



Immunize Utah

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Utah Department of Health Immunization Program

Fall 2007

2007-2008 ACIP Recommendations

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Intermountain Healthcare

The Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) publishes yearly recommendations for influenza vaccine administration. The details of their recommendations for the 2007-2008 influenza season were published June 29, 2007, and can be found at <http://www.cdc.gov/mmwr/PDF/rr/rr5606.pdf>.

The 2007-2008 recommendations include the following principal changes or updates:

- ACIP reemphasizes the importance of administering two doses of vaccine to all children aged 6 months - 8 years if they have not been vaccinated previously, and makes a **NEW recommendation** that children aged 6 months - 8 years who received **only one dose in their first year** of vaccination receive **two doses the following year**. This pertains to both injectable TIV and FluMist CAIV-T.
- There is no tiered recommendation this year. **All persons**, including school-aged children, who want to

reduce the risk of becoming ill with influenza or of transmitting influenza to others should be immunized.

- Immunization providers should offer influenza vaccine and schedule immunization clinics **throughout the influenza season** (through March 08).

- It is important for the safety of patients that health-care personnel be vaccinated.
- Two of the 2007-2008 trivalent vaccine strains are the same as last year: A/Wisconsin/67/2005 (H3N2)-like, and B/Malaysia/2506/2004-like viruses. One strain is new: A/Solomon Islands/3/2006 (H1N1)-like.

Vaccine Administration

On December, 1, 2006, the ACIP also updated recommendations regarding vaccine administration, including influenza vaccine administration. Vaccine administrators should be sure to conduct twice daily temperature checks of refrigerators and freezers, and follow new needle length criteria below. The Immunization Action Coalition (IAC) has put together a helpful review sheet of the new needle length recommendations at: <http://www.immunize.org/catg.d/p3085.pdf>.



For most individuals who are given injectable influenza vaccine, the needle length should be at least 1". Females 200+ lbs and males 260+lbs should be given vaccine with a 1½" needle. When longer needles are used, the vaccine is more likely to be given in the muscle rather than subcutaneously, which leads to better efficacy and a lower risk of localized reaction.

Flu Mist

CAIV-T (FluMist) is now refrigerated rather than frozen and is given in a smaller dose: 0.1 mL per nostril rather than the 0.25 mL dose per nostril indicated last year.

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JAMA Study Concludes that Current Vaccine Financing System Results in Gaps for Underinsured U.S. Children

Article abstract reprinted from *Immunization Action Express (IAC) newsletter*, #678, August 13, 2007.

Context: The number of new vaccines recommended for children and adolescents has nearly doubled during the past 5 years, and the cost of fully vaccinating a child has increased dramatically in the past decade. Anecdotal reports from state policy makers and clinicians suggest that new gaps have arisen in financial coverage of vaccines for children who are underinsured (i.e., have private insurance that does not cover all recommended vaccines). In 2000, approximately 14% of children were underinsured for vaccines in the United States.

Objectives: To describe variation among states in the provision of new vaccines to underinsured children and to identify barriers to state purchase and distribution of new vaccines.

Design, Setting, and Participants: A 2-phase mixed-methods study of state immunization program managers in the United States. The first phase included



1-hour qualitative telephone interviews conducted from November to December 2005 with nine program managers chosen to represent different state vaccine financing policies. The second phase incorporated findings from phase 1 to develop a national telephone and paper-based survey of state immunization program managers that was conducted from January to June 2006.

Main Outcome Measures: Percentage of states in which underinsured children are unable to receive publicly purchased vaccines in the private or public sectors.

Results: Immunization program managers from 48 states (96%) participated in the study. Underinsured children were not eligible to receive publicly purchased meningococcal conjugate or pneumococcal conjugate vaccines in the private sector in 70% and 50% of states, respectively, or in the public sector in 40% and 17% of states, respectively. Due to limited financing for new vaccines, 10 states changed their

policies for provision of publicly purchased vaccines between 2004 and early 2006 to restrict access to selected new vaccines for underinsured children. The most commonly cited barriers to implementation in underinsured children were lack of sufficient federal and state funding to purchase vaccines.

