

SPECIAL
POINTS
OF INTEREST

- **Novel H1N1 Influenza Virus**
- **Storage of Vaccine in Dorm-style Refrigerators**
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2008-2009 Influenza Season in Utah

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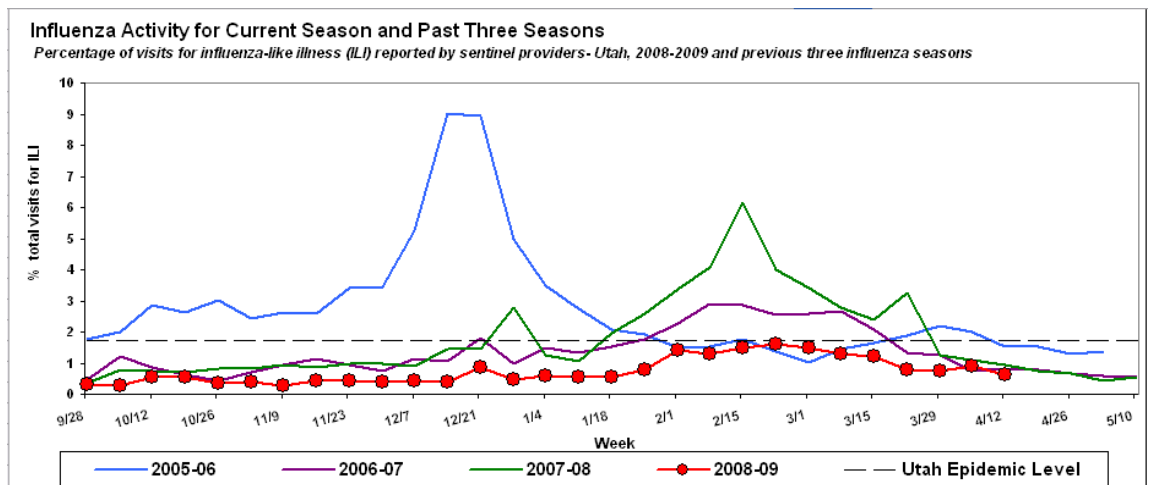
The 2008-2009 influenza season in Utah has been especially mild compared to previous seasons. Influenza-like illness activity remained low throughout the season, never passing the epidemic threshold. Activity peaked around the end of February, a trend also seen in the past two seasons. While the season was slow to start nationally, influenza became much more active outside of Utah, with national influenza-like illness levels elevated above the national baseline. The season peaked nationally around the middle of February, and activity has been steadily declining since.

As of May 27, 2009, 242 influenza-associated hospitalizations have been reported to the Utah Department of Health for the 2008-2009 influenza season. At this time last season, 517 influenza-associated hospitalizations were reported.

The majority (82 percent) of influenza-associated hospitalizations were type A, while 12 percent were type B and 6 percent were unknown. Most influenza-associated hospitalizations occurred in children less than five years old. The majority of influenza-associated hospitalizations have been in persons with known risk factors for severe disease or influenza-related complications.

Last season, the Centers for Disease Control and Prevention (CDC) detected a growing number of influenza A (H1N1) isolates resistant to the antiviral drug oseltamivir (Tamiflu). This season, nearly all influenza A (H1N1) isolates tested at CDC have been resistant to oseltamivir, although resistance has not been seen in influenza A (H3N2) or influenza B isolates. In Utah, 82 percent of influenza isolates tested at the Utah Public Health Laboratory have been influenza A (H1N1), one percent has been influenza A (H3), and 17 percent have been influenza B. The growing importance of resistance to antiviral medications underscores the importance of preventing influenza infection through vaccination. CDC reports that the 2008-2009 influenza vaccine is a good match to circulating viruses, not including the novel H1N1 influenza virus.

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Hepatitis B Vaccine Initiative

Low-cost hepatitis B vaccine is now available to qualified individuals through the Hepatitis B Vaccine Initiative. The vaccine is free, but there may be a fee of up to \$14.52 per dose charged for vaccine administration.

The Hepatitis B Initiative vaccine is available only to people who meet the following two conditions:

- Individuals who either have no insurance or are under-insured, and
- Individuals who have at least one of the following risk factors for hepatitis B:
 - You have a job that exposes you to human blood
 - You are a kidney dialysis patient
 - You have sex with more than one partner

- Your sex partner has hepatitis B
- You inject drugs
- You live with someone who has chronic hepatitis B
- You are of Asian, Pacific Islander, African American or Hispanic descent
- You are traveling to hepatitis B endemic regions
- You are HIV positive
- You are a man who has sex with men
- You are a resident or staff of a facility for developmentally disabled persons
- You are traveling internationally where hepatitis B is highly endemic

For more information on where to get the hepatitis B vaccine, contact the Utah Immunization Program at 801-538-9450. ◻



“ A new virus such as this is a public health concern because there is no vaccine, and no one has immunity to it.”

