Immunizations

Aug - Oct • 2008

Central District Health Department

THE SHOT LINE

Back Issues of this publication are available on our website: cdhd.idaho.gov

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MAKE SURE TEENS ARE UP-TO-DATE ON NEEDED IMMUNIZATIONS

Do teens need shots? Yes, teens need immunizations, too, and many people do not know they are just as important for teens as they are for children and infants. The Advisory Committee on Immunization Practices (ACIP) recommends adolescents receive the following vaccines: Tdap, Meningococcal, HPV, as well as an annual Influenza vaccination. Adolescence is also a good time to catch up on other recommended vaccines that may have been missed such as Hepatitis A, Hepatitis B, MMR, Varicella, and Polio.

The Central District Health Department (CDHD) offers regular immunization clinics in each of the four counties it serves. Call your local health district office or visit our website at cdhd.idaho.gov to find the clinic schedule in your area.

Recommended teen vaccinations protect against the following diseases:

• **Tetanus, diphtheria, and pertussis:** A tetanus booster with a vaccine called Tdap which also protects against diphtheria and pertussis. Pertussis (whooping cough) spreads through coughing and sneezing. It causes coughing spells which make it hard to eat, drink, or even breathe. Since 1990, there has been a dramatic increase in reports of adolescent and adult pertussis. Teens with pertussis miss an average of five days of school with 14 days of disrupted sleep.

• **Meningococcal disease** is a bacterial disease which causes swelling around the brain and spinal cord; invasive disease spreads quickly and can destroy limbs or lead to death. The disease can be spread in crowded situations like schools, dorms and barracks, through sharing drinks, and kissing. The peak of meningococcal disease incidence occurs during adolescence between the ages of 15 and 24.

• **Human papillomavirus (HPV)** causes cervical cancer and genital warts. The three-dose HPV vaccine series protects against four types of HPV which are most commonly associated with cervical cancer and genital warts. The ACIP recommends adolescent girls start the vaccine series at 11-12 years old. Since HPV is spread through sexual contact, boys need the vaccine too, but current licensing only allows vaccination of girls. It is expected that the vaccine will be approved for boys soon.

CDHD and the Idaho Immunization Program are working with local secondary schools to increase the number of immunized teens. One way to track student immunization records is IRIS. IRIS is a statewide, confidential, secure, and voluntary immunization registry for people of all ages. IRIS makes immunization records readily retrievable in case an immunization record is lost or if a person changes healthcare providers. To have a teen entered into IRIS, the parent signs an IRIS consent form, provides the teen's immunization record, and the data is entered into the registry. Schools and health districts can generate reports to show which teens need additional vaccines.

So, if you have teens in your life, make sure they are protected with the recommended immunizations and get their immunization information into IRIS. Adults may also sign up for IRIS. For more information contact Leanna Davis at 327-8548 or 869-9118.

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.

CENTRAL DISTRICT HEALTH DEPARTMENT

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:

Leanna Davis
IRIS Provider Liaison
869-9118
ldavis@cdhd.idaho.gov

For general immunization / registry questions or concerns, please contact:

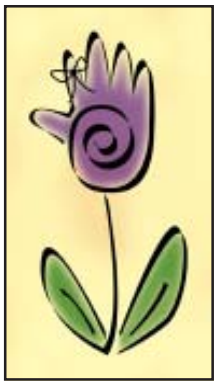
Teresa Phillips, RN
Program Manager,
Immunizations, Children's Services & International Health
327-8518
tphillip@cdhd.idaho.gov

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

IRIS News



Can't keep up with all your IRIS data entry? Maybe time, money or equipment have prevented you from entering data into IRIS. Either way, there is a solution to your problem.

The Idaho Immunization Program (IIP) will now be handling IRIS data entry. Any providers who were sending patient records to their Health District should now forward records to the IIP at the following address:

Idaho Immunization Program
P.O. Box 83720
Boise, ID 83720-0036

Need training or a refresher course on IRIS functions? Call Leanna Davis at 869-9118 or 327-8548.

Did you forget your password or perhaps it expired over the summer? Boy do we have great news for you.....The "**FORGOT PASSWORD**" button on the IRIS main page is working now. If you select the link for **FORGOT PASSWORD**, a box will display where you can enter your username and an email address. Once you have filled it in, click **SEND** and you will receive a new password via email. You can also still contact the IRIS Helpdesk at iris@dhw.idaho.gov or 208-334-5995 for password requests.

