

Central District Health Department



Immunizations

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We're A Tobacco Free Zone



To protect the health of **everyone** at CDHD, no smoking or other tobacco use is permitted in our facilities or on our property, both indoors and out.
Thank you for your cooperation.



THE SHOT LINE

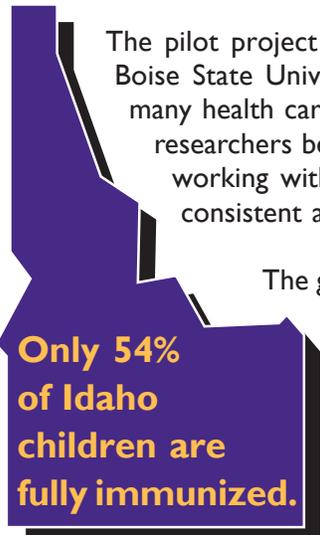
Grants Aim To Improve Idaho Immunization Rates

The Central District Health Department (CDHD) has been awarded nearly \$70,000 in grants aimed at improving immunization rates. Currently Idaho is tied for 49th place in the nation for the number of children immunized against preventable diseases. In Idaho and Nevada only 54 percent of children are fully immunized. The U.S. Department of Health and Human Services' Healthy People 2010 goal is 90 percent.



Scott Kreiling, President of Regence Blue Shield, presents a check from the Regence Foundation to Central District Health Department Director Russ Duke (left) and CDHD Board Chairman Steve Scanlin (right) at the Board of Health meeting at CDHD Friday February 19, 2010.

The Regence Foundation recently awarded \$49,800 and the Jeker Family Trust \$20,000 toward a pilot program that would give vaccine providers greater educational and training support in immunizations practices. CDHD is providing \$20,000 toward the pilot program.



Only 54% of Idaho children are fully immunized.

The pilot project comes on the heels of a series of surveys conducted by Boise State University's nursing department. The surveys discovered that many health care providers may need additional educational support. The researchers believe Idaho's low immunization rates could be improved by working with these providers to find solutions that will lead to more consistent and safe administration of vaccines.

The grant dollars will go to an Immunization Education Outreach Team that will provide training to the 30 medical clinics in Ada County with the lowest rates of childhood immunization. The team will include a community physician and a health department nurse who will provide peer education to their counterparts at the selected clinics.

The Immunization Education Outreach Team will visit each of the 30 clinics twice within a 12 month period for initial training and follow-up. All providers participating in the program will complete a survey before receiving training and again after 6, 12 and 18 months to assess changes in immunization knowledge and practices, including compliance with Advisory Committee on Immunization Practices recommendations.

If successful, the health department plans to expand this program to reach other clinics throughout the health district: Valley, Elmore and Boise counties, as well as other parts of Ada County.

Whom To Contact:

For medical questions about vaccines for children (VFC) (schedules, updates, vaccine storage and handling, etc. please contact:

Cathy Deckys, RN
Medical Provider Liaison
327-8512
cdeckys@cdhd.idaho.gov

For user support & training of IRIS; how IRIS can benefit your clinic practice or daycare; or to schedule a demonstration of IRIS, please contact:

IRIS Help Desk
334-5995
iris@dhw.idaho.gov

For general immunization questions or concerns, please contact:

Teresa Collins, RN
Program Manager,
Immunizations, Children's Services
& International Health
327-8518
tcollins@cdhd.idaho.gov

Kindergarten Immunizations

Idaho State Requirements:

Students entering kindergarten **MUST** be properly immunized. Idaho State Law requires that the students have received the following immunizations:

- 5 DPT/DTaP**
- 3 Polio**
- 3 Hepatitis B**
- 2 MMR**

H1N1 Response



The Central District Health Department's response to the H1N1 (swine) flu pandemic was the largest single immunization effort ever executed in the history of the health district. The Immunizations staff was assisted by nurses from Reproductive Health, the Medical Reserve Corps and contract nurses.

Coordination of Point of Dispensing (POD) operations, and school vaccination efforts was handled by the health district's Public Health Preparedness staff. And staff from every department within the health district performed other roles in helping get vaccine to the public.

At its peak, the CDHD Flu Hotline was handling upwards of 650 calls a day from citizens wanting information about the flu and vaccine availability.

While interest in the vaccine has diminished considerably since last fall, we look upon the effort as being successful, due largely to training and preparation in the years leading up to this event. Based on the returned Vaccine Consent Forms, CDHD has administered nearly 54,000 doses of H1N1 flu vaccine through its POD operations, school campaigns and clinic operations. An additional 32,000 doses have been administered by private providers.

