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VFC Vaccine Ordering Procedure

Starting June 1, 2009, at the request of the Centers for Disease Control and Prevention (CDC), ISHD will enforce the following vaccine ordering procedures:

1. All orders must be submitted using the most current version of the order form. The current version is a Landscape layout, while the old version is a standard Portrait layout. If you need a current form please fax your request to (317) 233-3719.
2. All four columns must be completed with actual counts and not rounded. (Requested, On Hand, Previous Month Administered and/or Wasted). If no wasted vaccine is reported, please mark the Wasted column "none".
3. Providers are requested to only order VFC vaccine once a month. You should only order the amount of vaccine you anticipate using each month, but do not allow yourselves to run out (with the exception of Hib). Please do not stockpile vaccine, as this can lead to excessive vaccine expiration or incorrect storage.
4. When you receive Varicella containing order, please check the code for the type of order. On the top of packing slip it will state either CD which is VFC vaccine, or MS which is private stock vaccine.

If you have questions, please contact us at (800) 701-0704 or immunize@isdh.in.gov.

Understanding CoCasa

The Comprehensive Clinic Assessment Software Application (CoCASA) is a tool for assessing immunization practices within a clinic, private practice, or any other environment where immunizations are provided. This software is designed to be used in conjunction with the AFIX (Assessment, Feedback, Incentives, Exchange) strategy. This program is available for free download from the CDC website.

VFC providers may already be familiar with some of these CoCASA reports. Immunization Program staff use this tool to assess provider immunization rates and to provide feedback during VFC site visits. Providers can also download and use this program for themselves to track their immunization coverage throughout the year.

CoCASA has data entry and import capabilities. After immunization data have been entered into CoCASA, reports can be generated to pinpoint strengths and areas of improvement for an individual immunization provider. Providers who use the state immunization registry, CHIRP, can import immunization records into the CoCASA program and run several valuable quality reports. Immunization rates can be calculated for patient groups based on age and vaccine series. Other reports can show invalid doses given, those patients who are missing immunizations and missed opportunities for immunizations. All of these reports can help clinic staff find opportunities for improvement in offering immunization services to patients.

<http://www.cdc.gov/vaccines/programs/cocasa/default.htm>

Contraindications & Precautions

Contraindications and precautions to vaccination dictate circumstances when vaccines should not be administered. The majority of precautions are temporary, and the vaccination can be administered later. A contraindication is a condition in a recipient that increases the risk for a serious adverse reaction. A vaccine should not be administered when a contraindication is present. For example, administering influenza vaccine to a person with an anaphylactic allergy to egg protein could cause serious illness in or death of the recipient.

National standards for pediatric vaccination practices have been established and include true contraindications and precautions to vaccination. The only contraindication applicable to all vaccines is a history of a severe allergic reaction after a previous dose of vaccine or to a vaccine constituent (unless the recipient has been desensitized). In addition, severely immunocompromised persons should generally not receive live vaccines. Children who experience encephalopathy within 7 days after administration of a previous dose of diphtheria and tetanus toxoids and whole-cell pertussis vaccine (DTP), DTaP, or Tdap not attributable to another identifiable cause should not receive further doses of a vaccine that contains pertussis. Because of the theoretical risk for the fetus, women known to be pregnant should generally not receive live-attenuated virus vaccines.

A precaution is a condition in a recipient that might increase the risk for a serious adverse reaction or that might compromise the ability of the vaccine to produce immunity (e.g., administering measles vaccine to a person with passive immunity to measles from a blood transfusion). A person might experience a more severe reaction to the vaccine than would have otherwise been expected; however, the risk for this happening is less than expected with a contraindication. In general, vaccinations should be deferred when a precaution is present. However, a vaccination might be indicated in the presence of a precaution because the benefit of protection from the vaccine outweighs the risk for an adverse reaction. For example, caution should be exercised in vaccinating a child with DTaP who, within 48 hours of receipt of a previous dose of DTP or DTaP, experienced fever of $>104^{\circ}\text{F}$ ($>40.5^{\circ}\text{C}$); had persistent, inconsolable crying for 3 or more hours; collapsed or experienced a shock-like state; or had a seizure <3 days after receiving the previous dose of DTP or DTaP. However, administering a pertussis-containing vaccine should be considered if the risk for pertussis is increased (e.g., during a pertussis outbreak). These precautions do not apply to administration of tetanus-reduced-diphtheria-acellular-pertussis vaccine for adolescents and adults. The presence of a moderate or severe acute illness with or without a fever is a precaution to administration of all vaccines.