Conclusions: The current vaccine financing system has resulted in gaps for underinsured children in the United States, many of whom are now unable to receive publicly purchased vaccines in either the private or public sectors. Additional strategies are needed to ensure financial coverage for all vaccines, particularly new vaccines, among this vulnerable population.

To access the article abstract from the JAMA website, go to: <http://jama.ama-assn.org/cgi/content/abstract/298/6/638>

To access the editorial extract (first 150 words of the editorial) from the JAMA website, go to: <http://jama.ama-assn.org/cgi/content/extract/298/6/680>

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Influenza Recommendations-Latest ACIP Recommendations

Future:

The CDC is predicting the following schedule for ACIP to expand age recommendations influenza immunizations:

2008-2009

- Consider expansion for ages 6 months -18 years. The recommendation may be submitted in the October 2007 ACIP meeting.

2010-2011

- Consider expansion to household contacts and caregivers of school age children.

2012-2013

- Consider expansion to all ages.

2006 National Immunization Survey Results

Rebecca L. Ward, BS
Utah Immunization Program

Childhood Immunization Levels

Utah's ranking for childhood immunization levels improved from 41st place in 2005 to 20th place in 2006, according to the 2007 National Immunization Survey (NIS), published in the MMWR on August 31, 2007. The NIS revealed that 78% of children in Utah have received the recommended immunization series by two years of age (19-35 months), placing Utah slightly above the national average of 77%. In 2005, Utah's levels were reported at 68.1%.

The recommended series (4:3:1:3:3:1) includes:

- ≥ 4 doses of diphtheria, tetanus, pertussis (DTaP) vaccine
- ≥ 3 doses of polio vaccine
- ≥ 1 doses of measles, mumps, rubella (MMR) vaccine
- ≥ 3 doses of haemophilus influenzae type b (Hib) vaccine
- ≥ 3 doses of hepatitis B vaccine, and
- ≥ 1 doses of varicella (chickenpox) vaccine.

Prior to 2005, varicella data were not reported as part of the recommended immunization series (4:3:1:3:3).

This improvement can be attributed to several factors, including:

- a strong emphasis on provider education about immunizing children on a consistent schedule;
- increased provider enrollment in the Utah State-wide Immunization Information System (USIIS), a computerized system that maintains children's immunization histories; (28% increase in the last 1½ years);
- continued provider enrollment in the Vaccines for Children (VFC) Program, a federally funded program that provides low-cost or no-cost vaccines to eligible children birth to 18 years of age;
- increased access to immunizations throughout the state, including expanding sites for the mobile immunization clinic, Care-A-Van, and;
- increased public education and tools, such as the online immunization reminder system that reminds parents to immunize their children on schedule.

Ongoing efforts continue in the areas of provider education, provider enrollment in USIIS and VFC, public awareness and education and increased access to immunizations to ensure Utah's children are adequately immunized.

Visit http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5634a2.htm?s_cid=mm5634a2_e to read more about childhood immunization levels.

Adolescent Immunization Levels

In addition to the usual article on children aged 19-35 months, results of the first NIS-Teen survey were also published in a separate MMWR article on the same date.

The NIS-Teen was conducted during the 4th quarter of 2006 using similar methods as the infant NIS. Telephone interviews with more than 5,000 parents or guardians of adolescents aged 13-17 years were completed, and a final sample of 2,882 adolescents with adequate provider data were analyzed. *Only national vaccination coverage estimates were reported.* The NIS-Teen Survey will be repeated during the 4th quarter of 2007, and expanded in 2008 to sample by state and the six urban areas receiving federal immunization grant funds.

Coverage with ≥ 1 dose of either Td or Tdap vaccine after age 10 years was 60.1%. Overall vaccination coverage with Td vaccine was 49.4% and ranged from 35.7% among adolescents aged 13 years to 63.5% among those aged 17 years.

Coverage with ≥ 3 doses of hepatitis B vaccine among all adolescents aged 13-17 years was 81.3%. Coverage was higher among adolescents aged 13-14 years than among those aged 15-17 years.

Overall coverage with measles, mumps, and rubella (MMR) vaccine was also high (86.9%), with no substantial differences by age.

