

SPECIAL  
POINTS  
OF INTEREST

- Vaccination Updates
- School Immunization Validation Study

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## Adolescent Immunization Evaluation Project

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During 2009, the Utah Immunization Program conducted an evaluation project to determine how well high-risk youth are immunized in Utah. High-risk youth were defined as youth who were involved with Juvenile Justice Services (JJS). The JJS serves children 8-18 years of age who commit acts that are illegal because of their age (e.g., using tobacco or alcohol) or who have committed misdemeanor or felony acts. The Adolescent Immunization Evaluation Project addressed three primary questions: 1) What is the immunization coverage level among adolescent populations for vaccines recommended by the Advisory Committee on Immunization Practices (ACIP)? 2) How soon after a youth arrives at a JJS facility is the immunization status assessed? 3) As asked by JJS nursing staff, how can the Utah Immunization Program improve immunization coverage levels among high-risk youth?

Findings reveal JJS immunization coverage is on target or better than overall Utah immunization coverage for all vaccines except Varicella (see Table 1), according to the National Immunization Survey (NIS) for Teens. Some JJS nurses expressed a belief that all youth have either been vaccinated or had a history of disease by the time they arrive at a JJS facility.

For the 83 youth tracked during 2009, the average time from entry into a JJS facility to the immunization assessment was 9.18 days (95% CI: 6.12, 12.24), which is well before the mandatory 30-day standard. Only six of the 83 youth took longer than 30 days to be assessed. JJS nursing staff at Observation & Assessment facilities work diligently to obtain immunization histories for the youth in custody.

Regarding efforts to improve vaccination coverage, the two most frequent topics of discussion included: 1) the need to increase the number of clinics that enroll in and actively use (entering data specifically) the Utah Statewide Immunization Information System (USIIS); and, 2) the need to promote vaccine education for parents and youth involved with JJS facilities, and that this education should be provided to youth and their parents/guardians through the case worker. □

**Table 1 Comparison Between Utah NIS-Teen and JJS youth in custody**


Dose	NIS-Teen for Utah		JJS Facilities	
	Coverage	95% CI	Coverage	95% CI
Td/Tdap	62.7%	54.9%, 69.9%	63.5%	58.6%, 68.4%
Meningococcal	31.3%	24.9%, 38.6%	49.1%	44.0%, 54.2%
Hepatitis B	70.2%	63.1%, 76.5%	62.7%	57.8%, 67.6%
MMR	82.6%	76.5%, 87.4%	77.8%	73.6%, 82.0%
Varicella	67.5%	53.7%, 78.7%	19.5%	15.0%, 24.0%
Hep A	NA	NA	33.6%	28.8%, 38.4%
HPV I dose	17.1%	10.3%, 27.2%	36.7%	23.2%, 63.7%

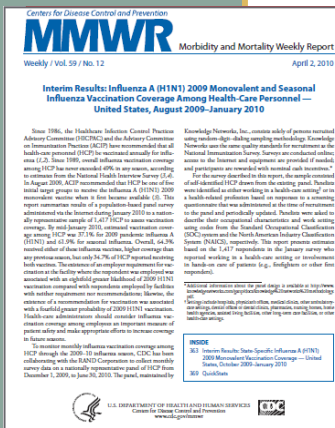
# H1N1 Vaccination Interim Results

The Centers for Disease Control and Prevention (CDC) analyzed results from the Behavioral Risk Factor Surveillance System (BRFSS) and the National 2009 H1N1 Flu Survey (NHFS), using data collected during November 2009 to February 2010. The state-level estimates of 2009 H1N1 coverage in this report measure coverage as of the end of January 2010.

The report estimated 2009 H1N1 vaccination coverage as of the end of January 2010 among persons aged  $\geq 6$  months ranged from 12.9% to 38.8% (median: 23.9%). Median coverage was 36.8% for children aged 6 months to 17 years; 20.1% for adults aged  $\geq 18$  years; and 33.2% for persons in the ACIP initial target groups.

By comparison, H1N1 vaccination rates for Utahns  $\geq 6$  months was 24.9%; persons 6 months to 17 years was 31.0%; persons  $\geq 18$  years was 21.4%; and 31.9% for persons in the initial target groups.

The majority of states achieved 2009 H1N1 vaccination rates among children that were higher than previous pediatric seasonal influenza vaccination rates and the 30% measured for the 2008–09 season (CDC, unpublished data, 2009). The 2009 H1N1 vaccination coverage rate among high risk adults aged 25–64 years was lower (median: 25%) than the rate among children. Read the report at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5912a2.htm>. 