Clinicians or other health-care providers might inappropriately consider certain conditions or circumstances to be true contraindications or precautions to vaccination. This misconception results in missed opportunities to administer recommended vaccines. Likewise, clinicians and other health-care providers might fail to understand what constitutes a true contraindication or precaution and might administer a vaccine when it should be withheld. This practice can result in an increased risk for an adverse reaction to the vaccine. Among the most common conditions often inappropriately considered contraindications are diarrhea, minor upper-respiratory tract illnesses (including otitis media) with or without fever, mild-to-moderate local reactions to a previous dose of vaccine, current antimicrobial therapy, and the convalescent phase of an acute illness.

The decision to administer or delay vaccination because of a current or recent acute illness depends on severity of symptoms and etiology of the disease. All vaccines can be administered to persons with minor acute illness (e.g., diarrhea or mild upper-respiratory tract infection with or without fever). Studies indicate that failure to vaccinate children with minor illnesses can seriously impede vaccination efforts. Among persons whose compliance with medical care cannot be ensured, use of every opportunity to provide appropriate vaccinations is critical.

From Advisory Committee on Immunization Practices (ACIP), General Recommendations on Immunization, December 1, 2006 / 55(RR15);1-48

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5515a1.htm>

See Table 5 in the Recommendations for full list of Contraindications & Precautions.

Questions of the Week
Indiana accepts 4 doses of DTaP if the fourth dose is given on or after the fourth birthday, and 3 doses of IPV if the third dose is given on or after the fourth birthday and all are either OPV or IPV.

If a child is 4-6 years of age and needs only the 4th DTaP and 3rd IPV to complete the series, can Kinrix[®] be used?

No. Kinrix[®] is licensed for the 5th DTaP dose and 4th IPV dose only.

Off-label use is not recommended and if given for any dose other than the 5th DTaP and 4th IPV, it should be considered a medication error.

If Kinrix[®] is inadvertently administered as an earlier dose in the series, the dose may be counted as valid and does not need to be repeated if minimum ages and intervals are met.

Save the Date! August 25-26, 2009

The Epidemiology & Prevention of Vaccine Preventable Diseases training conducted by the CDC is coming to Indiana! This live two-day course provides a comprehensive review of immunization, vaccine-preventable diseases and their respective vaccines. The course will be hosted in the Indianapolis Metro area. More details coming soon!

Program Announcement

Please note that several of the Immunization Program staff will be attending a training from noon on Monday, April 13th and all day Tuesday, April 14th. Please call back on Wednesday.

Upcoming Events

April 14, 2009

9:30am - 11:30am (EST)

CHIRP User Group Meeting

St. Vincent Randolph Hospital
Room 1, First Floor
473 East Greenville Ave
Winchester, IN 47394

April 14, 2009

1:30pm - 3:00pm (EST)

Introduction to CHIRP Training

St. Vincent Randolph Hospital
Room 1, First Floor
473 East Greenville Ave
Winchester, IN 47394

April 14, 2009

10:00am - 12:00pm (EST)

IAIC Meeting, Rice Auditorium
Indiana State Department of Health
Presenter: Dr. Graves on Adult
Pertussis; FREE Tdap will be
administered to the first 20
attendees at the conclusion of this
April meeting.