Nearly three fourths (69.9%) of adolescents had a history of varicella disease (by a parental report or provider history). Among adolescents without a

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USIIS USER TIPS

USIIS User Tip 1: Reports

Having an old version of Adobe Reader® on a system can cause USIIS reports to not run or to display non-sensical characters. Use the following instructions to install Adobe Reader® version 8.1.

1. Open a Web browser application and enter the address, "<http://www.adobe.com>."
2. Click on the **Get Adobe Reader** button in the "Solutions and products" section.
3. A download screen will display.
4. Make sure you download the latest version for the operating system (OS) on your computer. Select **Choose a different version** if you need to make a different selection.
5. Beneath the "Continue" button, de-select any other software displayed (e.g., Adobe Photoshop®) and click on the **Continue** button.
6. On the next screen that displays, select **click here to download**.
 - a. Select **Run** when prompted "Do you want to run or save this file?"
 - b. Select **Run** when prompted "Do you want to run this software?"
7. When prompted, select **Install** and **Finish**.

USIIS User Tip 2: Data

One of the biggest concerns in USIIS is "possible" data (data that is almost a match to an existing patient but not quite). The technical team is working on a solution to this problem, but you can also help. One way you can help is with careful use of the "Add New Pat." button. A "possible" is created when a record is added and during the loading of this patient, the computer finds that the patient entered as "J.C. Alexander" is a close match to



"James C. Alexander" (the original USIIS record taken from the birth certificate). The computer then places both patients in the "possible table" to be sorted by USIIS staff later. This can be a labor intensive search due to the thousands of records in the possible table.

To avoid creating a "possible," please take a little extra time when you search for a patient. If you don't find the patient in the "USIIS Search Results," check the spelling of the name and the birth date. If they are correct, check them against other records that contain the patient name. Another option is to ask the parent if the name you are entering is the name on the birth certificate or a nickname, or if there is an additional space or a hyphenated last name. If you have tried everything to search for this person and get no results, *then* you should add a new patient to the USIIS database. Remember that it should be rare to NOT find a child under the age of six. Every child born in Utah in the last six years was entered with his/her birth certificate name.

USIIS User Tip 3: Help Desk

Are you having trouble entering or obtaining patient information in USIIS? Does an error message pop up every time you try to save? Have you forgotten your password? If you answer yes to any of these questions or others you have hesitated to ask, call the Remedy Help Desk. The numbers to call are: 801-538-3440 and 1-800-678-3440. Press option #5 to talk to a live person. When you call the Help Desk for the first time, you will be asked several questions such as your name, telephone number and clinic name so an account can be created. This will make future calls easier and provides USIIS with contact information. When you give the details of the problem to the Help Desk, please mention that the question is regarding USIIS. This information will help direct the call to the right place. Also, make sure you give them all of the important information pertaining to your problem. If it is a patient problem, give the patient's first and last name, date of birth, and the patient ID.

For questions or for more information regarding these user tips, contact the Utah Immunization Program at 801-538-9450.

Vaccine Management Tips

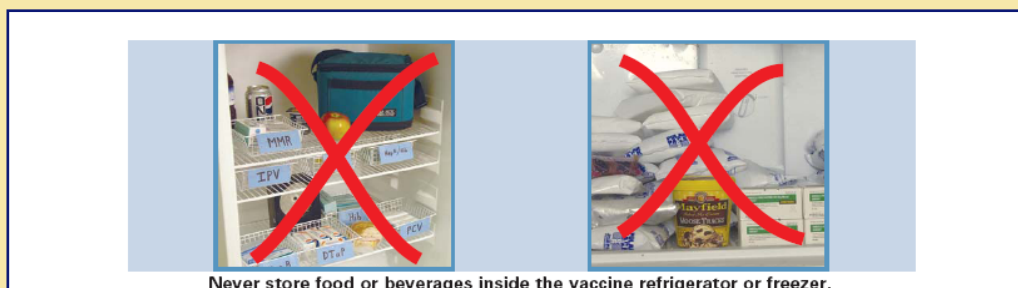
Preventive Measures to Reduce Vaccine Wastage

Vaccine Inventory Control

- Conduct a monthly vaccine inventory
- Avoid stocking excessive vaccine supplies
- Monitor expiration dates
- Rotate stock to ensure the earliest expiration dates are stored in front and used first

