



Immunization Program

2 N. Meridian St., 6A
Indianapolis, IN 46204
Phone: (800) 701-0704
immunize@isdh.in.gov

[Immunization Program Website](#)
[CHIRP Website](#)

Program Staff

Joan Duwve, MD, MPH
Medical Director

Wayne Fischer
Director

Gary Rhyne
CDC Public Health Advisor

Penny Lewis
CHIRP Project Manager

April Bailey
Education & Training
Coordinator

Alex ThurdeKoos
Adolescent/Adult
Coordinator

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Questions & Answers for Providers about Hib Vaccine Supply and Vaccination Coverage

Should a provider give Pentacel (DTaP-IPV/Hib) even if doing so results in receipt of an additional dose of other antigens? It is very important that all infants complete the primary series of Hib vaccination to assure that they are protected against invasive Hib disease. If Pentacel is the only Hib-containing vaccine available, this combination product should be used to complete the primary series of Hib vaccination, even if the child has already received all the necessary doses of DTaP and IPV. [Click here for full story.](#)

REMINDER: 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. [Click here for full story.](#)

Emergency Vaccine Retrieval and Storage Plan

To protect the vaccine inventory and to minimize potential monetary loss, every facility that stores vaccine should have a written Emergency Vaccine Retrieval and Storage Plan. Various situations may compromise vaccine storage conditions, such as equipment failures, power outages, or natural disasters. [Click here for full story.](#)

Delegation Of Authority Update

We now have 62 Indiana counties with signed DOA to vaccinate underinsured children! Thank you to the LHDs, RHCs, and FQHCs who have allowed us to expand coverage to our underinsured children. [Click here for full story.](#)

Upcoming Events

[Click here list of events.](#)

Q&A for Providers about Hib Vaccine Supply and Vaccination Coverage

Available from the CDC at <http://cdc.gov/vaccines/vpd-vac/hib/faqs-hcp-supply-coverage.htm>

Should a provider give Pentacel (DTaP-IPV/Hib) even if doing so results in receipt of an additional dose of other antigens?

It is very important that all infants complete the primary series of Hib vaccination to assure that they are protected against invasive Hib disease. If Pentacel is the only Hib-containing vaccine available, this combination product should be used to complete the primary series of Hib vaccination, even if the child has already received all the necessary doses of DTaP and IPV. In the situation where infants are receiving Pentacel for their Hib vaccination and are also due for HepB vaccine, the HepB dose should be given as monovalent HepB vaccine. If monovalent HepB vaccine is not available, for infants whose mothers are HBsAg-negative the dose can be temporarily delayed until the monovalent HepB vaccine is available. These children should be tracked and recalled to receive their dose as soon as vaccine becomes available. For infants whose mothers are HBsAg-positive, providers should ensure timely administration of HepB vaccine (the 3-dose series must be completed by age 6-8 months), preferably with monovalent HepB vaccine, or if not available, with whatever HepB-containing product is available.

How widespread is the problem of lower coverage for the third Hib dose in the primary vaccination series?

Preliminary information from sentinel immunization information systems (registries) in eight states all show similar lower coverage for the third Hib dose in the primary series, compared to other vaccines (DTaP, PCV7) commonly administered at the same visit. We do not have information from other states that may have looked into this issue, but it

is likely that coverage for the third Hib dose in the primary series also may be low in other states. An algorithm was distributed by CDC to all states wishing to use their registry to evaluate Hib coverage.

Is there enough Hib-containing vaccine currently available in the United States so that all children can receive the primary series?

Yes, there is enough Hib-containing vaccine for all US children to receive the primary series. All infants should complete the primary series. The two Hib-containing vaccines currently available for the primary series are both sanofi pasteur products given as a 3 dose primary series at 2, 4, and 6 months: ActHib (monovalent Hib) and Pentacel (DTaP-IPV/Hib). Although there is enough Hib-containing vaccine nationally, there may be times when practitioners do not have an adequate supply of vaccine to meet local demand. If Hib vaccine is not available in the office at the time of a visit, children who are unable to receive one of the doses in the primary Hib series should be tracked and recalled to schedule an appointment to receive their dose as soon as vaccine becomes available in the office.