Novel H1N1 Influenza Virus (Swine Flu)

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Bureau of Epidemiology

In April 2009, the novel H1N1 influenza A virus (initially referred to as swine flu) was reported in Mexico and then spread to the U.S. It has since spread worldwide. A new virus such as this is a public health concern because there is no vaccine, and no one has immunity to it. These factors, combined with the fact that influenza viruses spread easily from person-to-person, can lead to a pandemic.

Utah's first case of novel H1N1 influenza A was confirmed on May 2, 2009 in Summit County. As of May 27, 2009, Utah reported 195 confirmed cases of novel H1N1 influenza A, with the Centers for Disease Control and Prevention (CDC) reporting more than 7,000 confirmed cases nationwide.

Statewide public health coordination efforts began as soon as the outbreak was reported in Mexico. By the time Utah had identified its first probable novel H1N1 influenza A case, public health efforts were well underway, including providing media reports, establishing a web site, distributing guidance to health care providers and collaborating with statewide partners.

To respond quickly to this outbreak, the Utah Department of Health (UDOH) moved into an Incident Command Structure (ICS), which allowed the Department to commit resources specifically to the outbreak. Additionally, Utah implemented its statewide Pandemic Influenza Plan, which includes, but is not limited to the following: enhanced influenza surveillance; community mitigation; antiviral medication stockpile use; laboratory response; medical triage guidelines; state/local health care coordination; and operational communications and coordination. UDOH and its partners will use this experience to evaluate the Plan and determine if and where gaps exist.

It is expected that this outbreak and public health efforts to address it will continue for some time. While the focus of these efforts will continue to change as the outbreak evolves, public health agencies in Utah will continue to closely monitor the situation, track influenza activity, share information, and be prepared to respond quickly.

For updated information on the novel H1N1 influenza A outbreak visit www.health.utah.gov/h1n1flu. ◻



Storage of Vaccine in Dorm-style Refrigerators

As of December 31, 2009, the Centers for Disease Control and Prevention (CDC) will no longer allow VFC vaccine to be stored in dorm-style refrigerators

A dorm-style refrigerator is any combination refrigerator/freezer unit that has one external door with an ice-maker compartment (freezer) within the refrigerator. Dorm-style refrigerators are not adequate for storage of vaccines because they do not maintain proper temperatures and pose a high risk of freezing vaccines.

Providers currently using dorm-style refrigerators for storage of VFC vaccines will need to discontinue their use in order to be compliant with the VFC Program. Providers who do not have appropriate refrigerator units in place by December 31, 2009 will be suspended from ordering VFC vaccines until the dorm-style units are replaced for vaccine storage.

The Utah VFC Program will be working with impacted providers throughout the year to assist them with this new requirement. A limited amount of one-time federal funds is available to help clinics replace dorm-style refrigerators.

Clinics currently using a dorm-style refrigerator and needing financial assistance **must contact the Utah VFC Program at 801-538-9450 as soon as possible** with the number of dorm-style refrigerator units your clinic needs to replace. Clinics may request up to \$500 to replace up to three refrigerators and up to \$1000 to replace four or more refrigerators. Providers will be reimbursed by submitting an invoice to the Utah Immunization Program along with a copy of the sales receipt as proof of purchase for the purchased refrigerators. The federal funds are available on a first-come, first serve basis. Please make your funding request early.

As VFC vaccine costs approach \$3 billion nationally and Utah shipping over \$21 million in 2008, it is critical to invest in suitable refrigeration units. The relatively small investment will help safeguard your clinic's vaccine supply.

Your cooperation in this matter is important to your practice and your patients. Please contact the Utah VFC Program at 801-538-9450 for more information or if you have questions. ■



The CDC states a preference for stand-alone storage units (single refrigeration or single freezer units) over combination/household style units. However, combination units are acceptable and should meet the following conditions:

- Separate freezer compartment with a separate exterior door
- Separate temperature controls for the refrigerator and freezer compartments
- Ability to maintain required vaccine storage temperatures 24 hours a day, year-round
- Have the capacity to hold vaccine inventory during the highest volume times of the year
- Large enough to ensure adequate air circulation without overcrowding
- Be dedicated to the storage of vaccines

Utah Statewide Immunization Information System (USIIS)

TeleVox Immunization Reminder Service

- Wyeth-sponsored Televox reminder service continues in 2009. Monthly postcards are followed by phone calls.
- A parent/guardian may opt out by pressing a key during the phone message, or by calling the Immunization Hotline at 1-800-275-0659.
- A provider may opt out by contacting the USIIS Program Manager at 801-538-9487.

USIIS April 2009 Update

A USIIS update was released April 9, 2009. It included:

- *Forecaster:* USIIS implemented Scientific Technologies Corporation's new forecaster.

With the new forecaster, many fixes are implemented and immunization schedules updated.



If you have any questions as you continue to use USIIS, please contact the Help Desk at 801-538-3440.

- *Immunization Screen:* Data entry shortcuts were programmed back into this screen of the web application.
- *Webkids Lite:* This read-only version of USIIS is operational again. We apologize for the inconvenience caused by its unavailability.
- Please note: Although USIIS is not supported on Apple computers at this time, many Apple computers can run Webkids Lite if operating OS X version 10.0 or better.