*“The majority of states achieved 2009 H1N1 vaccination rates among children that were higher than previous pediatric seasonal influenza vaccination rates and the 30% measured for the 2008–09 season.”*

## Vaccination Updates

### New Prevnar 13 Vaccine

On February 24, 2010, Prevnar 13 vaccine was licensed by the Food and Drug Administration (FDA) and recommended by the Advisory Committee on Immunization Practices (ACIP) for protection against 13 strains of invasive pneumococcal disease. Prevnar 13 vaccine replaces Prevnar 7 vaccine with additional protection against six serotypes. Healthcare professionals are encouraged to make the switch to Prevnar 13 as soon as possible to begin protecting their patients against these additional strains.


Like Prevnar 7, the ACIP recommends a similar routine schedule for Prevnar 13. Children should be routinely vaccinated with Prevnar 13 at 2, 4, 6, and 12-15 months of age. The biggest change is the need for a supplemental dose for any child 14 to 59 months of age who completed the pneumococcal series with Prevnar 7 AND for children with underlying medical conditions through 71 months of age. Read the complete recommendations at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5909a2.htm>.

If you have questions regarding this transition or schedule, contact the Utah Immunization Program at 801-538-9450.

### Meningococcal Vaccine

On February 22, 2010, Menveo, a quadrivalent meningococcal conjugate vaccine, was approved by the FDA for active immunization to prevent invasive meningococcal disease caused by *Neisseria meningitidis* serogroups A, C, Y and W-135 in people 11 to 55 years of age.

### Polio Vaccination

The fourth dose of polio vaccine administered ON or AFTER August 7, 2009 must be given at a minimum age of four years AND a minimum interval of six months between doses three and four. The fourth dose of polio administered PRIOR to August 7, 2009 will fall under the previous recommendation with a minimum interval of four weeks between doses three and four. 

# Maintaining Health While Traveling

**Carlie Shurtliff, MA**  
**Utah Immunization Program**

When planning a vacation or overseas trip, considerations about travel health are not often at the top of the packing and organizing list, but a vacation or business trip can quickly be ruined by an illness or injury. Fortunately, most illnesses and injuries can be avoided through pre-travel health consultations and by following travel health recommendations. Each travel destination should be individually researched to evaluate diseases and other health risks that are present in each country to be visited. Factors that should be considered include: how soon the traveler(s) will depart; length of stay; age of each traveler; anticipated travel activities; whether the destination is a rural, urban or remote setting; yellow fever vaccination requirements of destination countries; and the traveler's health history. For general information about travel health, the Centers for Disease Control and Prevention (CDC) travel health website is a great place to start: <http://wwwnc.cdc.gov/travel/default.aspx>. For a list of clinics that provide travel health consultations and/or immunizations, visit: [http://www.immunize-utah.org/public/travel\\_clinics.htm](http://www.immunize-utah.org/public/travel_clinics.htm).

The timing for departure can change recommendations for many vaccinations or medications. If there is little time before the traveler departs, some vaccines can be given on accelerated schedules. If a traveler is leaving in just a few days and plans to be away for a week or less, sufficient immunity cannot be expected from vaccination. Immunization options or other alternatives should be discussed. If a traveler plans to be overseas for an extended length of time, recommendations for vaccination or prophylaxis (treatment) may change. It is always best to schedule a pre-travel health consultation as soon as travel plans are in place.

The age of each traveler and health history are important for determining vaccinations and recommendations for prescription medication. The traveler's age also determines the types of risks that might be associated with a particular age group. Consider the following examples: children have a higher risk for contact with animals; young adults may be more likely to engage in risky physical or sexual activities; women of childbearing age may be pregnant or become pregnant; and the elderly have a higher risk for forming blood clots during flight.

The destination and setting of planned activities can also affect travel health recommendations. In some countries, yellow fever vaccination is required, and proof of vaccination must accompany the traveler for entry into the country. Remote and rural settings pose additional health risks for travelers. Examples include: trekking for extended periods in remote regions; Peace Corp or missionary work in rural or remote villages; visits with friends or relatives in rural regions.