Providers who serve predominantly American Indian/Alaska Native (AI/AN) children living in AI/AN communities should continue to use PRP-OMP (i.e., polyribosylribitol phosphate [PRP] covalently linked to a meningococcal outer membrane protein [OMP] carrier) – containing Hib vaccines (Merck product). This product requires a 2-dose primary series (ages 2 and 4 months) and a 12-15 month booster dose. This vaccine is only available from the VFC Pediatric Vaccine Stockpile through state immunization programs.

Which children should be still be receiving Hib booster doses at 12-15 months?

Children at increased risk for Hib disease should continue to receive the primary series and the booster dose. This includes children with asplenia, sickle cell disease, and human immunodeficiency virus infection and certain other immunodeficiency syndromes, and malignant neoplasms. In addition, American Indian/Alaska Native (AI/AN) children should also continue to receive the primary series and the booster dose.

What is the recommended schedule for children less than 12 months of age who are not at increased risk of Hib disease and who have not finished the 3-dose Hib primary vaccine series? If the child is at least 6 weeks of age but less than 12 months of age and has received 0, 1, or 2 Hib doses, schedule him/her for the first or next dose(s) immediately with a minimum of four weeks between the doses. Intervals of 8 weeks between doses are recommended for children who are on schedule; intervals of 4 weeks may be used for children whose primary series is delayed. These children will all need one booster dose when the Hib vaccine shortage is over.

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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 vaccine from ISDH once a month. You should only order the amount of vaccine that 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 orders, please check the code for the type of order. On the top of the 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.

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Emergency Vaccine Retrieval and Storage Plan

General Guidelines

To protect the vaccine inventory and to minimize potential monetary loss, every facility that stores vaccine should have a written Emergency Vaccine Retrieval and Storage Plan. Various situations may compromise vaccine storage conditions, such as equipment failures, power outages, or natural disasters. The Emergency Vaccine Retrieval and Storage Plan should provide up-to-date information regarding procedures to follow to protect and/or retrieve vaccines as quickly as possible when a potentially compromising situation occurs. Post the Emergency Vaccine Retrieval and Storage Plan on or near the vaccine storage equipment. Ensure that all staff (current and new) read the plan and

understand it. Also ensure that janitorial and security staff are aware of the plan and know the procedures to follow to notify designated personnel about any problems with the vaccine storage equipment. Review and update the contact lists in the plan quarterly; review and update the entire plan annually.

The information below is provided as a guideline for developing an Emergency Vaccine Retrieval and Storage Plan for the protection of vaccine inventories before and during emergency situations. You may also use the [Emergency Vaccine Retrieval and Storage Plan Worksheet](#) and the [Emergency Response Worksheet](#) to help organize and record your response.

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Advance Preparations

Well in advance of any emergency situation you should have the following personnel, equipment, information, and protocols in place.

