are added. Do not count doses as their single antigens. Continue to report Pentacel<sup>®</sup> usage on your VFC order form.

**Note:** Pentacel<sup>®</sup> contains DTaP, IPV and Hib.  
Pediarix<sup>®</sup> contains DTaP, IPV, and Hep B.

## Questions of the Week

**What do I do with my expired FluMist<sup>®</sup>?**

VFC FluMist<sup>®</sup> that expired on or before January 30, 2009 can be returned to McKesson for exchange. For other requirements and directions for returning FluMist<sup>®</sup> to McKesson, go to [www.cdc.gov/vaccines/programs/vfc/downloads/med-instr-fm-508.doc](http://www.cdc.gov/vaccines/programs/vfc/downloads/med-instr-fm-508.doc) Private stock may not be returned to McKesson. Please follow standard vaccine return procedures. Contact ISDH at 800-701-0704 or [immunize@isdh.in.gov](mailto:immunize@isdh.in.gov) if you need assistance.

**If a patient in my clinic had the first dose of their Hepatitis B vaccine series more than one year ago, and no subsequent doses have been given, should I restart the series?**

**NO!** Regardless of when a patient started the Hepatitis B series, if the vaccine schedule has been interrupted, the vaccine series does not need to be restarted. The patient should complete the series following the recommended minimum intervals for subsequent doses.

It is not necessary to add doses or restart the series if the interval between doses is longer than recommended.

This also applies to the Human Papillomavirus Vaccine. If the HPV vaccine schedule is interrupted, the vaccine series does not need to be restarted. The patient should complete the series following the recommended minimum intervals for subsequent doses.

It is not necessary to add doses or restart the series if the interval between doses is longer than recommended.

(See *Epidemiology and Prevention of Vaccine Preventable Diseases*, Ch. 2, General Recommendations for more information.)

Please continue to call with your vaccine-related questions or email us at [immunize@isdh.in.gov](mailto:immunize@isdh.in.gov)!

## Upcoming Events

**January 30, 2009**  
**9:30am - 11:30am (EST)**  
**User Group Meeting**  
Columbus Learning Center  
4555 Central Ave, #2100  
Columbus, IN 47203

**January 30, 2009**  
**1:15pm - 3:00pm (EST)**  
**Introduction to CHIRP Training**  
Columbus Learning Center  
4555 Central Ave, #2100  
Columbus, IN 47203  
*Registration required.*  
Call (888) 227-4439 to register.

**February 24, 2009**  
**8:30am - 1:00pm (EST)**  
**Immunizations from A to Z PLUS**  
Grant County Complex, 401 S.  
Adams St, Marion, IN 46953  
For more information, contact Jodi  
Morgan (317) 650-5051 or  
[jmorgan@isdh.in.gov](mailto:jmorgan@isdh.in.gov)  
[Click here for registration form.](#)

**February 27, 2009**  
**8:30am - 3:30pm (EST)**  
**Immunizations from A to Z PLUS**  
Floyd Memorial Hospital, Paris  
Education Center, 1850 State  
Street, New Albany, IN 47150  
For more information, contact  
Sharon Griffin at (317) 670-8826 or  
[sgriffin@isdh.in.gov](mailto:sgriffin@isdh.in.gov)  
[Click here for registration form.](#)

### CHIRP Tip

User documents including access to CHIRP, School Immunization Requirements, and Authorization to Release Immunization Records can all be found on the CHIRP website.

These documents and more can be found under the Document Center.

### Reminder/Recall

CHIRP Reminder/Recall postage and postcards, both printed and blank, are now available.

## What to do During a Power Outage

Power outages can occur from construction, temporary weather conditions, and natural disasters. All health care facilities need to have an emergency plan in place for handling power outages. The following practices will help protect our vaccine supply.

**Emergency Plans** Each facility needs to locate a facility nearby that has the storage capacity to hold your vaccine if your facility loses power or your fridge/freezer malfunction. If your fridge/freezer loses power, keep the door shut and engage your emergency plan if the outage will last more than 1 hour. Always keep vaccine shipping containers, bubble wrap and ice packs on-hand so you can pack your vaccine properly for transport. The alternate facility and staff contact phone numbers should be posted on the fridge/freezer door in case your primary vaccine coordinator is not at work when the power outage occurs.

**Best** Protect your vaccine with an alarm system which will alert staff whenever temperatures move out of the acceptable range. The alarm may be integrated into your building's security system or a stand-alone alarm on your fridge and freezer that emails, text messages, or calls a list of staff contacts. No matter what the reason for the storage failure, these alarms will let staff know something is wrong so it can be corrected before vaccine is compromised.

**Better** Having a back-up power generator is a way to protect your vaccine supply from temporary outages. However, an emergency plan and will still be needed for natural disasters where power will not be restored quickly.

**Good** Continuous temperature recording devices will let you know if vaccine was exposed to unacceptable temperatures overnight or during times when your facility was closed for business. Remember, storms and power outages happen outside of normal business hours.

**Worst Case** If your vaccine is exposed to improper temperatures, it needs to be labeled "Do Not Use" and stored properly. Contact the ISDH Immunization Program and staff will help you determine the potency of the vaccine. If the vaccine is no longer viable, it will have to be returned and the appropriate forms filled out. It is very important that compromised vaccine is not administered to patients, so any time there is doubt about storage conditions, please contact ISDH at [immunize@isdh.in.gov](mailto:immunize@isdh.in.gov).

