Vaccine Order Update

All Centers for Disease Control and Prevention (CDC) funded pediatric vaccine contracts expired this week. The last day we could enter orders was Wednesday, March 26. The new contracts will be entered April 1 and we should be able to start entering orders at that time.

Please remember, according to the order cycles, the only providers ordering from March 25 through April 5 are those on the “Monthly” and “As Is” order cycles.

Vaccine Issues

- If your practice selects a new contact person, please notify us by contacting Laura or Judy at 800-701-0704 so we can reflect the change on your provider record. If your practice selects a new primary physician please also contact us. We will provide you with forms to update your profile and a new agreement to be signed by the primary physician. Vaccine orders submitted with the doctor’s name crossed off and a new one written in will not be processed until the new agreement is in place.

- Providers should not attempt to build inventory or giving booster doses of Hib to healthy children aged 12-15 months at this time due to the limited availability of Pedvax and ActHIB. The interim recommendation to defer the 12-15 month booster dose is still in effect.
- If you receive a vaccine shipment that does not appear to be correct **DO NOT RETURN THE VACCINE TO MCKESSON OR TO ISDH.** This could cause the vaccine to be wasted, an expense that your clinic may be held responsible for. Please treat the vaccine as you would a normal shipment. Properly refrigerate the vaccine, put the ice packs in the freezer, and call Judy or Laura at 800-701-0704. We will arrange for appropriate redistribution of that vaccine, if requested.

**State Vaccine Orders**

Providers can determine if an arriving order is their State Funded Vaccine by looking at the order date on the invoice. All State Funded Vaccine is ordered on the 25\textsuperscript{th} of the month. The March invoice order date for State Funded Vaccine will read either March 25 or March 26.

**Vaccine Information Statement (VIS) Documentation Requirement**

Federal law requires all adult patients or parents/legal representatives of minor children be given the appropriate Vaccine Information Statement (VIS) for each dose of vaccine administered. Federal law also requires immunization providers to record the date the VIS was given in the patient’s medical record. Be sure to also record the edition date of the VIS in the patient’s medical record, as per the federal requirement.

**Advisory Council on Immunization Practices (ACIP) Provisional Recommendations for the Prevention and Control of Influenza**

**Date of ACIP vote:** February 27, 2008  
**Date of posting of provisional recommendations:** March 21, 2008  
**Tentative date of publication of recommendations in CDC Morbidity and Mortality Weekly Report:** June 2008  
On February 27, 2008, the ACIP made new recommendations for use of influenza vaccine for the 2008-2009 influenza season.  
**New provisional recommendations for the prevention and control of influenza (2008-2009 influenza season):**

- Annual vaccination for all children aged 6 months--18 years is recommended. Annual vaccination of children aged 6 months—59 months should continue. If feasible, annual vaccination of all children aged 5 years--18 years should begin in 2008 when the vaccine for the 2008-2009 influenza season becomes available.  
- Annual vaccination for all children aged 6 months--18 years should begin no later than during the 2009-2010 influenza season.  
- Persons at higher risk of influenza complications because of underlying medical conditions, children aged 6 months--23 months, and persons aged >49 years should receive TIV. Either trivalent inactivated influenza vaccine (TIV) or live, attenuated influenza vaccine (LAIV)
should be used when vaccinating persons aged 2--49 years who do not have medical conditions that put them at higher risk for influenza complications.

- Children aged 6 months—8 years should receive 2 doses of influenza vaccine (doses separated by ≥4 weeks) if they have not been vaccinated previously at any time with at least one dose of either LAIV or TIV.
- Clinicians and immunization program staff should screen for possible reactive airways diseases when considering use of LAIV for children aged 2--4 years, and should avoid use of this vaccine in children with asthma or a recent wheezing episode. The ACIP has previously provided recommendations on screening for possible reactive airways diseases in children aged 2—4 years (http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5646a4.htm).
- Recommendations for annual vaccination of persons in other age or risk groups were not changed, and can be found in Prevention and Control of Influenza: Recommendations of the ACIP, 2007. (http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5606a1.htm).
- The 2008–2009 trivalent vaccine virus strains are A/Brisbane/59/2007 (H1N1)-like, A/Brisbane/10/2007 (H3N2)-like, and B/Florida/4/2006-like antigens. All three strains are different from the 2007-2008 Northern Hemisphere influenza vaccine.
- The antiviral medications recommended for chemoprophylaxis or treatment of influenza (oseltamivir or zanamivir) have not changed for the 2008-2009 influenza season and can be found (http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5606a1.htm).

This page is located at: http://www.cdc.gov/vaccines/recs/provisional/default.htm

Frequently Asked Question: Vaccines For Children (VFC) and Record Keeping

Question:
How long should VFC records be retained by a provider?

Answer:
At minimum, the VFC program provider records must be kept for a period of three (3) years after service to the patient has been completed unless state law/policy establishes a longer archival period. Each state may have different rules regarding the retention of medical records, especially medical records of minor children. The two key agencies to check with regarding record retention rules are the state licensing board and/or the Secretary of State.

Question:
Is a faxed signature on the VFC Provider Enrollment form adequate for our records?

Answer:
If a VFC staff member is unable to obtain the provider’s signature on the enrollment forms during the initial VFC enrollment site visit, then a signature on the faxed copy of the provider enrollment forms is acceptable for the VFC program records.
**Children and Hoosiers Immunization Registry Program (CHIRP) Tip**

When exiting CHIRP, always use the log-out function. If you close your browser window without logging out, you may not be able to log back in for 15 minutes.

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**CHIRP Informational Sessions – New This Year!**

CHIRP Informational Sessions are designed for NON-CHIRP users interested in learning more about the benefits of using CHIRP in their facility or practice. The agenda includes A) What is CHIRP; B) Benefits of using CHIRP; C) CHIRP’s role in State Funded vaccine; and D) How to enroll in CHIRP.

March 31, 2008
1:00pm – 2:30pm EST
Clarian Arnett South
Greenbush Clinic
2600 Greenbush St
Lafayette, IN 47904

**CHIRP User Group Meeting – For Current CHIRP Users**

This session is designed for CURRENT CHIRP users who are interested in learning about upcoming changes or who have specific questions regarding CHIRP usage. The agenda includes A) System Status; B) Current Issues; C) Upcoming Changes; D) Training – State Funded vaccine management and eligibility; E) Monitoring Data Quality; and F) Questions/Answers

Call (888) 227-4439 or go to the CHIRP.IN.GOV to register.
March 31, 2008
9:30am – 11:30am EST
The Kathryn Well Center
415 N 26th St
Lafayette, IN 47904

Both the South Bend CHIRP User Group Meeting and South Bend CHIRP Informational Session scheduled for April 8, 2008 have been cancelled.

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**Contact Us**

For questions and comments, please contact the ISDH Immunization Program at:
Immunize@ISDH.IN.gov or 800-701-0704.