Vaccine Storage Techniques

- Remove vegetable bins and replace with jugs of water to stabilize the temperature
- Keep extra cold packs in the freezer
- Store vaccines in the middle of the compartment away from walls, coils, floor and cold air vent
- If vaccines must be stored on the upper shelf, store MMR on this shelf, as it is not sensitive to freeze exposure like refrigerated vaccines



Maintain Electrical Power to Units

- Use a plug guard or safety-lock plug
- Post a warning sign above the plug and power plug and on the unit's door
- Label fuses and circuit breakers
- Install a temperature alarm system



Utah College and Vocational Institution Immunization Recommendations

During May 2007, the Utah Adult Immunization Coalition (UAIC) collaborated with the Utah Department of Health, Immunization Program, to update the College and Vocational Institution Immunization Recommendations. The updated recommendations are based on the Advisory Committee on Immunization Practices (ACIP) immunization recommendations for adolescents and adults and the college recommendations outlined by the American College Health Association (ACHA). These new recommendations reflect the most recent changes for post-high school students, including recommendations for the new meningococcal, tetanus/diphtheria/pertussis and human papillomavirus vaccines.

RECOMMENDED IMMUNIZATIONS*

Measles, Mumps, Rubella, (MMR) - All students born in 1957 or later who do not have documentation of immunity to measles, mumps and rubella are recommended to receive two doses of MMR.

Note: Colleges and other post-high school educational institutions are potential high-risk areas for measles, rubella, and mumps transmission because of large concentrations of susceptible persons. Pre-matriculation vaccination requirements for measles immunity have been shown to significantly decrease the risk of measles outbreaks on college campuses where they are implemented and enforced. **Colleges, universities, technical and vocational schools, and other institutions for post-high school education should require documentation of two doses of MMR vaccine or other acceptable evidence of measles, rubella, and mumps immunity before entry.****

Human Papillomavirus, (HPV) - Routine vaccination of all female students through 26 years of age is recommended.

Meningococcal - College freshmen, particularly those who live in dormitories, are at modestly increased risk for meningococcal disease relative to other persons their age. Non-freshmen college students under 25 years of age may choose to be vaccinated to reduce their risk of meningococcal disease. Others students in 'at-risk' categories should also consider receiving a meningococcal vaccination (see "Summary of College Recommendations for Immunization").

Hepatitis B - The hepatitis B series is recommended for all students through the age of 18 and for any adult wishing immunity. Persons 19 years of age and older in 'at-risk' categories are specifically recommended to receive the hepatitis B series (see "Summary of College Recommendations for Immunization").

Tetanus, Diphtheria, with Pertussis (Tdap) or without Pertussis (Td) - Tetanus, diphtheria and pertussis immunity is recommended for all students 7 years of age and older. Students through the age of 18 are at higher risk for pertussis disease and should consider receiving a Tdap when their next tetanus booster is needed. Students who have close contact with children ≤ 12 months of age are recommended to receive Tdap.

Influenza - Annual influenza vaccination is recommended for all students who live in a dormitory setting, have a chronic illness or other health risk (see "Summary of College Recommendations for Immunization" for 'at-risk' groups), and those wishing to avoid influenza.

Varicella/Zoster - All students ≥ 13 through 59 years of age without evidence of varicella immunity are recommended to be vaccinated. Students through 59 years of age should receive varicella vaccine; those 60 and older should receive zoster vaccine.

Hepatitis A - Hepatitis A is also recommended for 'at-risk' adult groups (see "Summary of College Recommendations for Immunization"). Routine vaccination of students through 18 years of age with hepatitis A is also encouraged.

Polio - Only students traveling internationally to a polio endemic area are routinely recommended to receive vaccination.

*Refer to "Summary of College Recommendations for Immunization" for detailed 'at-risk' categories, dosing and contraindications.

**Recommendation of the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP).

MMWR Notifies Readers of Revised Recommendations to Vaccinate All Persons Ages 11-18 with MCV4 at Earliest Opportunity

CDC published "Notice to Readers: Revised Recommendations of the Advisory Committee on Immunization Practices to Vaccinate All Persons Aged 11-18 Years with Meningococcal Conjugate Vaccine" in the August 10, 2007 issue of MMWR. Portions of the notice recently published in the Immunization Action Coalition (IAC) Express newsletter, #678, August 13, 2007 are reprinted below.