Experts with the World Health Organization and the Centers for Disease Control and Prevention say it is possible there could be a third wave of infections associated with the H1N1 flu. In response, CDHD is retaining a supply of the vaccine should there be a need for another mass vaccination campaign. Meanwhile, free vaccine remains available by appointment at all three CDHD offices in Boise, Mountain Home and McCall.



Immunization News

Financing for Vaccine For Children Program Extended

On Monday, January 4, 2010 additional funds, originally requested in spring 2009, were released by the Centers for Disease Control and Prevention, which will allow Idaho to continue **Universal-select** status until **April 1, 2010**.

Legislation (HB432), offering a long-term solution for Idaho to remain a Universal-select state, has passed the House and the Senate and is now awaiting the Governor's signature.

Hepatitis A Vaccine Interval

The minimum interval between the first and booster doses of Hep. A vaccine is 6 calendar months.

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New Vaccine Requirements For Immigrants / Refugees

Immigration law requires that immigrants have proof of vaccination against:

- | | |
|-----------------------|-------------|
| Mumps | Influenza |
| Measles | Hepatitis A |
| Rubella | Hepatitis B |
| Tetanus & Diphtheria | Pertussis |
| Meningococcal disease | Polio |
| Pneumococcal disease | |
| Hib | |
| Rotavirus | |



*As of December 14, 2009 the HPV and Zoster vaccines are not required for immigrants

2010 Immunization Schedule For Persons Aged 0 - 6 Years

Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2010
For those who fall behind or start late, see the catch-up schedule

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B ¹	HepB	HepB	HepB			HepB						
Rotavirus ²			RV	RV	RV	RV ²						
Diphtheria, Tetanus, Pertussis ³			DTaP	DTaP	DTaP	DTaP	DTaP	DTaP				DTaP
<i>Haemophilus influenzae</i> type b ⁴			Hib	Hib	Hib	Hib ⁴	Hib					
Pneumococcal ⁵			PCV	PCV	PCV	PCV	PCV				PPSV	
Inactivated Poliovirus ⁶			IPV	IPV			IPV					IPV
Influenza ⁷							Influenza (Yearly)					
Measles, Mumps, Rubella ⁸							MMR			see footnote ⁸		MMR
Varicella ⁹							Varicella			see footnote ⁹		Varicella
Hepatitis A ¹⁰							HepA (2 doses)				HepA Series	
Meningococcal ¹¹												MCV

Range of recommended ages for all children except certain high-risk groups

Range of recommended ages for certain high-risk groups

This schedule includes recommendations in effect as of December 15, 2009. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory

Committee on Immunization Practices statement for detailed recommendations: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

2010 Immunization Schedule For Persons Aged 7 - 18 Years

Recommended Immunization Schedule for Persons Aged 7 Through 18 Years—United States • 2010
For those who fall behind or start late, see the schedule below and the catch-up schedule

Vaccine ▼	Age ►	7–10 years	11–12 years	13–18 years
Tetanus, Diphtheria, Pertussis ¹			Tdap	Tdap
Human Papillomavirus ²		see footnote 2	HPV (3 doses)	HPV series
Meningococcal ³		MCV	MCV	MCV
Influenza ⁴		Influenza (Yearly)		
Pneumococcal ⁵		PPSV		
Hepatitis A ⁶		HepA Series		
Hepatitis B ⁷		Hep B Series		
Inactivated Poliovirus ⁸		IPV Series		
Measles, Mumps, Rubella ⁹		MMR Series		
Varicella ¹⁰		Varicella Series		

Range of recommended ages for all children except certain high-risk groups

Range of recommended ages for catch-up immunization

Range of recommended ages for certain high-risk groups

This schedule includes recommendations in effect as of December 15, 2009. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory

Committee on Immunization Practices statement for detailed recommendations: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

Catch-up Immunization Schedule

Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind—United States • 2010
The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age.

