

SPECIAL
POINTS
OF INTEREST

- Health Disparities
Among Utah
Minorities
- Utah Flu
Vaccination
Locator

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Cocooning Infants Against Pertussis

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When you think of “cocooning,” immunization doesn’t usually come to mind. But that is the new term used to identify an immunization strategy for infants. Cocooning is recommended by the Centers for Disease Control and Prevention (CDC) as the only protection against whooping cough available to infants less than six months of age, too young to be protected by their childhood vaccines given at two, four and six months of age. The “cocoon” is created by vaccinating adults, siblings and caregivers who will be in close contact with the infant so the baby is surrounded by people who cannot spread infection. The hope is to see decreasing numbers of infants with pertussis as a result.

Pertussis is commonly called “whooping cough” because of the distinctive whoop or gasping sound an infected person makes when coughing. In rare cases (1 in 100), pertussis can be deadly, especially in infants less than one year of age. Many infants who get pertussis are infected by older siblings, parents, or other caregivers who might not even know they have the disease. In 2008, there were more than 13,000 reported cases, including 18 deaths, from pertussis nationally. Most deaths occur in babies who are too young to be fully vaccinated. Physicians recommend that if the baby is too young to get vaccinated, the next best thing is to ensure that people near the baby are healthy.

In June 2005, the CDC Advisory Committee on Immunization Practices (ACIP) began recommending the routine use of Tdap vaccines in adolescents aged 11-18 years in place of one dose of the Td vaccine. Beginning with the 2007-2008 school year, Tdap vaccine became a requirement for Utah students entering seventh grade instead of the Td booster dose.

To provide a cocoon of protection, parents, grandparents, teenage siblings, aunts, uncles, and child care providers should all receive Tdap vaccine before the baby is born, if possible. Health care providers should also receive the vaccine if in contact with newborn babies. More than half of the hospitals in Utah now have standing orders to administer Tdap to the mother after delivery of the baby. However, it is up to the rest of the family and caregivers to obtain the Tdap vaccine at their private provider’s office or local health department.

Currently, there are six clinics in Utah conducting cocooning projects. These include: Bear River Health Department, Tooele County Health Department, Teen Mother and Child Program with the Salt Lake Valley Health Department, Davis County Health Department, and Southeastern Utah District Health Department. The Tdap vaccine is available at these locations through special grant funds that allow adults with no insurance who are a close contact with a new infant to be vaccinated. These clinics are also working with local hospitals to ensure close contacts of the newborns are aware of these programs. For more information, contact each health department individually as each program is implemented differently. □

Influenza Vaccination Recommendations

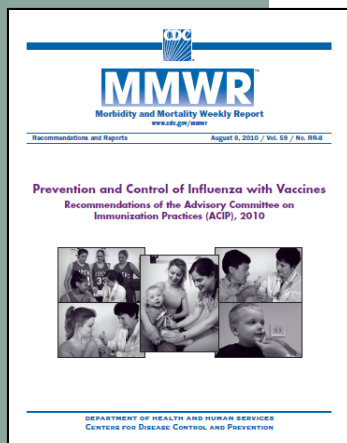
Influenza vaccination has been routinely recommended for certain high-risk groups, such as young children, elderly persons, pregnant women and anyone with known health risks. This year's vaccine will protect against three strains of the influenza virus--the H1N1-like virus (A/California/7/2009) along with two other strains (A/Perth/16/2009 (H3N2)-like virus and a B/Brisbane/60/2008-like virus) and is now recommended for everyone six months of age and older, regardless of risk.

The universal recommendation was made in part to protect people 19 to 49 years of age from the H1N1 pandemic virus—a group of adults significantly affected by the H1N1 pandemic last season.

Additionally, children aged six months through eight years who did not receive at least one dose of an influenza A (H1N1) vaccine last season should receive two doses of the 2010/2011 seasonal influenza vaccine, regardless of previous influenza vaccination history.

Several formulations and presentations of influenza vaccine are available, such as the nasal spray, shot and thimerosal-free. A new high-dose influenza vaccine is available for adults 65+ years of age.