April 24, 2009

8:30am - 1:00pm (EST)

Immunizations from A to Z PLUS

White County Memorial Hospital,
720 S. 6th St., Monticello, IN
For more information, contact Jodi
Morgan (317) 650-5051 or
jmorgan@isdh.in.gov
[Click here for registration form.](#)

April 24, 2009

12:00pm - 4:00pm (EST)

Immunizations from A to Z

Mary Margaret Community
Hospital, 321 Mitchell Ave,
Batesville, IN
For more information, contact
Sharon Griffin at (317) 670-8826 or
sgriffin@isdh.in.gov
[Click here for registration form.](#)

Correction

Please note that the times for the
Adult Immunization Coalition were
incorrect in the last edition of the
E-Letter. The correct times are
10am to 12pm on April 14, 2009.

Reminder: Changes to Vaccine Eligibility

The Indiana State Department of Health (ISDH) Immunization program has revised guidelines for use of vaccine. The new guidelines enable more providers to utilize vaccine to ensure children are vaccinated.

The new Eligibility matrix is attached with details about where children by funding source may be directed to receive vaccine. All Vaccine For Children (VFC) providers are encouraged to review the matrix. The most notable change is in eligibility for underinsured children, 0—18 years of age, to receive vaccine at Private Provider offices. Private Provider offices are **required** to be pre-approved to use vaccine for underinsured children under the state funded vaccine program.

What are the requirements for a Private Provider to vaccinate underinsured children?

Before a private provider can vaccinate underinsured children they must be pre-approved. Approval requires a VFC provider to use CHIRP Inventory Management and document doses administered in CHIRP.

I am a VFC Private Provider, how do I enroll?

Fax a notice that states you want to access State Funded (SF) vaccine for underinsured children, include your VFC PIN number and a copy of your VFC Accountability Report for the previous month (printed from CHIRP) to (317) 233-3719 Attn: State Funded Vaccine. The VFC Accountability Report must include VFC Ineligible Vaccinations for both age groups and Display Totals Only.

Does SF vaccine still have to be ordered and stored separately?

NO! The new guidelines remove the need to keep VFC and SF vaccine separate, eliminating this barrier to offering SF vaccine. SF vaccine will be ordered, received, and stored the same as VFC vaccine.

How do we report use of state funded vaccine?

SF vaccine is reported through CHIRP's Inventory Management module when you document doses administered in CHIRP. ISDH will pull the needed data from CHIRP to determine if the vaccine was SF or VFC.

What are the eligibility requirements for state funded vaccine?

State funded vaccine is available to children birth to until their 19th birthday who are not eligible for VFC vaccine and do not have insurance to cover vaccines.

How do I determine eligibility for state funded vaccine?

The new eligibility matrix (https://chirp.in.gov/chirp_files/docs/VFC%20Elgibility%20Documentation%20031109.pdf) determines a child's eligibility status and how to mark it correctly in CHIRP. ISDH will do the rest.

If I was already enrolled to provide state funded vaccine, do I need to re-enroll?

No. All current state funded vaccine providers are still enrolled and may begin using the new guidelines.

In addition, all Local Health Departments without Delegation of Authority (DOA) are automatically enrolled to provide state funded vaccine until they secure a DOA.

For more information, please contact us at immunize@isdh.in.gov.

Get Ready for National Infant Immunization Week

National Immunization Week (NIIW) will be celebrated April 25-May 2, 2009 in conjunction with *Vaccination Week in the Americas* (VWA). The theme for NIIW is "Love them. Protect them. Immunize Them."

Visit [the NIIW Events Webpage](#) for planning and evaluation resources, public relations materials, and communication campaign materials. Add your local activity to the [National Calendar of NIIW Events](#).

Vaccine Storage & Handling Toolkit: The Cold Chain

What is the Cold Chain?

Vaccines must be stored properly from the time they are manufactured until the time they are administered. Excess heat or cold will reduce their potency, increasing the risk that recipients will not be protected against vaccine-preventable diseases. The system used to keep and distribute vaccines in good condition is called the cold chain. The cold chain has three main components: transport and storage equipment, trained personnel, and efficient management procedures. All three elements must combine to ensure safe vaccine transport and storage.

