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Immunization Program
2 N. Meridian St.
Indianapolis, IN 46204

Phone: (800) 701-0704
E-mail:
immunize@isdh.in.gov

Hib Vaccine Supply Update

In December 2007, Merck announced a recall of Hib vaccine and temporarily stopped selling the vaccine in the U.S. market as they changed the manufacturing processes. Merck had anticipated the Hib vaccine returning to the U.S. market in late 2008, however additional changes require regulatory filing with the FDA. **This will delay the return of the Merck Hib vaccine to mid-2009.**

In response to the resulting decrease in the Hib vaccine supply, CDC changed the recommendation for Hib vaccination to defer the booster dose given at 12 to 15 months because it was unlikely that there would be adequate supplies of vaccine to fully vaccinate all children with Hib vaccine. Further recommendations included:

- Providers should continue to start and complete the primary series for infants.
- Providers should temporarily defer the routine Hib vaccine booster dose given at 12-15 months of age except for specific high-risk groups, who should continue to receive the full vaccination series and the booster dose.
- Children at increased risk for Hib include: children with sickle cell disease, leukemia and malignant neoplasms, HIV and certain other immunocompromising conditions, asplenia, as well as American Indian and Alaska Native children. Vaccinating these children with the full schedule including a booster dose is a high priority.
- Providers should register and track children in whom the booster dose is deferred to facilitate recalling them for vaccination when supply improves.

CDC is also working with sanofi pasteur to review their current Hib vaccine supply in an effort to have sufficient Hib doses (ActHIB and Pentacel) to cover the 3 dose series through mid-2009.

Note: If you currently have a supply of TriHibit, please use it up. Do not allow TriHibit to expire in your refrigerator because of the temporary deferral.

If you need additional TriHibit, contact ISDH. We currently have a supply available that expires on 11/25/08.

IHCP Medicaid Banner

IHCP Medicaid is preparing a banner to run in the upcoming weeks regarding using private stock flu vaccine for VFC eligible children. Look to their website for future information. IHCP Banners are available at http://www.indianamedicaid.com/ihcp/Publications/banner_results.asp.

Best Practice October 2008 - Goshen Hospital, Birthing Unit Screening for VFC Eligibility

When Goshen Hospital decided to enroll in the VFC program, they, like all hospitals, faced the challenge of how to screen babies for eligibility when the patient's financial information is not readily available to nursing staff.

To address this critical requirement of the VFC program, they revised their Hepatitis B consent form to gather this information. As the nursing staff member reviews the Hepatitis B birth dose consent form with the parent, the question of insurance coverage and VFC eligibility criteria is determined and the appropriate check-box is marked. The nurse then requests the appropriate category of vaccine be sent from the pharmacy. This process fully complies with VFC requirements for both screening and documentation of screening.

Goshen Hospital staff have worked together to be able to offer VFC vaccine to their patients. The pharmacy utilizes CHIRP inventory management, the nursing staff does patient education, vaccination and documentation, and the birth certificate clerks enter the vaccines administered into CHIRP. Additionally, Goshen Hospital staff has demonstrated a commitment to best practices by deciding to enter ALL new births at their hospital into CHIRP, even if the parent declines the Hepatitis B birth dose.

For more information on how to incorporate screening for VFC Eligibility into your Hepatitis B consent form like Goshen Hospital, please contact April Bailey at 317-233-6923 or abailey@isdh.in.gov.

Weekly Influenza Vaccine Availability Update

Fluzone .50, SD syringe	Weekly Allocation	All Doses Committed
FluMist	No Longer Available	All Doses Committed

Influenza vaccine orders will continue to be shipped to providers as vaccine becomes available at the McKesson warehouse from the manufacturers. Providers may receive multiple shipments of influenza vaccine through-out the influenza season.

Borrowing VFC Vaccine

According to VFC Program Operations Guidelines, borrowing VFC vaccine to administer to a non-VFC eligible patient can occur only in rare unplanned situations.

- Borrowing of VFC Vaccine should occur only when there is lack of private-stock vaccine due to **unexpected** circumstances such as a delayed vaccine shipment, vaccine spoiled in-transit to provider, or new staff that calculated ordering time incorrectly.
- Each time a VFC vaccine is borrowed, the provider **must** complete the VFC Vaccine Borrowing Report form. (Available at <http://www.cdc.gov/vaccines/programs/vfc/downloads/vfc-op-guide/07-module-3.pdf> (Pages 11-12))
- Once the borrowed VFC vaccine is replaced with private stock vaccine, the date should be entered on the form and sent to the ISDH immunization program. Keep the original form in your VFC records.