In January 2005, a quadrivalent meningococcal polysaccharide-protein conjugate vaccine (MCV4) Menactra, sanofi pasteur, Inc., Swiftwater, Pennsylvania) was licensed for use among persons aged 11-55 years. In May 2005, the Advisory Committee on Immunization Practices (ACIP) recommended routine vaccination with one dose of MCV4 for persons aged 11-12 years, persons entering high school (i.e., at approximately age 15 years) if not previously vaccinated with MCV4, and other persons at increased risk for meningococcal disease, including college freshmen living in dormitories. Background information regarding meningococcal disease and the vaccine, including a discussion of duration of protection and use of the vaccine for outbreak control, has been published previously.

In June 2007, the ACIP revised its recommendation to include routine vaccination of all persons aged 11-18 years with one dose of MCV4 at the earliest opportunity. Persons aged 11-12 years should be routinely vaccinated at the 11-12 years health care visit as recommended by the ACIP. The ACIP continues to recommend routine vaccination for persons aged 19-55 years who are at increased risk for meningococcal disease: college freshmen living in dormitories, microbiologists routinely exposed to isolates of *Neisseria meningitidis*, military recruits, travelers to or residents of countries in which *N. meningitidis* meningitis is hyperendemic or epidemic, persons with terminal complement component deficiencies, and persons with anatomic or functional asplenia.

The ACIP goal is routine vaccination of all adolescents with MCV4 beginning at age 11 years. ACIP and partner organizations, including the American Academy of Pediatrics, American Academy of Family Physicians, American Medical Association, and Society for Adolescent Medicine, recommend a healthcare visit for children aged 11-12 years to receive recommended vaccinations and indicated preventive services. This visit is the optimal time for adolescents to receive MCV4. In addition, because the incidence of meningococcal disease

increases during adolescence, healthcare providers should vaccinate previously unvaccinated persons aged 11-18 years with MCV4 at the earliest possible health-care visit. College freshmen living in dormitories are at increased risk for meningococcal disease and should be vaccinated with MCV4 before college entry if they have not been vaccinated previously. Because of difficulties in targeting freshmen in dormitories, colleges may elect to target their vaccination campaigns to all matriculating freshmen. . . .

ACIP encourages healthcare providers to vaccinate with MCV4 throughout the year to minimize seasonal increases in demand during July and August when students prepare to return to school from summer vacation. Vaccine providers should administer MCV4 and Tdap (tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis) vaccine to persons aged 11-18 years during the same visit if both vaccines are indicated and available. If simultaneous vaccination is not feasible (e.g., a vaccine is not available), MCV4 and Tdap can be administered using any order of administration. When making decisions about timing of vaccination, providers should consider that eligibility for the Vaccines for Children Program ends at age 19 years.

Pandemic Influenza Materials Available

The Utah Public Health Laboratory has posted pandemic influenza materials (brochures, pamphlets, checklists, etc.) to its website. Materials are posted under Pandemic Influenza Preparedness at:

<http://health.utah.gov/lab/microbiology/index.html>.



Upcoming Events 2007

Advisory Committee on Immunization Practices (ACIP) Meeting

Date: October 24-25, 2007

Location: CDC, Atlanta, GA

Register online: [www.cdc.gov/vaccines/recs/
ACIP/meetings.htm](http://www.cdc.gov/vaccines/recs/ACIP/meetings.htm)

National Influenza Vaccination Week

Date: November 26-December 1, 2007

Location: Nationwide

Website: www.preventinfluenza.org

Surveillance of Vaccine-Preventable Diseases

Date: December 13, 2007

Location: Broadcast/Webcast

Website: [www.cdc.gov/vaccines/ed/
broadcasts.htm](http://www.cdc.gov/vaccines/ed/broadcasts.htm)

Contact information: Call 800-232-4636.

Coalition Meetings

Northern Utah Immunization Coalition October 2, November 6 and December 4, 2007

Weber County Health Department
477 23rd Street, Ogden; 2:00 p.m.
Call Vener DeFriez at 801-451-3392 for more
information.