## Individual Cases of Varicella Now Reportable

The revised Communicable Disease Control Rule, effective December 12, 2008, brought a change to reporting of varicella cases. All individual primary cases of varicella are now listed as reportable under 410 IAC 1-2.3-110. Per the Rule, Local Health Departments (LHD) are to conduct an investigation for all reports of routine varicella cases, including collection of information on the severity of illness and the varicella vaccination history. Indiana State Department of Health (ISDH) staff will continue to conduct investigations of non-routine cases of varicella, i.e. those involving hospitalization or death of the patient.

The varicella case investigation form is available on the ISDH Web site at <http://www.in.gov/isdh/files/Varicella-Chickenpox-CaseInvest53800.doc>. Completed case investigation forms should be faxed to (317) 234-2812. For LHDs enrolled in the Indiana National Electronic Disease Surveillance System (I-NEDSS), notifications of cases, as well as completion of the investigation form [listed under Varicella (Chickenpox)], will occur through I-NEDSS.

As a result of the change in varicella reporting, the Varicella Sentinel Surveillance System will be retired as of December 31, 2008. Varicella sentinel surveillance sites should submit their December 2008 sentinel reports and should begin reporting all cases of varicella (with onset date of January 1, 2009 or later) to the LHD for investigation. Thank you to all sites who have participated in the Varicella Sentinel Surveillance System. A report on data collected through the system will be made available in the coming months.

Questions regarding reporting of varicella cases can be directed to your field epidemiologist or to Kristin Ryker at (317) 233-7112 or [KRyker@isdh.in.gov](mailto:KRyker@isdh.in.gov).

## 2009 Adult Immunization Schedule

The 2009 Adult Immunization Schedules can be found in the January 9, 2009 edition of the MMWR. Changes include:

- The human papillomavirus (HPV) footnote (#2) has language added to indicate that health-care personnel are not at increased risk because of occupational exposure, but they should be vaccinated consistent with age-based recommendations. Also, text has been added to indicate that vaccination with HPV may begin at age 9 years.
- The varicella footnote (#3) has language added to clarify that adults who previously received only 1 dose of vaccine should receive a second dose.
- Asthma and cigarette smoking have been added as indications for pneumococcal polysaccharide vaccination (#7). Also, text has been added to clarify vaccine use in Alaska Natives and American Indians.
- The Hepatitis A footnote (#9) has additional schedule information for the 4-dose combined hepatitis A/hepatitis B vaccine.
- The Hepatitis B footnote (#10) has additional schedule information for the 4-dose combined hepatitis A/hepatitis B vaccine, and a clarification of schedule information for special formulation indications has been added.
- The meningococcal vaccine footnote (#11) clarifies that the revaccination interval is 5 years.

Format Changes include:

- Increasing the number of age groups
- Deleting the hatched yellow bar for tetanus, diphtheria, pertussis (Td/Tdap) vaccine while adding explanatory text to the Td/Tdap bar
- Simplifying the figures by removing schedule text from the vaccine bars
- Revising the order of the vaccines to more appropriately group the vaccines
- Adding a legend box to clarify the meaning of blank spaces in the table

To download copies of the 2009 Adult Immunization Schedule, visit <http://cdc.gov/vaccines/recs/schedules/default.htm>.

## Influenza Vaccine Supply Availability

Providers may submit orders for more doses of any currently available influenza vaccine.

Vaccine Presentation	Doses Available to Order
Fluzone 0.25, PFS	1,290
Fluzone 0.5, PFS	16,180
Fluzone 0.5, MDV	37,760
Fluviron 0.5, PFS	18,060

Fluzone 0.5, SDV and FluMist are no longer available.

### Cold Weather Shipments

Please note that some providers may receive multiple boxes on Tuesday, January 20, because orders may not have been consolidated due to the shipping holds on Wednesday, Thursday and Friday of this week.

### Order Transmission Problems

A problem was experienced or delay when transmitting orders to McKesson on Friday, January 2, Monday, January 5, and Thursday, January 8. This was due to a CDC related technical error. These order transmission issues have caused a larger than expected queue at McKesson. This will extend delivery time frames for VFC orders by 1-2 days beyond the 3 to 5 shipping days for the next 2-3 weeks.

### Vaccine Available

We have available for transfer the following vaccines located in Tippecanoe County:

500 doses	Tripedia	Exp. 5/15/09
100 doses	IPV	Exp. 7/18/09
120 doses	IPV	Exp. 6/7/09

If you can use 50 or more of any of these vaccines, please contact us at 800-701-0704 to request a transfer.

### About Vaccines For Children (VFC)

The VFC program is a federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay. VFC was created by the Omnibus Budget Reconciliation Act of 1993 as a new entitlement program to be a required part of each state's Medicaid plan. The program was officially implemented in October 1994.

Funding for the VFC program is approved by the Office of Management and Budget (OMB) and allocated through the Centers for Medicare & Medicaid Services (CMS) to the Centers for Disease Control and Prevention (CDC).

CDC buys vaccines at a discount and distributes them to state health departments, other public clinics, and private providers registered as VFC providers.

If you are not currently a VFC provider, and would like more information on how to offer this program in your practice, please contact us at [immunize@ishd.in.gov](mailto:immunize@ishd.in.gov).