Examples of activities that can increase risk for injury include: swimming in the ocean, lakes, ponds or rivers; spelunking or caving; mountain climbing; scuba diving; rafting; driving a car, motorcycle or bicycle; and eating and drinking foods and beverages that are known to pose health risks. Travelers should always carry required yellow fever vaccination records and know the risks involved with activities they plan to engage in. Travelers should also know their health and evacuation insurance coverage status and consider purchasing short term travel insurance if their coverage is insufficient. Further information about travel health insurance can be found at: <http://wwwnc.cdc.gov/travel/yellowbook/2010/chapter-2/travel-insurance-evacuation-insurance.aspx>.

Carrying a travel health kit is recommended. Health kit items should include: medications and prescriptions; sunscreen; insect repellent; tweezers; bandages; and thermometer. A complete suggested packing list can be found at: <http://wwwnc.cdc.gov/travel/content/pack-smart.aspx>.

Travel health precautions should not end with the return home. Certain medications, such as malaria medication, should be taken for a period of time after travel is completed. Additionally, many travelers become ill only after they have completed their trip. Sometimes diagnosis of a serious condition can be prolonged by insufficient information about recent travel activities. Always inform health providers about recent travel when seeking medical care soon after returning home.

Health precautions before, during and after travel can prevent discomfort, illness and injury and allow the traveler to better enjoy the trip. It takes a little extra time and money to protect your health while traveling, but the benefits can far outweigh the costs. ■

# Utah Statewide Immunization Information System (USIIS) Updates

## H1N1 Vaccine Wrap-up

The figures below were tallied March 3, 2010, based on data submitted via the H1N1 Doses Administered application.

- ◆ Total number of providers that administered H1N1 vaccine statewide: 123
- ◆ First doses given: October 4-10
- ◆ Doses by age group:
  - 6-23 months: 40,172
  - 24-59 months: 67,633
  - 5-18 years: 162,801
  - 19-24 years: 40,674
  - 25-29 years: 144,517
  - 50-64 years: 65,942
  - ≥ 65 years: 37,555
- ◆ Total number of doses administered: 559,294

## USIIS Software Updates

- ◆ *Vaccine Inventory*: Modified Vaccine Lot Number to prevent entry of duplicate lots.
- ◆ *Forecast*:
  - New vaccines:
    - PCV13
    - MCV4, Menveo
    - Flu high dose
    - HPV bi-valent, Cervarix
  - Schedule:
    - H1N1 2<sup>nd</sup> dose
    - New Polio intervals
    - HPV for males
    - DTaP fix
    - PCV13 booster
  - New manufacturer: Akron, Inc.
  - Contraindication display fix
- ◆ Ability to run a *School Report* without “claiming” the child with a Patient ID
- ◆ Financial Class codes: additional selection to increase data entry accuracy
  - V02 - VFC Medicaid
  - UT03 – Medicaid, ≥ 19 years
  - Batch List: rewritten to ensure accuracy

## User Tip: Microsoft IE8 Settings

**Situation:** Your PC was upgraded to Microsoft Internet Explorer Version 8 (IE8) and you are having difficulty getting USIIS to work.

You may need to change some settings in IE8, or upgrade the version of Java you currently have.

To check your IE8 settings:

- ◆ **Tools** menu → **Internet Options**
- ◆ Select **Programs** tab
- ◆ Press the **Manage Add-ons** button
- ◆ Make sure that the **Show** field drop-down field displays **All Add-ons**.
- ◆ Scroll through the list displayed below the **Show** field until you find the items related to Java. Make sure they are enabled (right-click to enable).

Java versions 1.6.0\_14 and older are often incompatible with USIIS.

If you upgrade your version of Java, validate the above IE8 settings.

Call the Help Desk (801-538-3440, 800-638-3440) if you would like assistance with the above.

## User Tip: USIIS Web Page Resources [www.usiis.org](http://www.usiis.org)



Did you know that the USIIS Web page includes the following resources?

- ◆ For Parents:
  - Form for individuals to request their immunization record
  - Form for parents to withdraw their children from USIIS
- ◆ For Providers:
  - Provider enrollment form
  - User agreement form
- ◆ For Users:
  - Vaccine code list
  - User Tips
  - User Groups information

## School Immunization Validation Study

**David Foley, MPH**  
Utah Immunization Program

Each year, per CDC requirements, the Utah Immunization Program conducts a validation study to determine if the percentage of children who meet the school rule requirement reported in the fall matches what is found in the student's cumulative file. During the 2009 validation study, 56 elementary schools and 27 schools with seventh grade students were randomly selected from all Utah schools for audit. Coverage results from the audits did not match what was reported in the fall (see Table 1) as of the first day of school, whereas, exemption results did match.

