

Immunization Program

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Vaccine Available

**50 Doses of HPV to expire
on 6/29/09**

Please contact your field representative if you can use this HPV before it expires.

In this Issue

Vaccine Eligibility Policy Update The Vaccine Eligibility Matrix has been updated (attached), with all changes effective immediately.
[Click here for full story.](#)

Important Changes to Shipments Boxes used to ship vaccines to providers will be changed beginning June 22, 2009. Testing has been done to ensure the new boxes will provide the same level of temperature control and protection of vaccines as the boxes being used now.
[Click here for full story.](#)

Receiving Vaccine Shipments from McKesson Procedure Change Shipping boxes containing publicly provided vaccines must be opened and inspected immediately after receipt. Check all vaccines, enclosed temperature monitors and shipping invoices.
[Click here for full story.](#)

New Eligibility Regarding Twinrix™ For several months now, we have been promoting the availability of the hepatitis A/hepatitis B vaccine called Twinrix™ to Local Health Departments via the 317 Twinrix™ Initiative.
[Click here for full story.](#)

Frequently Asked Questions Regarding Twinrix™ My adult patient has hepatitis C and has already received 3 doses of hepatitis B vaccine. Should he be vaccinated against hepatitis A? Is it safe to use Twinrix™ to vaccinate him against hepatitis A?
[Click here for full story.](#)

Vaccine Storage Equipment Vaccine storage units must be selected carefully and used properly. Refrigerators without freezers, and stand-alone freezers, may be better at maintaining the required temperatures.
[Click here for full story.](#)

Delegation Of Authority Update We now have 67 Indiana counties with signed DOA to vaccinate underinsured children!
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HRSA Accepting Applications for Loan Repayment The Health Resources and Services Administration is now accepting new applications to support loan repayment for bonafide educational debt for primary care medical, dental and certain behavioral/mental health clinicians who want to work at National Health Service Corps (NHSC) sites.
[Click here for full story.](#)

Upcoming Events [Click here list of events.](#)

Vaccine Eligibility Policy Update

The Vaccine Eligibility Matrix, originally released in the March 23, 2009 Immunization E-Update, has been updated (attached), and is effective immediately. Major changes include:

- State funded vaccine is now available to all VFC providers without pre-approval or separate order form/storage. All VFC Providers can now provide vaccine for underinsured children. Please refer to the attached matrix for how to correctly mark underinsured children in CHIRP.
- Tdap availability has been expanded for adults receiving vaccine at a LHD.
- Td has been added for adults, but eligibility has changed from the previous policy.

- MMR has been added for adults.
- HPV has been added for adult females ages 19-26. They must begin the series before 12/31/2009 to be eligible. HPV vaccine funding is limited and eligibility may change at the end of 2009. This may continue into 2010 if funding remains available.

The official Vaccine Eligibility Policy (III-04) has been updated to reflect the Vaccine Eligibility Matrix. If you have a copy of the previous version (dated January 1, 2008), please discontinue use of this policy, as well as the Vaccine Eligibility Matrix dated March 2009.

If you are not a CHIRP user and the child is underinsured, please leave eligibility blank on the Private Provider Tally Sheet.

If you have any questions regarding the Vaccine Eligibility Policy, please contact us at immunize@isdh.in.gov or (800) 701-0704.

[Back to top](#)

Important Changes to Shipments

Boxes used to ship vaccines to providers will be changed beginning June 22, 2009. McKesson has conducted extensive testing to ensure that the new boxes will provide the same level of temperature control and protection of vaccines as the boxes being used now. Effective June 22, 2009: You are also asked to **discontinue** empty box returns to McKesson.

- We recommend that you keep enough boxes for expired vaccine returns or transport to your backup storage facility in the event of a power or mechanical failure.
- We encourage you to recycle the boxes through local recycling programs and support environmentally-friendly communities.

[Back to top](#)

Receiving Vaccine Shipments from McKesson Procedure Change

Shipping boxes containing publicly provided vaccines must be opened and inspected immediately after receipt. Check all vaccines, enclosed temperature monitors and shipping invoices. If vaccines have been compromised or if the temperature monitors are out of range, the provider must report the incident in order to receive proper vaccine reimbursement and credit.

The most recent modification to the McKesson contract permits providers with **vaccine viability concerns** to contact McKesson directly using a dedicated vaccine viability phone line. Instructions for calling this dedicated phone line are included on the updated temperature monitors that McKesson plans to begin using June 1, 2009. The text of both temperature monitors attached.