IRIS Training Opportunity - Topic: Accountability
Tuesday September 2, 2008 6:00 - 7:00 p.m.
Central District Health Dept. (training lab), 707 N Armstrong Pl., Boise, ID

Participants are asked to bring to the training a physical count of all vaccines along with: lot numbers, manufacturers, expiration dates for each vaccine. We will help you input all of your facilities data so you can utilize IRIS for accountability.

To enroll or for more information contact - **Leanna Davis**
208-327-8548 • 208-869-9118 • ldavis@cdhd.idaho.gov

Got Immunization Questions?

Call the Shot Line at 321-BABY

Call 321-BABY to get quick, accurate answers to all your immunization questions! This service provides physicians, nursing personnel, childcare providers, and school nurses a direct line to an immunization nurse who will provide immediate answers to immunization questions (i.e. scheduling, timing, storage and handling, vaccine errors, etc.)

SHOT LINE 321-BABY
cdhd.idaho.gov

You can access this line by dialing **321-BABY (321-2229)**. This line will be answered during regular business hours, Monday through Friday, 8 a.m. to 5 p.m. Please note that the Shot Line will not be answered on state holidays.

The Puzzling Question of Diphtheria, Tetanus and Pertussis Vaccines: What to give and When?

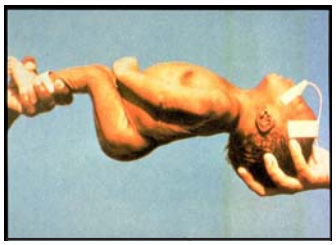
A number of calls received on the Shotline each month are related to DTaP, DT, Td, and Tdap. Due to the immature immune systems of children 2 months through 6 years of age, antigen levels in DTaP and DT are higher (noted by the capital letters of the abbreviated vaccine names) to stimulate antibody production. DTaP and DT are no longer given when the child turns 7 yrs. of age. Children 7-10 yrs. of age receive Td. Teenagers should be boosted with Tdap to increase waning protection against pertussis or "whooping cough". Tdap can be given as young as 11 yrs. and is recommended as a one time booster, returning to Td as a booster every ten years thereafter.

DTaP has an unusual interval between doses 3 and 4; please note that 6 months is recommended between these doses.

Due to the success of immunizations, many of the diseases we work to protect people against have never been seen by the public or parents. Thus the need to continually educate as to the seriousness of these infectious diseases:

Diphtheria **-** comes from the Greek word diphthera, meaning leather hide, and is caused by the bacterium Corynebacterium diphtheriae. The organism produces a toxin that is responsible for mucosal cell destruction and the formation of the "leather-like" membrane in the back of the throat. The disease is spread through respiratory droplets and has an average incubation time is 2-5 days. The overall case fatality rate is 5-10%, with higher death rates (up to 20%), in children under 5 yrs. of age.

Tetanus **-** is an acute, often fatal, disease caused by an exotoxin excreted by the bacterium Clostridium tetani. It is characterized by muscular ridigity and convulsive spasms of the skeletal muscles. Muscle stiffness usually involves the jaw (lockjaw) and then becomes generalized. The incubation period is 3-21 days. Tetanus lives in the soil and is contracted through open wounds.



Pertussis **-** is caused by the bacterium Bordetella pertussis and is a major cause of childhood mortality. The incubation period is 7-10 days. Deaths are usually related to secondary infection such as bacterial pneumonia. Transmission is through respiratory droplets.

Human Papilloma Virus **-** As with most vaccine series, Gardasil, or HPV vaccine does not have to be repeated if the client has missed the recommended schedule. If more than 2 months have passed between doses 1 and 2, go ahead and give dose #2 and allow 12 weeks before giving dose #3. The series should be completed by 26 years of age.

Influenza Vaccine Update

On February 27, 2008, the ACIP made new recommendations for use of influenza vaccine for the 2008-2009 influenza season.

New provisional recommendations for the prevention and control of influenza (2008-2009 influenza season):

- Annual vaccination for **all children aged 6 months through 18 years** is recommended. Annual vaccination of children aged 6 months up to their fifth birthday (through 59 months of age) should continue. If feasible, annual vaccination of all children aged 5 years through 18 years should begin in 2008 when the vaccine for the 2008-2009 influenza season becomes available.