The cold chain begins with the cold storage unit at the vaccine manufacturing plant, extends through the transfer of vaccine to the distributor and then to the provider's office, and ends with the administration of the vaccine to the patient. Proper storage temperatures must be maintained at every link in the chain.

Importance of Maintaining the Cold Chain Vaccine Potency

Excessive heat or cold exposure damages vaccine, resulting in loss of potency. Once potency is lost, it can never be restored. Furthermore, each time vaccine is exposed to heat or cold, the loss of potency increases and eventually, if the cold chain is not correctly maintained, all potency will be lost, and the vaccine becomes useless.

Vaccine Appearance After Exposure to Inappropriate Storage Conditions

Some vaccines may show physical evidence of altered potency when exposed to inappropriate storage conditions, such as clumping in the solution that does not go away when the vial is shaken. Other vaccines may look perfectly normal when exposed to inappropriate storage conditions. For example, inactivated vaccines exposed to freezing temperatures (i.e., 32°F [0°C] or colder) may not appear frozen and give no indication of loss of potency. Therefore, visual inspection of vaccines is an unreliable method of assuring potency.

Burden of Cold Chain Failure

An estimated 17% to 37% of providers pose vaccines to improper storage temperatures. Refrigerator temperatures are more commonly kept too cold rather than too warm. One study involving site visits showed that 15% of refrigeration units had temperatures of 34°F (1°C) or lower.² Out-of-range temperatures require **immediate action**.

Loss of vaccine potency due to improper storage conditions is a costly mistake. Patients receiving vaccine with decreased potency caused by improper storage conditions may not be fully protected against the vaccine-preventable disease. In the General Recommendations on Immunization, the Advisory Committee on Immunization Practices (ACIP) and the American Academy of Family Physicians (AAFP) state that mishandled vaccine doses should not be counted as valid doses and should be repeated unless serologic testing indicates a response to the vaccine. Recalling patients to repeat vaccine doses because vaccine has been stored improperly can damage public confidence in vaccines and in your practice.

Vaccines are also expensive. The vaccines needed for a single infant visit can cost \$181 to \$281 or more. For toddlers, vaccine costs jump to \$198 to \$338 or more per child. The vaccines needed for one child at school entry cost \$111 to \$188 or more. Avoid extra expenses by following procedures to maintain the cold chain.

Excerpt from the CDC Vaccine Storage & Handling Toolkit. Full S&H Toolkit can be downloaded at http://www2a.cdc.gov/vaccines/ed/shtoolkit/pages/cold_chain.htm#ImportanceofMaintainingColdChain

CHIRP Interface Information Session

CHIRP will be hosting an Interface Information Session on Friday April 24th at the Indiana State Department of Health building. This session is intended for all Medical Facilities that are interested in creating an electronic data interface between their medical record system and the CHIRP Immunization Registry. EMR/EHR companies are also encouraged to attend. The presentation will include different types of interfaces available, examples of working interfaces, and our setup process.

Please contact Cameron Minich at 317-234-2584 or cminich@isdh.in.gov to register for the session, or with any questions you may have. The session will be from 10:00am to 11:30am with additional time for questions. The session will be in the Rice Auditorium at 2 North Meridian, Indianapolis IN 46204.

Adult Immunization Schedules Available

Adult Immunizations Schedules, (11x17, full color, on cardstock), are currently available. Please send your complete contact information, including mailing address, to Alex ThurdeKoos at althurdekoos@isdh.in.gov to receive an Adult Schedule.

Twinrix® Available

ISDH has the opportunity to offer the combination Hep A and B vaccine (Twinrix®) to Local Health Departments for their at risk and high risk individuals. Please refer to the Vaccine Eligibility Statement for the individuals who are eligible to receive this vaccine under this program.

The Vaccine Eligibility Matrix can be located at https://chirp.in.gov/chirp_files/docs/VF_C%20Elgibility%20Documentation%20031109.pdf

For question about using Twinrix®, please contact the Adult Immunization Coordinator, Alex ThurdeKoos at althurdekoos@isdh.in.gov.