Every Child By Two Immunization Coalition October 11, 2007

Utah Department of Health
Salt Lake City, 10:00 a.m.
Call 801-538-9450 for more information.

Greater Salt Lake Immunization Coalition
meets the second Wednesday of every month
at 2001 South State Street, Suite 53800,
Conference Room, Salt Lake City. Call Sally
Dawson at 801-662-1621 for more information.

Southwest Immunization Coalition for Children
meets the second Tuesday every other month at
the Southwest Utah Public Health Department,
168 North 100 East, St. George, 8:00 a.m. Call
Pat Thomas at 435-673-3528 for more
information.

Utah Adult Immunization Coalition meets the
fourth Wednesday of every month at Health-
Insight. 8:00 a.m. Call 801-538-9450 for more
information.

Utah County Immunization Coalition meets the
second Tuesday every other month at the Health
and Justice Building, Room 2800, 151 South
University Avenue, Provo. Call Pauline Hartvigsen
at 801-851-7027 for more information.

USIIS User Group Meetings

Bear River

December 13, 2007 @ 12:45 p.m.
Logan Regional Medical Center

Northern Utah

October 11, 2007 @ 12:30 p.m.
Ogden Regional Medical Center

USIIS Oversight Committee

December 21, 2007 @ 1:00 p.m.
Utah Department of Health

For more information regarding User Group
meetings or to establish a User Group in your
area, please contact Janel Jorgenson at
801- 538-9991.

New Cervical Cancer Prevention Program

As of July 1, 2007, the Utah Department of Health began a public awareness campaign about Human Papillomavirus (HPV) and cervical cancer. The campaign includes facts about HPV, cervical cancer, prevention, screening recommendations and the HPV vaccine. Low-cost HPV vaccine is available at participating providers to women 19 through 26 years of age who have no insurance or have insurance that does not pay for the HPV vaccine.

To learn more about cervical cancer and HPV, locate participating providers, or order patient and provider resources, visit the Utah Cancer Control Program at <http://www.utahcancer.org/prevent/> or call 1-800-717-1811.

Welcome New USIIS Manager

Nancy McConnell began as the new USIIS Program Manager on May 29, 2007. She previously served as product manager for several IT projects in the Utah Department of Technology Services. Nancy will be helping move USIIS forward by focusing on several priority areas, including deduplication of client information and linkage to provider electronic medical records. We welcome her to the Utah Department of Health and the USIIS Program.

Kudos To Providers!



The Utah Immunization Program is pleased to recognize outstanding efforts among Utah providers in immunizing Utah's children. The following rates are based on immunization assessments from May through August 2007 using the Clinic Assessment Software Application (CASA).

For achieving the goal of immunizing 90% or more of two-year-olds with 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B and 1 Varicella:

Colin Kelly MD 94%

For achieving the goal of immunizing 80% or more of two-year-olds with 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, and 1 Varicella:

Louis Borgenicht MD 81%
Tooele County HD 85%
Willowcreek Pediatrics - Draper 84%

For achieving the goal of immunizing 70% or more of two-year-olds with 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B and 1 Varicella:

Alpine Pediatrics - Saratoga Springs 79%
Jordan Valley Pediatrics 71%
Roy Family Medicine 76%
U of U Westridge 70%
Wasatch County HD 76%

history of varicella disease, 65.5% had received ≥ 1 dose of varicella vaccine.

MCV4 vaccination had been received by 11.7% of adolescents aged 13-17 years. The highest coverage was among those aged 15 years (13.9%). Adolescents aged 17 years had the lowest MCV4 coverage (7.1%).

To assess progress in achieving *Healthy People 2010* objectives (which do not include adolescents aged 16-17 years), vaccination coverage was determined only for adolescents aged 13-15 years. Coverage was 84.3% for ≥ 3 doses of hepatitis B vaccine, 88.5% for ≥ 2 doses of MMR vaccine, and 56.7% for ≥ 1 dose of Td or Tdap booster. Coverage was 70.9% for ≥ 1 dose of varicella vaccine among adolescents without a reported history of disease.

To assess receipt of Td or Tdap vaccinations at ages 10-12 years, vaccination coverage was determined for ≥ 1 booster dose by the year in which adolescents reached age 13 years. Receipt of Td or Tdap vaccination increased from 22.7% of children who reached age 13 years in 2002 to 41.7% of children who reached age 13 years in 2006.