ISDH requests providers contact the vaccine viability phone line, **877-TEMP123** (877-836-7123), directly in order to assure that calls are received by McKesson within the contractual **two-hour** window. After contacting the vaccine viability phone line at McKesson, please notify ISDH of the viability concern and any additional information provided by McKesson. This will ensure that McKesson is notified within the required two-hour window and that ISDH is informed of the situation promptly.

If you have a vaccine viability concern not related to the receipt of a new vaccine shipment, please contact your AFIX representative for assistance.

[Back to top](#)

New Eligibility Regarding Twinrix™

For several months now, we have been promoting the availability of the hepatitis A/hepatitis B vaccine called Twinrix™ to Local Health Departments via the 317 Twinrix™ Initiative. We have recently received federal funding in order to promote the availability and use of this combination hepatitis A/hepatitis B vaccine. Unlike the single antigen hepatitis A and hepatitis B vaccines, this resource for the combination vaccine Twinrix is readily available.

In order to promote the use of the increased supply of Twinrix™, we have expanded the Eligibility Requirements on the matrix located at https://chirp.in.gov/chirp_files/docs/VFC%20Eligibility%20Documentation%200609.pdf. The combination hepatitis A/hepatitis B vaccine is the suggested vaccine for an adult with the following indications:

- Emergency, healthcare, sanitation, school or daycare personnel
- Adult student who is required to have the vaccine for school requirements
- Adult with hepatitis C, clotting factor disorders, receiving dialysis, is immunosuppressed, has
- chronic liver disease, or is awaiting a liver transplant
- Hepatitis B surface antigen positive women
- Household and sexual contacts of hepatitis B surface antigen positive women
- Men who have sex with men
- Adult who uses illegal drugs
- Adult client of a Sexually Transmitted Disease (STD) clinic

- Any 19 year old who began the series under VFC/State Funded

If you would like to join, or if you are unsure if your Health Department is signed up, please contact Alexander ThurdeKoons at althurdekoos@isdh.in.gov in order to enroll.

[Back to top](#)

Frequently Asked Questions Regarding Twinrix™

My adult patient has hepatitis C and has already received 3 doses of hepatitis B vaccine. Should he be vaccinated against hepatitis A? Is it safe to use Twinrix™ to vaccinate him against hepatitis A?

Yes. Your patient is at high risk for complications if he contracts hepatitis A and should receive hepatitis A vaccine. The Indiana State Department of Health currently has grant funding from the CDC for combination hepatitis A/hepatitis B vaccine (Twinrix™) for adults. This vaccine can be used for adults who are at risk for hepatitis A, hepatitis B, or both, including adults who have already started or completed a vaccine series for either hepatitis A or hepatitis B. Although your patient has already completed the vaccine series for hepatitis B vaccine, you may safely use Twinrix™ to vaccinate him against hepatitis A.

How many doses of Twinrix™ does he need?

Each dose of Twinrix™ contains an adult dose of hepatitis B vaccine and a pediatric dose of hepatitis A vaccine. An unvaccinated adult requires 3 doses of Twinrix™ to be fully vaccinated against BOTH hepatitis A and hepatitis B. In the previous case, the patient has already been fully vaccinated against hepatitis B. He will need 3 doses of Twinrix to receive full protection against hepatitis A.

In the past, I was told to give 2 pediatric doses to my at risk adult patients. Can I still do this?

No. There is currently a shortage of pediatric hepatitis B vaccine. Please do NOT give pediatric hepatitis B vaccine to adults. Through ISDH's special Twinrix™ initiative, you may use Twinrix™ to vaccinate any adult who is considered "at risk" for hepatitis B and/or hepatitis A.

Is it safe for someone already infected with hepatitis B to receive Twinrix™?

Yes! Giving Twinrix™ to someone already infected with hepatitis B is safe. The presence of any hepatitis infection is NOT a contraindication to receiving Twinrix™. A person with any type of hepatitis, or liver inflammation, is at high risk for serious complications if infected with hepatitis A or B virus. Please make sure your patients with hepatitis are fully vaccinated.

If my patient has already received single antigen hepatitis B and hepatitis A vaccine, can I complete the series with Twinrix™?

Yes. The following table will help you determine how many doses of Twinrix™ your patient needs to complete both vaccine series.

Number of previously administered valid vaccine doses*	Doses of Twinrix™ required to complete both series
1 Hep A and 1 Hep B	2
1 Hep A and 2 Hep B	2
2 Hep A and 1 Hep B	2
2 Hep A and 2 Hep B	1
2 Hep A and 3 Hep B	0

*If a patient has received zero (0) Hepatitis A doses, they need three (3) Twinrix™ doses regardless of the number of Hepatitis B doses they have received. If a patient has received zero (0) Hepatitis B doses, they need three (3) Twinrix™ doses regardless of the number of Hepatitis A doses they have received.