For more information on influenza vaccination recommendations, visit www.cdc.gov/flu/. To locate an influenza vaccination clinic, visit the Utah Flu Vaccine Locator at www.immunize-utah.org. ■



“Because influenza is a highly infectious and unpredictable virus, vaccination is one of the most important steps in protecting against influenza infection.”

Utah Influenza Summit Highlights

Anne Schuchat, MD, physician with the Centers for Disease Control and Prevention (CDC), was the keynote speaker at the Utah Influenza Summit on August 25, 2010. The Utah Influenza Summit is an annual event that brings together public and private health care professionals to address issues surrounding influenza vaccine and pandemic planning. Dr. Schuchat is Assistant Surgeon General of the United States Public Health Service (USPHS) and Director of the National Center for Immunization and Respiratory Diseases (NCIRD). She played a key role in CDC's response to the 2009 novel-H1N1 influenza virus.

The Utah Department of Health (UDOH) and Utah Adult Immunization Coalition (UAIC) hosted the Summit. Sessions included information on public health messages, surveillance planning, health care worker vaccination, university/school-based vaccination strategies and a panel discussion with health care professionals about innovative vaccination strategies. Dr. Schuchat gave a national overview of the 2009 novel-H1N1 influenza pandemic and its applications to future pandemic planning. She also provided an update on the 2010 influenza vaccine and the new universal influenza vaccination recommendations.

Dr. Schuchat addressed the media during a brief interview at the Summit. “Because influenza is a highly infectious and unpredictable virus, vaccination is one of the most important steps in protecting against influenza infection,” said Dr. Schuchat. “It is critical that public and private health care professionals develop effective vaccination and disease management strategies to reduce the spread of disease and ensure timely responses to an influenza pandemic. The 2009 novel-H1N1 influenza pandemic provided a unique opportunity to assess how well our current plans work and make the necessary improvements to better protect the health of our communities,” said Dr. Schuchat. ■



School Vaccination Clinics Easy as A, B, C and 1, 2, 3?

Kelly J. Hansen, RN
Logan City School District

As a young child growing up in Laramie, Wyoming, I clearly remember receiving at least one vaccination at school. The time period was, ironically, the swine flu scare in 1976. According to my childhood memory, we were lined up as one large group in our gym and the nurse went from arm to arm with the vaccine “air gun.” I don’t remember it being a traumatic event, but one that was necessary, administered, and then over. I am happy to report that I did not contract the swine flu that was circulating at that time. This is another testament that large scale vaccination efforts work.

I have been a school nurse for Logan City School District for 18 years now. Although I have organized and participated in small scale vaccination efforts, never until the last school year did I actively participate in a large scale vaccination effort for another strain of swine flu. Could school vaccination clinics be as easy as ABC and 123, just like my perception of the school clinic of my childhood? Consider this . . .

A Represents Air, Advocacy and Amazed

My first reaction to the proposal to conduct mass vaccination clinics throughout our school district was “give me some *Air*.” It is a huge undertaking.

Advocacy is imperative. We must be advocates to district and school administration, faculty, staff, parents and students regarding the importance of vaccination to maintain the overall public health.

Amazed was the result. I was amazed and in awe of how much work it was and how well the clinics worked. It was very fulfilling to see everything come together.

B Represents Bear River Health Department, Behavior and Better Than Anticipated

Working with *Bear River Health Department* was an absolute pleasure. It was wonderful to have a good working relationship with the health department and work collectively to reach a goal.

It was fun and fulfilling and, quite frankly, a relief to watch the children’s *Behavior*. All but a handful came in, sat down, received their shot, and left.

All of the clinics went *Better* than anticipated. An elementary school clinic could easily be conducted with adequate staffing in three hours or less, including set up and take down.

C Represents Coordination without Chaos, Cooperation and Communication

Sometimes the biggest hurdle with each clinic was trying to create a *Coordinated* clinic and eliminate the *Chaos*. This was achieved with a lot of logistical planning.