When November 30 (the reporting deadline) is used to assess kindergarten coverage levels rather than the first day of school, the validation results and the fall report results match. Among kindergarten students, the Hepatitis A vaccine series is most frequently missing (11.2%). If all kindergarten students arrived at school with a completed Hepatitis A vaccine series, coverage levels would increase by 9.2%.

The seventh grade validation results did not match primarily due to the student actually missing the Tdap booster or because the cumulative file is missing a record of Tdap vaccine. Additional training for school staff to include a record of Tdap on the official Utah School Immunization Record (USIR) or pink card would dramatically increase the validation coverage levels.

Several communities defined by ZIP code have consistently shown much higher exemption levels than expected. The following communities have shown higher than expected kindergarten exemption levels during at least two of the last three years: Eden, Nephi, Springville, Cedar City, Monroe and Orderville. The following communities have shown higher than expected seventh grade exemption levels during two of the last three years: Lindon, Herriman. Additionally, Park City (ZIP 84098) had higher than expected exemptions for both kindergarten and seventh grade students during the 2009/2010 school year. ■

**Table 1 Results of the Annual School Immunization Record Audit**

Grade	Electronic Fall Report	School Audit	95% Confidence Interval Audit	Match
Kindergarten Entry	87.9%	81.1%	79.5%, 82.7%	No
7 <sup>th</sup> Grade	91.7%	73.4%	70.8%, 76.0%	No



*“If all kindergarten students arrived at school with a completed Hepatitis A vaccine series, coverage levels would increase by 9.2%.”*



# Upcoming Events

## May

### World Hepatitis Day

**Date:** May 19, 2010

**Location:** Worldwide

For more information, visit <http://www.aminumber12.org/default.aspx>.

### National Conference on Immunization and Health Coalitions

**Dates:** May 26-28, 2010

**Location:** Chicago, IL

For more information, visit <http://www.ilmaternal.org/ncihc2010.html>.

## June

### ACIP Meeting

**Date:** June 23-24, 2010

**Location:** CDC, 1600 Clifton Road, NE, Atlanta, GA. For more information, visit <http://www.cdc.gov/vaccines/recs/acip/meetings.htm#dates>.

## July

### Utah Scientific Vaccine Advisory Committee

**Date:** July 21, 2010, 8:00 a.m.

**Location:** Intermountain Medical Center (Main Hospital Building), Classrooms 7 & 8, 5121 South Cottonwood Street, Murray. For more information, call the Utah Immunization Program at 801-538-9450.

## August

### National Immunization Awareness Month

For more information, visit <http://www.cdc.gov/vaccines/events/niam/default.htm#add>.

### 2010 Utah Influenza Summit

**Date:** August 25, 2010

**Location:** Larry H. Miller Conference Center, Sandy Utah. Call Becky Ward at 801-538-6682 for more information.

## 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 23<sup>rd</sup> 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.

## USIS User Group Meetings

### Central Utah USIS User Group

**Date:** May 26, 2010, 1:00 p.m.

**Location:** Central Utah Public Health Department, Conference Room, 70 Westview Drive, Richfield. Call Ally Major at 801-588-9046 for more information.

### Davis County USIS User Group

**Date:** June 22, 2010, 12:00 p.m.

**Location:** Lakeview Hospital, Community Classroom, 630 East Medical Drive, Bountiful. Call Sheryl Stuewe at 801-538-6910 or Kati McClurg at 801 298-4112 for more information.

### Ephraim USIS User Group

**Date:** June 1, 2010, 1:00 p.m.

**Location:** Philadelphia Room, Greenwood Center, Snow College, Ephraim. Call Ally Major at 801-538-9046 for more information.

### Tri-County USIS User Group

**Date:** May 25, 2010, 11:00 a.m.

**Location:** Tri-County Health Department, 133 South 500 East, Vernal. Call Rich Lakin at 801-538-9132 for more information.