- Designated primary and backup vaccine coordinators with emergency contact information. The primary and backup vaccine coordinators should:
 - Monitor the operation of the vaccine storage equipment and systems;
 - Track inclement weather conditions;
 - Set up and maintain a monitoring/notification system during times of inclement weather or other conditions that might cause a power outage (a continuous-monitoring temperature alarm/notification system should be considered, especially for practices with large inventories);
 - Ensure the appropriate handling of the vaccine during a disaster or power outage;
 - Ensure 24-hour access to the building and vaccine storage unit(s); and
 - Ensure that sufficient fuel is on hand to continuously run the generator for at least 72 hours if the facility has a backup generator.
- Emergency staff contact list in order of contact preference. Determine whether all or certain persons on the list should be contacted in the event of a vaccine storage emergency or if the first person reached is sufficient. Include the primary and backup vaccine coordinators on the list.
- Vaccine storage unit specifications. For each vaccine storage unit in your facility, identify the type of unit (e.g., refrigerator, freezer, combination refrigerator/freezer), the brand name, the model number, and the serial number. These specifications may be useful for the repair company.
- Alternate vaccine storage facility or facilities. Establish working agreements with at least one alternate storage facility with a backup generator where vaccine can be appropriately stored and monitored for the interim (e.g., hospital, long-term care facility, state depot, Red Cross, fire station, packing plant). Make advance arrangements with the facility(s) to store your vaccine when weather predictions call for inclement conditions (e.g., tornadoes, hurricanes, ice, severe snowstorms), when your vaccine storage equipment cannot be repaired, or when the power cannot be restored before the vaccine storage unit temperature rises above the recommended range.
- Written instructions for entering your facility and vaccine storage spaces in an emergency if the building is closed or if it is after hours. These instructions should include the building security/after-hours access procedure, a floor diagram and the locations of the following: Doors, Flashlights, Spare batteries, Light switches, Keys, Locks, Alarms (including instructions for use), Circuit breakers, Packing materials.
- Written protocols, vehicles, and drivers for transporting vaccine to and from the alternate vaccine storage facility. If the vaccine can be moved to the alternate facility before the vaccine storage temperature rises above the recommended range, it may be transported in insulated containers or coolers within ordinary vehicles inside the passenger compartment (not in the trunk because temperatures cannot be controlled inside the trunk). Make advance arrangements for a primary and backup vehicle and driver. When transporting vaccine in ordinary vehicles use the passenger compartment, not the trunk.
 - If the location is far away or if you have a large quantity of vaccine, consider renting a refrigerated truck to transport the vaccine. In this case, joining with other practices to reduce costs may be advantageous if a refrigerated truck rental is necessary. Make advance arrangements with a local refrigeration company and an alternate. A refrigerated truck can be used to transport vaccine.
 - Develop written protocols for transporting vaccine to and from the alternate vaccine storage facility.
- Appropriate packing materials to safely transport or temporarily store vaccine. These materials may include insulated containers, refrigerated/frozen packs, and dry ice (depending on the type of vaccine). In situations where an alternate vaccine storage facility with a backup generator cannot be identified within a reasonable distance, maintain the appropriate packing materials to temporarily and safely store vaccine at your facility.

- Prioritized vaccine packing list. Make a written list of which vaccines to pack first in an emergency. Contact your state or local health department immunization program for advice on prioritization. If it is not possible to pack and transport all your vaccines, use your prioritized vaccine packing list to determine the types and amounts of vaccine to save.
- Written protocol for vaccine packing. Each facility should develop its own standard operating procedures (SOPs) for packing vaccine. These instructions should be readily available for staff unfamiliar with vaccine packing procedures. Key steps that should be reflected in all SOPs are:
 - Open the refrigerator and/or freezer doors only when absolutely necessary and only after you have made all preparations for packing and moving the vaccine to the alternate storage facility.
 - Use properly insulated containers to transport the vaccine. These containers should be validated to ensure that they are capable of maintaining the vaccine at the correct temperatures. You may use the shipping containers the vaccines arrived in from the manufacturer. Alternatively, you may use hard-sided plastic insulated containers or Styrofoam™ coolers with at least 2-inch thick walls. Thin-walled Styrofoam™ coolers, such as those purchased at grocery stores to hold beverages, are not acceptable.

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Refrigerated vaccines

- Pack the refrigerated vaccines first, using enough refrigerated/frozen packs to maintain the cold chain. The number and placement of refrigerated/frozen packs inside the container will depend on container size and outside temperature. For detailed instructions, see [Chart of Refrigerated/Frozen Pack Needs for Different Climates](#).
- Be sure to place an insulating barrier (e.g., bubble wrap, crumpled brown packing paper, Styrofoam™ peanuts) between the refrigerated/frozen packs and the vaccines to prevent accidental freezing. The contents of the container should be layered as follows: refrigerated/frozen packs, barrier, vaccine, thermometer or temperature monitor, another layer of barrier, and additional refrigerated/frozen packs.
- Use properly placed thermometers near the vaccine to assess whether the cold chain has been broken. The thermometer should be placed next to the vaccine and should not come in contact with the refrigerated/frozen packs.
- Attach labels to the outside of the container to clearly identify the contents as being valuable and fragile vaccines.
- Record vaccine type(s), quantity, date, time, and originating facility on a label on the outside of the container.
- Document the vaccine storage unit temperature at the time the vaccine is removed for transport.
- Up-to-date list of [Manufacturer Quality Control Office Telephone Numbers](#).