Given that the NIS Teen Survey reported only national vaccination coverage, it is difficult to compare Utah's levels to the national average. Additionally, NIS is a provider-based survey, while Utah collects data through a *school-based system*, "School Immunization Assessment Survey (SIAS)." The SIAS measures the percentages of required immunizations among students entering the 7th grade. The following is a brief overview of 2006 results.

Utah requires that students entering the 7th grade have: 1 dose of Tdap or Td vaccine, 3 doses of hepatitis B vaccine, if not already vaccinated, 1 dose of the varicella (chickenpox) vaccine or documented history of the disease, and 2 doses of the measles, mumps, rubella (MMR) vaccine, if not already vaccinated.

Based on Utah's School Immunization Assessment for the 2006-2007 school year, approximately 95% of middle schools reported immunization levels well above 95% for all required vaccinations (Tdap or Td, hepatitis B and varicella).

No data was reported for the meningococcal or HPV vaccines, since they are not required.

The Centers for Diseases Control and Prevention (CDC) recommends the following vaccines for adolescents: tetanus/diphtheria/pertussis (Tdap or Td), measles, mumps, rubella (MMR), hepatitis A, hepatitis B, influenza, chickenpox, meningococcal, and human papillomavirus (HPV).

The Utah Immunization Program supports the CDC adolescent immunization recommendations and encourages providers to give these vaccines during the adolescent check-up at 11-12 years of age or during middle school and high school years.

Tracking adolescent immunizations is challenging. Infants and children routinely receive immunizations during early childhood at scheduled visits to health care providers. Thus, providing a greater tracking mechanism. Adolescents do not "routinely" visit their provider and do not always receive the recommended adolescent immunizations when they do visit.

Ongoing efforts to improve adolescent immunization levels in Utah include: maintaining the 7th grade entry rule, emphasizing school-based vaccination programs, such as the "Vaccinate Before You Graduate" program, public awareness campaign, "Got Vaxed," and provider education.

Visit http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5634a3.htm?s_cid=mm5634a3_e to read more on the NIS-Teen Survey.

New Vaccine for Children (VFC) Forms

Several new and updated VFC forms are now available online at:

http://www.immunize-utah.org/provider/vfc/printable_forms.htm.

Birth Dose Order Form
Flu Vaccine Order Form
Vaccine Order Form
Vaccine Return Form



State of Utah

JON M. HUNTSMAN, JR.
Governor

GARY R. HERBERT
Lieutenant Governor

**Utah Department of Health
Executive Director's Office**

David N. Sundwall, M.D.
Executive Director

A. Richard Melton, Dr. P.H.
Deputy Director

Allen Korhonen
Deputy Director

September 13, 2007

Dear VFC Provider:

I want to thank you for your work to improve childhood immunization levels in Utah. Recently, the 2006 National Immunization Survey data showed that Utah's percentage of fully immunized two-year-old children improved from 68% in 2005 to 78% in 2006. This improvement moved Utah's ranking among the states from 41st place to 20th place, just above the national average.

Your efforts to track children closely and to use all opportunities to get them immunized have contributed to this overall increase in Utah's immunization rates. Your work is not only protecting Utah's children, but is making all of our citizens safer. We look forward to our continued partnership to improve our immunization rates even more in the future. Thanks again for your successful efforts to improve the public's health.

Sincerely,

David N. Sundwall, M.D.
Executive Director



P.O. Box 142001
288 North 1460 West
Salt Lake City, UT 84114-2001

Return Service Requested



Check out our websites!

www.immunize-utah.org
www.usiis.org

Welcome New VFC Providers!

Ashley Valley Family Practice
Cache Valley Community Health Center
Gunnison Family Medicine
Lone Peak Family Medicine
Navajo Mountain Community Health Center
Neurobehavior Home Program
Planned Parenthood - Logan
Planned Parenthood - Ogden
Planned Parenthood - South Jordan
Planned Parenthood - St. George
Planned Parenthood - Utah Valley
Red Cliffs Family Medicine
Seraphine Clinic LLC - Orem
Southpoint Medical