Cooperation is absolutely imperative. Everyone is in it together: the district administration, schools, PTAs, health department staff, volunteers, parents and students.

Communication is key. When all parties are well informed, it helps reduce or eliminate potential problems.

As simple as ABC and 123, all of the school clinics came together just like a dream. We dared to dream what it would be like to have a 50% participation rate. We were elated when the participation rate ranged from 60%-77%. Did it help with controlling the overall health of the community and the health of the schools? Yes! It worked, and now that the groundwork has been laid and the procedure is in place, it will likely be even more efficient in the future. Would I do it again? Without hesitation-- YES! And, by the way, I am still swine flu-free. ☐

Utah Statewide Immunization Information System (USIIS) Updates

Welcome Arizona & New Mexico Indian Health Service

Five Indian Health Service (IHS) clinics in the Navajo Service Area in Arizona and New Mexico enrolled in USIIS in May.

Arizona and New Mexico users received two days of training, held in Monument Valley and Montezuma Creek. A sixth Navajo Service Area clinic will soon be enrolled.

Navajo Service Area providers are now able to obtain more complete immunization histories for their clients who have also been served in Utah.

USIIS goes to the University of Utah



USIIS has become the topic of a University of Utah Public Health Informatics class. USIIS is presented as an example of a primary data system operated by public health that supports clinical care and patient management.

The USIIS staff “instructor” reports that University graduate and undergraduate students thoroughly engage with the lecture.

Help Desk User Tip #1

When you contact the USIIS Help Desk to resolve duplicate records, please ask the operator to document the following patient information:

- Patient's USIIS ID
- Provider Patient ID
- Patient's first and last name
- Patient's date of birth

Supplying this information will shorten the time to resolution and eliminate the need for USIIS staff to call back to obtain the information.

Help Desk User Tip #2

When contacting the USIIS Help Desk for assistance, please ask the operator to document your phone number and email address.

This will ensure that we have your current contact information for follow-up in addressing your question or issue.

Utah Flu Vaccination Locator

The Utah Immunization Program has activated the Utah Flu Vaccination Locator for the 2010 influenza season. If you are a health care professional who administers the influenza vaccine, registering with the Flu Vaccination Locator is a great way to advertise your clinic to patients or the general public.

Patients and potential patients can search for flu vaccine by county and city. The Utah Flu Vaccination Locator also allows providers to identify the types of influenza vaccine they supply, cost of each vaccine, age groups served, types of insurance accepted and include additional comments. These features provide users with accurate information about your services.

Once you have entered your clinics, place the widget below on your website, Facebook, or Twitter pages or use on other marketing materials. You can still use the widget if you are not listed as a provider in the Utah Flu Vaccination Locator. Call or email Rebecca Ward at 801-538-6682 or rward@utah.gov to register or for more information.

To use this widget, visit www.immunize-utah.org.

FLU VACCINATION LOCATOR

Locate a facility near you.

County:

City:

Health Disparities Among Utah Minorities

April Bennet, MPA
Utah Department of Health
Center for Multicultural Health

The minority share of Utah's population grew from 1.9% in 1960 to 17.7% in 2007, primarily through migration. Most newcomers to Utah, both immigrants and people from other states, are in their childbearing years. Many bring children with them and give birth to children after they arrive. Utah has the youngest population in the United States, but Utah minorities are even younger, on average, than Utahns. In 2007, nearly one-fourth of preschool age children in Utah were racial or ethnic minorities. In contrast, less than 10% of retirement-age persons were minorities.

The current health care systems in Utah have been developed based on the needs of the Non-Hispanic White majority. Research funded by the Center for Multicultural Health (CMH) has revealed that Utah minorities frequently find Utah health care inappropriate for meeting their cultural needs, thereby, creating disparities. American Indian/Alaska Native and Hispanic/ Latino Utahns had significantly higher age-adjusted rates of no health insurance coverage than all Utahns. Additionally, for Utahns overall and for most races and ethnicities, rates of problems accessing health care were higher than rates of being uninsured, indicating that being uninsured is not the only barrier to care. Consequently, Utah health systems must adapt to meet the needs of a rapidly growing minority population.