PERSONS AGED 4 MONTHS THROUGH 6 YEARS					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B ¹	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Rotavirus ²	6 wks	4 weeks	4 weeks ²		
Diphtheria, Tetanus, Pertussis ³	6 wks	4 weeks	4 weeks	6 months	6 months ³
<i>Haemophilus influenzae</i> type b ⁴	6 wks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose) if first dose administered at age 12–14 months No further doses needed if first dose administered at age 15 months or older	4 weeks ⁴ if current age is younger than 12 months 8 weeks (as final dose) ⁴ if current age is 12 months or older and first dose administered at younger than age 12 months and second dose administered at younger than 15 months No further doses needed if previous dose administered at age 15 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months	
Pneumococcal ⁵	6 wks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose for healthy children) if first dose administered at age 12 months or older or current age 24 through 59 months No further doses needed for healthy children if first dose administered at age 24 months or older	4 weeks if current age is younger than 12 months 8 weeks (as final dose for healthy children) if current age is 12 months or older No further doses needed for healthy children if previous dose administered at age 24 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months or for high-risk children who received 3 doses at any age	
Inactivated Poliovirus ⁶	6 wks	4 weeks	4 weeks	6 months	
Measles, Mumps, Rubella ⁷	12 mos	4 weeks			
Varicella ⁸	12 mos	3 months			
Hepatitis A ⁹	12 mos	6 months			
PERSONS AGED 7 THROUGH 18 YEARS					
Tetanus, Diphtheria/ Tetanus, Diphtheria, Pertussis ¹⁰	7 yrs ¹⁰	4 weeks	4 weeks if first dose administered at younger than age 12 months 6 months if first dose administered at 12 months or older	6 months if first dose administered at younger than age 12 months	
Human Papillomavirus ¹¹	9 yrs	Routine dosing intervals are recommended ¹¹			
Hepatitis A ⁶	12 mos	6 months			
Hepatitis B ⁷	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Inactivated Poliovirus ⁸	6 wks	4 weeks	4 weeks	6 months	
Measles, Mumps, Rubella ⁹	12 mos	4 weeks			
Varicella ¹⁰	12 mos	3 months if person is younger than age 13 years 4 weeks if person is aged 13 years or older			

Immunization News



New Schedule for Polio Vaccine

Four doses of polio vaccine (IPV) are recommended for children at 2, 4, 6-18 months and a booster dose at 4-6 yrs. of age. The schedule for unvaccinated or under-vaccinated older children through age 17 years is 2 doses of IPV separated by 4-8 weeks, and a third dose 6-12 months after the second dose.

The interval between the next-to-last dose of IPV should always be at least 6 months, regardless of the number of doses required to complete the series.

Hib: Catching Kids Up

Hib vaccine is indicated in children up to 5 years of age. Due to the Hib vaccine shortage, some children may need to complete their series if the 12-15 month dose was deferred. Pentacel and ActHib are four dose series (2, 4, 6, and 12-18 months). If the child has received two doses of Hib and the last dose was administered at age 15 months or older, no further doses are needed.

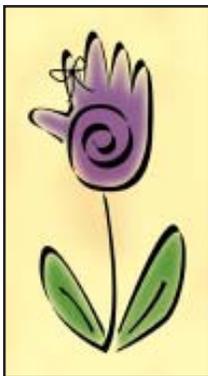
Merck returned Pedvax® Hib to the market in January, 2010. Pedvax® Hib will be available to the Idaho Immunization Program in spring of 2010. Additional information regarding the ordering and use of Pedvax® Hib in Idaho, will be distributed soon.

HPV/Gardasil Approved for Boys

ACIP has made provisional recommendations for the vaccination of males 9-26 years of age with quadrivalent HPV vaccine to reduce their likelihood of acquiring genital warts. It is administered as a 3-dose series at 0, 2, and 6 months.



Health Department Loses IRIS Contract Funding



On Thursday, February 11th the Idaho Department of Health and Welfare Immunization Program (IIP) notified Central District Health Department (CDHD) that *“due to the current economic climate and in an effort to minimize additional services and contract cuts, the Division of Public Health must cut additional items funded with general funds. As a result the current IRIS contract would be terminated on March 12, 2010.”*

The cancellation of this contract **does not affect the availability or functionality of IRIS**. IRIS is still available to all enrolled providers and its use by all immunization providers, schools, and childcare facilities is encouraged. IRIS will continue to be housed and maintained by the IIP.

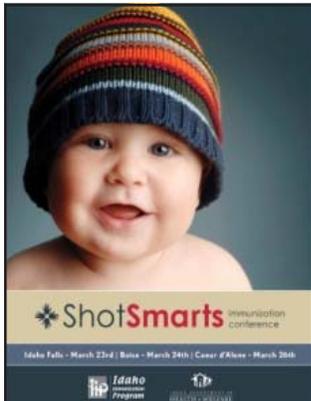
Beginning March 12, 2010, questions related to training, user names, passwords, or other IRIS topics, should be directed to the IRIS Help Desk at: 334-5995 or iris@dhw.idaho.gov.



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Immunizations
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Mark Your Calendars



SHOT SMARTS 2010 is just around the corner
Register at the IIP website www.immunizeidaho.com

Idaho Falls
Shilo Inn
March 23, 2010

Boise
BSU Student Union Building
March 24, 2010.

Coeur d'Alene
Coeur d'Alene Inn
March 26, 2010

Keynote Speakers:

Renee McLeod, PNP
Gary Marshall, MD

For more information about the FREE conference, contact:

Andy Noble

Email: noblea@dhw.idaho.gov • Phone: 208.334.5901