- Annual vaccination for all children aged 6 months through 18 years should begin no later than during the 2009-2010 influenza season.

- Persons at higher risk of influenza complications because of underlying medical conditions, children aged 6 months through 23 months, and persons aged >49 years should receive TIV. Either trivalent inactivated influenza vaccine (TIV) or live, attenuated influenza vaccine (LAIV) should be used when vaccinating persons aged 2 through 49 years who do not have medical conditions that put them at higher risk for influenza complications.

- Children aged 6 months through 8 years should receive two doses of influenza vaccine (doses separated by 4 or more weeks) if they have not been vaccinated previously at any time with at least one dose of either LAIV or TIV.

- Clinicians and immunization program staff should screen for possible reactive airway disease when considering use of LAIV for children aged 2 through 4 years, and should avoid use of this vaccine in children with asthma or a recent wheezing episode. The ACIP has previously provided recommendations on screening for possible reactive airway disease in children aged 2 through 4 years (http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5646a4.htm).

- Recommendations for annual vaccination of persons in other age or risk groups were not changed

- The 2008–2009 trivalent vaccine virus strains are A/Brisbane/59/2007 (H1N1)-like, A/Brisbane/10/2007 (H3N2)-like, and B/Florida/4/2006-like antigens. All three strains are different from the 2007-2008 Northern Hemisphere influenza vaccine.

Workshops & Trainings for District 4 Childcare Providers

Child care providers in the Central District Health Department - Health District 4 (Ada, Boise, Elmore & Valley counties) can take advantage of the following **FREE** workshops.

All classes are held from 6:30 p.m. - 8:30 p.m. at Central District Health Department, 707 N. Armstrong Place, Boise, Idaho 83704. For class registration, please call 327-7499.

Upcoming Class Dates:

Food Allergies in the Childcare Setting
August 19, 2008

Safety Tips for the Holidays
September 2, 2008

Asthma & Allergy Essentials for Childcare Providers
September 16 2008

Ways to Enhance Children's Physical Activity and Nutrition - Part 1 (We Can)
October 7, 2008

Ways to Enhance Children's Physical Activity and Nutrition - Part 2 (We Can)
October 21, 2008

Early Childhood Caries and the Effects of Oral Health on Preterm / Low Birth Weight Babies
October 29, 2008

Complete class descriptions can be found online at cdhd.idaho.gov/EH/childcare/training.htm

Hib Quiz

1) **T F** A twelve-month-old has no documented Hib vaccine, you should defer administering until the vaccine shortage is over?

2) **T F** A fifteen-month-old has had 2 doses of Pedvax. Should you give the booster dose at this visit?

3) **T F** A two-year-old has had 3 doses of ActHib. Should the 4th dose be deferred today?

Answers to Hib quiz: 1) F, 2) F, 3) T

Central District Health Department
Immunizations
707 N. Armstrong Pl.
Boise, ID 83704-0825

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Vaccine Education

Central District Health Department (CDHD) cordially invites you to attend the Centers for Disease Control and Prevention's (CDC) upcoming four-part **Epidemiology and Prevention of Vaccine-Preventable Disease 2008** satellite broadcast series being aired from 12:00 – 3:00 p.m. on the dates listed below. CDHD invites participants to attend these satellite broadcasts at the Boise office, 707 N Armstrong Place. Please contact Cathy Deckys at 327-8512 or cdeckys@cdhd.idaho.gov to reserve a seat.

Alternatively, if you would like the information but cannot attend one or all of these sessions, please contact Cathy Deckys at 327-8512 for details on how to get this valuable information through delayed webcast or on CD.

Topics for each session are as follows:

Thursday, July 31, 2008 - Principles of vaccination, general recommendations on immunizations, vaccine storage, handling, and administration

Thursday, September 25, 2008 - Pertussis, pneumococcal disease , polio, Hib

Thursday, October 30, 2008 - Measles, mumps, rubella, varicella, zoster, and Rotavirus

Thursday, November 20, 2008 - Hepatitis B, hepatitis A, influenza, meningococcal disease and pneumococcal disease (adult)

All immunization providers, particularly new medical staff, are strongly encouraged to view these broadcasts. Don't miss this opportunity to receive the most current information available in the constantly changing field of immunization.