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Frozen vaccines

- Pack the frozen vaccines last, using a separate insulated container. Remove combined measles, mumps, rubella, and varicella vaccine (MMRV); varicella vaccine; and zoster vaccine from the freezer and pack with dry ice immediately before they are to be transported. At least 6 pounds of dry ice should be used in the container to maintain the vaccines in their frozen state.
- Attach labels to the outside of the container to clearly identify the contents as being valuable and fragile vaccines.
- Record vaccine type(s), quantity, date, time, and originating facility on a label on the outside of the container.
- Document the vaccine storage unit temperature at the time the vaccine is removed for transport.
- Temperatures inside the storage units should be monitored and recorded at least twice a day for as long as vaccine is stored in this location.
- Written protocol for appropriately storing vaccine at the alternate vaccine storage facility. Combined measles, mumps, rubella, and varicella vaccine (MMRV); varicella vaccine; and zoster vaccine should be stored in the freezer at 5°F (−15°C) or colder. Other vaccines should be stored in the refrigerator at 35° to >46°F (2° to 8°C). There should be adequate cold air circulation around the vaccines. Each alternate vaccine storage unit should have a functioning certified calibrated thermometer in each compartment. Temperatures inside the storage units should be monitored and recorded at least twice a day for as long as vaccine is stored this location.

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Emergency Actions

The following emergency procedures should be implemented in advance of the event if possible. If you have no warning and the emergency event is already occurring or has already occurred, you should still follow these procedures.

- Suspend vaccination activities before the onset of emergency conditions, if possible. This will allow sufficient time for

packing and transporting vaccine.

- Notify staff at the alternate vaccine storage facility. Before moving your vaccine, call the alternate storage facility to make them aware of the situation and to ensure that their backup generator is working.
- Conduct an inventory of the vaccines and record the actions taken. Also note if water bottles were in the refrigerator and frozen packs in the freezer at the time of this event.
- Pack and transport the affected vaccines according to your priority list.
- Follow established vaccine transport procedures for moving vaccine.

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

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Delegation Of Authority Update

We now have 62 Indiana counties with signed DOA to vaccinate underinsured children! Thank you to the LHDs, RHCs, and FQHCs who have allowed us to expand coverage to our underinsured children.

If you are a LHD without DOA and you would like more information, please call your ISDH representative, or Joan Duwve, MD, MPH, ISDH Medical Director at (317) 233-7164.

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Upcoming Events

May 12, 2009; 8:30am - 3:30pm (EST); Immunizations from A to Z PLUS
Wayne County Health Department, Richmond, IN [Click here for registration form.](#)

May 21, 2009; 12:00pm - 3:00pm (EST); IIC Meeting
Rice Auditorium, ISDH

May 28, 2009; 1:00pm - 4:00pm (EST) & May 29, 2009; 9:00am - 4:00pm (EST)
Public Health Nurse Conference
IUPUI Campus Center, Indianapolis, IN, [Click here for registration.](#)

Scroll down the list of events until you reach "Public Health Nurse Conference 2009" and click the "Register" button.

June 26, 2009; 8:30am - 12:00pm (EST); Immunizations from A to Z
Good Samaritan Hospital, Vincennes, IN [Click here for registration form.](#)

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Categories of Immunization Messages:

E-Alert conveys the highest level of importance; warrants immediate action or attention.

E-Advisory provides important information for a specific incident or situation; may not require immediate action.

E-Update provides updated information regarding an incident or situation; unlikely to require immediate action.

E-Letter traditional newsletter; distributed every other week with new information and educational articles.