Other health care disparities among Utah minorities include prenatal care and adult immunization, according to *Health Status by Race and Ethnicity 2010*, a recent publication of the Utah Department of Health, CMH. The report showed American Indian/Alaska Native, Asian, Black/African American, Native Hawaiian/Pacific Islander and Hispanic/Latino Utahns had significantly lower rates of early prenatal care than all Utahns. The report also showed that Utah Hispanics had significantly lower influenza immunization rates (25.8% versus 35.8%) and pneumonia immunization rates (55.3% versus 67.1%) for adults 65+ years of age than Utahns statewide. These are just some examples of the many health disparities affecting Utah minority populations.

It is especially important that services targeted to children and young people be culturally appropriate because of the diversity of younger people in Utah. As these young people age, the statewide population will become much less homogenous. CMH offers several resources to assist healthcare providers and public health professionals to meet the needs of these growing minority populations, including an online Multilingual Library with health brochures in over 30 languages, resources to help providers meet national standards for cultural and linguistic competence, and opportunities for networking with community-based organizations that understand local minority communities.

For more information, see the complete report, *Health Status by Race and Ethnicity 2010*, at <http://health.utah.gov/cmh/data/healthstatus.pdf> and visit the CMH website at <http://health.utah.gov/cmh>.



“Research funded by the Center for Multicultural Health (CMH) has revealed that Utah minorities frequently find Utah health care inappropriate for meeting their cultural needs, thereby, creating disparities.”



Upcoming Events

October

[ACIP Meeting](#)

Date: October 27-28, 2010

Location: CDC, 1600 Clifton Rd, NE, Atlanta, GA

[18th Annual "Shots for Tots" State Conference](#)

Date: October 28-29, 2010

Location: J W Marriott, New Orleans, LA

November

[Epidemiology and Prevention of Vaccine-Preventable Diseases, 2-day Course](#)

Date: November 3-4, 2010

Location: Lake Tahoe, NV

[Annual American Public Health Association Meeting](#)

Dates: November 6-10, 2010

Location: Denver, CO

[World Pneumonia Day](#)

Date: November 12, 2010

Location: Worldwide

December

[National Influenza Vaccination Week](#)

Dates: December 5-11, 2010.

[16th Annual Maternal & Child Health Epidemiology \(MCH EPI\) Conference](#)

Date: December 15-17, 2010

Location: San Antonio Marriott Rivercenter, San Antonio, TX

Coalition Meetings

Greater Salt Lake Immunization Coalition

meets the second Wednesday of every month at 2001 South State Street, Suite S3800, Conference Room, Salt Lake City. Call Sally Dawson at 801-662-1621 for more information.

Northern Utah Immunization Coalition

meets the first Tuesday of every month at 2:00 p.m. at the Weber-Morgan Health Department, 477 23rd Street, Ogden. Call Carol Morrell at 435-752-3730 for more information.

Southwest Immunization Coalition for Children

meets the second Tuesday every other month (January, March, May, July, September, November) at 8:00 a.m. at the Southwest Utah Public Health Department, 620 South 400 East, St. George. Call Susan Peck at 435-865-5149 for more information.

Utah Adult Immunization Coalition meets the fourth Wednesday of every month at HealthInsight, 348 East 4500 South, Salt Lake City at 8:00 a.m. Call the Utah Immunization Program at 801-538-9450 for more information.

Utah County Immunization Coalition meets the first Tuesday of every month at the Health and Justice Building, 151 South University Avenue, Provo at 8:00 a.m. Call Pauline Hartvigsen at 801-851-7027 for more information.

USIIS User Group Meetings

Northern Utah USIIS User Group

Date: October 14, 2010, 11:30 a.m.

Location: Ogden Regional Medical Center, Cedar Room
For more information, contact Stephanie Wilkinson at 801-538-6690.