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

[Back to top](#)

Vaccine Storage Equipment

General Requirements

Vaccine storage units must be selected carefully and used properly. Refrigerators without freezers, and stand-alone freezers, may be better at maintaining the required temperatures. However, a combination refrigerator/freezer unit sold for home use is acceptable for vaccine storage if the refrigerator and freezer compartments each have a separate external door.

Any refrigerator or freezer used for vaccine storage must

- Be able to maintain required vaccine storage temperatures year-round;
- Be large enough to hold the year's largest inventory;
- Have a certified calibrated thermometer inside each storage compartment;
- Be dedicated to the storage of vaccines. Food and beverages should not be stored in a vaccine storage unit because this practice results in frequent opening of the door and destabilization of the temperature.

Backup Equipment

No piece of vaccine storage equipment is infallible. At some point, equipment failure will occur because of a power failure, breakdown, or normal wear and tear. Vaccine security requires that these failures be anticipated and that backup equipment and backup plans be available.

Equipment Logbooks

Consider keeping a logbook for each piece of cold chain storage equipment. This logbook should contain records indicating the serial numbers of each piece of equipment, the date each piece of equipment was installed, the dates of any routine maintenance tasks (such as cleaning), the dates of any repairs or servicing, and the name of the person performing each of these tasks. This logbook is also an ideal place to keep the instructions that came with the equipment.

Equipment Placement Recommendations

Good air circulation around the vaccine storage unit is essential for proper heat exchange and cooling functions. The unit should be placed in a well-ventilated room and should have space around the sides and top. If the unit has coils on the back, the CDC recommends leaving at least 4 inches (10 cm) of space between the grid or coils and the wall. If there are no coils on the back, the CDC recommends you still keep the unit at least 4 inches (10 cm) away from the wall to allow air circulation. Nothing should be blocking the cover of the motor compartment, which is normally located at the back or the side of the unit. CDC recommends that the unit stands firmly and level and that the wheels or leveling legs are adjusted so that the bottom of the unit sits 1 to 2 inches (2.5 to 5 cm) above the floor.

Recommended Temperature Range

Refrigerator

The refrigerator compartment should maintain temperatures between 35° and 46°F (2° and 8°C). The temperature should never fall below 35°F (2°C) or rise above 46°F (8°C). Therefore, CDC recommends you set the temperature mid-range to achieve an average of about 40°F (5°C). This temperature setting will provide the best safety margin.

Freezer

The freezer compartment should maintain an average temperature of 5°F (-15°C) or colder.

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/storage_equipment.htm.

[Back to Top](#)

Delegation Of Authority Update

We now have 67 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.

[Back to Top](#)

HRSA Accepting Applications for Loan Repayment

The Health Resources and Services Administration is now accepting new applications to support loan repayment for bonafide educational debt for primary care medical, dental and certain behavioral/mental health clinicians who want to work at National Health Service Corps (NHSC) sites. In exchange for the loan repayment assistance, clinicians serve for two years with the Corps. The new funds, totaling almost \$200 million, are expected to support about 3,300 clinicians that will serve in health centers, rural health clinics and other health outpatient/ambulatory care sites that care for uninsured and underserved people.

HRSA is encouraging fully trained primary health care clinicians who are dedicated to working with the underserved and have qualifying educational loans to apply for this opportunity. In addition to an initial award of up to \$50,000 for loan repayment, each clinician receives a competitive salary and a chance to have a significant impact on a community. Primary health care clinicians interested in applying for the NHSC loan repayment program should visit <http://nhsc.hrsa.gov>.

[Back to Top](#)

Upcoming Events

June 12, 2009; 9:30am - 11:30am; CHIRP User Group Meeting

Kings Daughter's Hospital & Health Systems, Madison, IN

June 12, 2009; 1:30pm - 3:00pm; Introduction to CHIRP Training

Kings Daughter's Hospital & Health Systems, Madison, IN

June 26, 2009; 8:30am - 12:00pm (EST); Immunizations from A to Z

Good Samaritan Hospital, Vincennes, IN [Click here for registration form.](#)

August 25-26, 2009

Epidemiology & Vaccine Preventable Disease Training Course

Presented by the Centers for Disease Control & Prevention

Renaissance Hotel, Carmel, IN

Registration information coming soon!

[Back to Top](#)

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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.