Note: If a provider borrows privately purchased vaccine to administer to a VFC-eligible child due to a situation where no VFC vaccine is available, it is not necessary for a provider to document that borrowing or replacement on the CDC form. The provider may want to consider developing a method of record keeping for this type of borrowing to ensure that the private-stock vaccine is replaced or if questions arise about use of VFC vaccine.

Reminder on Where to Return Expired/Wasted Vaccines

All expired or spoiled vaccines should be returned to McKesson. GIV is no longer the distributor for the VFC Program and the program must pay for shipping each time a return is sent to GIV. Please dispose of all GIV return labels and three part forms. If you do need to return any vaccine, use the return label as indicated on this box or contact the Immunization Program at 1-800-701-0704 for the return vaccine form/incident report form and the correct return labels. **DO NOT SEND ANY VACCINE TO ISDH.**



Vaccine Storage and Handling - Prefilling and Storage of Syringes

Question: How long is a vaccine dose viable if it has been stored in the refrigerator in a syringe drawn up by staff?

Answer: There is inadequate data to answer this question. Disposable syringes are meant for administration of immunobiologics, not for storage. The National Center for Immunization and Respiratory Diseases (NCIRD) strongly discourages prefilling syringes and has identified the following problems associated with this practice:

- Once vaccine is inside the syringe, it is difficult to tell which vaccine is which; this may lead to **administration errors**.
- Prefilling syringes leads to **vaccine wastage** and increases the risk of vaccine **storage under inappropriate conditions**.
- Most syringes are designed for immediate administration and not for vaccine storage. **Bacterial contamination and growth** can occur in syringes you prefill with vaccines that do not contain bacteriostatic agents, such as the vaccines supplied in single-dose vials.
- No stability data are available for vaccine stored in plastic syringes. Vaccine components may interact with the plastic syringe components with time and thereby **reduce vaccine potency**.
- Finally, prefilling syringes is a violation of medication administration guidelines, which state that an individual should only administer medications s/he has prepared and drawn up. This is a **quality control and patient safety problem** because if you do not draw up the vaccine yourself, you cannot be sure of the composition and sterility of the dose you are administering.

Because of the lack of data concerning the stability and sterility of vaccine stored in syringes prefilled by providers and because of the other reasons just listed, NCIRD recommends that vaccines drawn into syringes be discarded at the end of the clinic day, and recorded as “wasted vaccine.” This does not apply to manufacturer-supplied prefilled glass syringes.

In certain circumstances, such as a large influenza clinic, more than one syringe can be filled. One person should prefill only a few syringes at a time, and the same person should administer them. Any syringes left at the end of the clinic day should be discarded. **Please be aware of these issues as you begin to plan and implement your upcoming Influenza Clinics.**

Under no circumstances should **MMR, varicella, or zoster vaccines** ever be reconstituted and drawn prior to the immediate need for them. These live virus vaccines are unstable and begin to deteriorate as soon as they are reconstituted with diluent.

CHIRP Informational Sessions

CHIRP Informational Sessions are designed for **NON-CHIRP** users interested in learning more about the benefits of using CHIRP in their facility or practice.

Call (888) 227-4439 or go to CHIRP.IN.GOV to register.

November 6, 2008
1:00 pm —3:00 pm

Putnam County
Putnam County Hospital
1542 South Bloomington St.
Greencastle, IN 46135

CHIRP User Group Meeting

This session is designed for **CURRENT CHIRP** users who are interested in learning about upcoming changes or who have specific questions regarding CHIRP usage.

Call (888) 227-4439 or go to CHIRP.IN.GOV to register.

November 6, 2008
9:30 am —11:30 am

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Putnam County Hospital
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CHIRP Tip

When entering patient demographics always use legal first name and legal last name.

If the patient has a nickname, place that in the Alias First Name or Alias Last Name field. If the patient’s legal name is Robert Maurice Wilson, but goes by Rocky Wilson, put his legal name in the first and last name fields, and Rocky in the alias first name field. He will appear on the search screen whether you search for Robert Wilson or Rocky Wilson.