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

Vaccine Management Tips

Good Storing Practices Assessment Form

An organized refrigerator / freezer is the foundation of efficient storage of vaccine

Date:

Provider:

Assessment Team Members:

Category	Check Points	Y or N	Gaps/Comments
Refrigerator Maintenance	1. The shelves and racks are clean and free of ice		
	2. There are no unnecessary/extra items inside the refrigerator/freezer		
	3. Locations for vaccines inside the refrigerator/freezer are labeled		
	4. There are no food or drinks inside the refrigerator/freezer		
	5. Vaccines are segregated from other pharmaceuticals stored in the refrigerator/freezer		
	6. The refrigerator/freezer shelves and racks are cleaned on a regular basis		
	7. A responsible individual is assigned to clean the refrigerator/freezer		
	8. Water bottles occupy drawer and door space in the refrigerator		
Proper Vaccine Location	9. Ice packs are placed along the walls, back and bottom of the freezer compartment and inside the racks of the freezer door		
	10. There are no vaccines stored in the refrigerator produce and meat drawers		
	11. There are no vaccines stored in the refrigerator/freezer door		
	12. There are no vaccines stored against walls of refrigerator/freezer unit		
	13. There are no vaccines stored in the area directly below or in front of the cool air vent		
Immunization Program	14. Temperatures are recorded twice daily and logs for 36 months are readily available		
	15. All Immunization Program materials (e.g., vaccine usage logs, vaccine procedures) are readily available		
	16. Vaccine stock is rotated regularly to ensure that vaccine with shortest expiration date is used first		
	17. The outgoing vaccines (e.g., to be transferred or returned) are stored in a designated area and are removed in a timely fashion		
Training and QA	18. Standardized roles & responsibilities for handling vaccines are developed, understood & followed		
	19. Leadership is periodically reviewing vaccine operations as per established standard/frequency		
	20. Staff is trained in the basic Storage and Handling techniques		
TOTAL SCORE (total "Y" items)			
TOTAL SCORE (percentage of "Y" to total items)			

General Comments:

Priority Gaps and Target Completion Date:

Signature:

Other News

Vaccine News You Can Use

Hepatitis A Vaccine—Recommended Ages and Minimum Intervals Between Doses

Hepatitis A vaccine is a two-dose series. The first dose of Hepatitis A vaccine is recommended at 12-23 months of age with a minimum interval of six *calendar* months between dose one and two. The second dose is recommended at 6-18 months after the first dose.

The following questions were recently published in the Immunization Action Coalition Express, August 17, 2010 Edition.

Q: Tdap vaccine is licensed for use only in people ages 10-64 years. Are there exceptions for healthcare professionals or grandparents older than age 64 who are in contact with infants?

A: ACIP has not recommended off-label use of Tdap for adults age 65 years and older. However, there is no reason to believe that Tdap is any less safe for people age 65 years and older than it is for younger adults. Clinicians are always free to use their clinical judgment; they may decide that in this situation the benefit of administering Tdap off-label exceeds any hypothetical risk of giving the vaccine.

Q: We have a 16-year-old patient who received tetanus-diphtheria (Td) vaccine in the emergency room after a nail puncture a year ago. Can we give him Tdap vaccine now?

A: No minimum interval is required between giving doses of Td and Tdap to an adolescent who is or might be in contact with an infant. This includes adolescents who are older siblings of infants, babysitters, or hospital employees or volunteers, etc. In circumstances like this, give Tdap without delay. For adolescents who will not be in contact with infants, CDC/ACIP recommends a routine wait of 5 years between Td and Tdap administration unless a school vaccination mandate requires giving Tdap.

Pertussis Education Resources

Visit <http://health.utah.gov/epi/diseases/pertussis/index.html> for new pertussis educational materials, including an Information Sheet, Activity Sheet and an Educational Presentation.

Visit <http://www.cdc.gov/vaccines/vpd-vac/pertussis/default.htm> for updated resources from the Centers for Disease Control and Prevention.