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

## Planning a Vacation?

### Tips to Safeguard Vaccines While You Are Away

- Each year, when Vaccines for Children (VFC) contacts are on vacation, co-workers make unintentional mistakes with vaccine supplies which can be costly.
- To avoid vaccine losses when you are out of the office for vacation or at unexpected times, please make sure that your backup and co-workers are well-trained in vaccine management responsibilities.
- If your practice is closing for vacation or for other reasons, please do not fax vaccine orders until you return. This will ensure that your vaccine shipments arrive safely.
- Please notify the Utah VFC Program of any schedule changes, such as winter hours changing to summer hours, etc., so we can note the changes to your shipping schedule in our database.
- Your help is greatly appreciated! Please contact us if you have any questions or need guidance with vaccine management. We are here to help with all of your vaccine management needs.
- **Don't forget to watch for your vaccine shipment to arrive** after faxing your order to the VFC Program. Orders can take up to 15 business days to arrive, but could arrive in as little as two days.
- Carefully review the contents of the shipment with the enclosed packing list and your original order form. Contact the Utah VFC Program if there are any discrepancies.

Vacation To-Do List	
*	Inventory & order VFC vaccines, if necessary.
*	Alert office staff of pending vaccine shipments.
*	Train co-workers in procedures to receive shipments. (Label vaccines "VFC" before storing. Store VARIVAX and ProQuad in the freezer, compare contents with packing slip, etc).
*	Review your clinic's vaccine handling plans with staff, including daily temp checks and emergency response.
*	Stop newspaper.
*	Pack clothes.
*	Enjoy your vacation! Co-workers are trained and the vaccines will be OK.
*	Have a great trip!

### Vaccine Ordering Guidelines

- **Place one large order for all the vaccines required for the specific period of time rather than multiple small orders for individual vaccines.** This reduces the number of vaccine shipments your practice must handle, and also reduces the risk that you will run out of a particular vaccine. Ordering all vaccines at one time helps us process your orders more efficiently and provides shipping and handling cost-saving benefits.
- VFC providers were issued a vaccine ordering schedule. If you do not know your ordering schedule or need help calculating orders, please contact our office at 801-538-9450.
- Maintenance of an adequate supply of vaccines has become increasingly important for each provider. Please plan ahead.



**Tip: Remember to maintain a 30-day backup supply before making calculations for your time frame.**

## Other News

### Zoster Vaccination Project

On April 15, 2010, the Utah Immunization Program initiated a zoster vaccination project in Salt Lake County and the Tri-County area utilizing funds from the American Recovery and Reinvestment Act (ARRA). The zoster vaccine will be available for the public in eight Smith's pharmacies and eight Fresh Market pharmacies (formerly Albertson's) in Salt Lake County. In the Tri-County area, the vaccine will be available through the Tri-County Health Department and one Smith's pharmacy.

There is no cost for the zoster vaccine, but providers can charge an administration fee of approximately \$19.50. Eligibility requirements for the zoster vaccine include adults 60 years and older who have either no insurance or no supplemental Medicare Part D plan. The project will continue until the allotted doses of zoster vaccine have been depleted.

To locate a participating pharmacy or for more information about the zoster vaccination project, contact the Utah Immunization Program at 801-538-9450.

### VFC Forms Updated

The following VFC forms have been updated on the VFC Printable Forms page [http://www.immunize-utah.org/provider/vfc/printable\\_forms.htm](http://www.immunize-utah.org/provider/vfc/printable_forms.htm): 1) Special Project Doses Administered Report, and 2) Vaccine Order Form.

### New Commodity Supplemental Food Program

The Utah Department of Health (UDOH) has received federal funding from the U.S. Department of Agriculture (USDA) to administer the Commodity Supplemental Food Program (CSFP) throughout Utah. The purpose of this program is to improve the health and meet the nutritional needs of low-income pregnant, post-partum and breastfeeding women and infants and children from birth to their sixth birthday by supplementing their diets with nutritious USDA commodity foods. Food packages include a variety of foods such as infant formula and cereal, non-fat dry and evaporated milk, juice, oats, ready-to-eat cereal, rice, pasta, peanut butter, dry beans, canned meat or poultry or fish, and canned fruits and vegetables.

The program also provides benefits to eligible seniors who are 60 years and older. The population served by this program is similar to that served by the Women, Infants and Children (WIC) Program with the addition of the elderly. Eligible people cannot participate in both programs at the same time. Income eligibility and state residency are required. In the upcoming months, food will be distributed in San Juan and Grand Counties in southeastern Utah, and in Salt Lake, Davis and Weber Counties. For more information, contact Maureen Richardson, CSFP Program Coordinator, at 801-245-0087 or Chris Furner, WIC/CSFP Program Manager, at 801-554-4509.