User Tip: Alias Records

Situation: Patient search results in a patient listed multiple times with the same USIIS ID.

These are two examples of alias records:

- Michael C. Jones & Michael Chad Jones
- Michael C. Jones with and without mother's maiden name
 - ◆ Alias records are not duplicate records.
 - ◆ All patient aliases are linked to the same immunization record.
 - ◆ Select your clinic's alias; i.e., the record that matches your clinic's patient demographics from the patient search results list.

- Edits made to immunizations are linked to all alias records for the patient.

User Tip: Duplicate Records

Situation: Patient search results in the same patient listed multiple times with different USIIS IDs.

- This is a problem.
- Please report these records to the Help Desk so they can be resolved.

User Tip: Web Records

Web records are those entered or edited using the USIIS web application (Webkids).

- A web record is temporarily owned by the specific provider who entered the data.
- A web record can be viewed by other providers when it has been "loaded."
- When loaded, a web record is processed by the USIIS record matching algorithm to determine whether it is an alias or new record.
- It is typical for a record to be a web record for several days.
- A web record is not available to be viewed or edited while it is being loaded.
- Web records are loaded Monday—Thursday, ~5:30 p.m. The average load is completed by midnight. ☐

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2008-2009 Influenza Season in Utah

While anyone can benefit from vaccination, yearly vaccines are recommended for persons in high risk groups and children under 18 years of age. Persons at high risk are children under five years, adults 50 years and older, pregnant women, and persons of any age with chronic medical conditions such as diabetes, asthma, lung disorders, heart or kidney disease, and cancer.

The Food and Drug Administration released its recommendations for the 2009-2010 influenza vaccine components. Only the influenza B component of the vaccine will be different from the current season's formulation. The three strains included in the vaccine for the 2009-2010 season are:

- A/Brisbane/59/2007 (H1N1)-like virus;
- A/Brisbane/10/2007 (H3N2)-like virus;
- B/Brisbane/60/2008-like virus.

Additional vaccine development is underway for the new H1N1 influenza (swine flu) virus. ☐

AFIX: A Program to Improve Your Clinic's Immunization Practices

Kayla Rypien, BS, CHES
Utah Immunization Program

AFIX is a quality improvement strategy to raise immunization coverage levels and improve standards of practice at the provider level. The four-part strategy includes:

- **A**ssessment of the health care provider's vaccination coverage levels and immunization practices;
- **F**eedback of the results to the provider along with recommended strategies to improve coverage levels;
- **I**ncentives to improve vaccination coverage levels, and;
- **eX**changing health care information and resources necessary to facilitate improvement.

How does the AFIX Program work?


Assessment: AFIX staff will assess immunization coverage levels for two-year-old children in your clinic using data submitted to the Utah Statewide Immunization Information System (USIIS) or by manually entering data from clinic charts into CoCASA (our statistical software). CoCASA will produce reports detailing the clinic's rates.

Feedback: AFIX staff will present the assessment results to clinic staff and facilitate a discussion regarding strengths, suggested improvements, and possible solutions for addressing problem areas. This on-site visit provides an opportunity for all clinic staff to interact and discuss important factors that affect immunization practices and strategies that can improve your specific practice. AFIX focuses on taking small steps that make big improvements.

Incentives: Clinics are recognized for their continued efforts to improve immunization coverage levels. Some examples include published recognition of successful solutions, awards, and ongoing technical assistance from your AFIX representative to assist your clinic in further improvements.

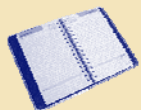
eXchange: Exchanging information between provider offices encourages provider participation and mutual support, and promotes the exchange of results and ideas for future implementation.

How do I get started?

The AFIX representative is also the current VFC (Vaccines for Children) representative for your clinic. If you are interested in participating in this free program, contact the Utah Immunization Program at 801-538-9450. 



*“Assessment
Feedback
Incentives
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Events and Activities

ACIP Meeting

Date: June 24-25, 2009

Location: CDC, Atlanta, GA

For more information, visit www.cdc.gov/vaccines/recs/acip/meetings.htm.

Utah Scientific Vaccine Advisory Committee

Date: July 15, 2009, 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.

National Immunization Awareness Month

Date: August 2009

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

Coalition Meetings

Northern Utah Immunization Coalition

Dates: June 2, July 7, August 4, 2:00 p.m.

Location: Weber-Morgan County Health Department, 477 23rd Street, Ogden. Call Carol Morrell at 435-752-3730 for more information.

Every Child By Two Immunization Coalition

Dates: July 9, 2009 10:00 a.m.

Location: Utah Department of Health
288 North 1460 West, Salt Lake City. For more information, call the Utah Immunization Program at 801-538-9450.

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.

Southwest Immunization Coalition for Children

Dates: August 11, 2009, 8:00 a.m.

Location: Southwest Utah Public Health Department, 620 South 400 East, St. George. Call Pat Thomas at 435-673-3528 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 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

Date: June 11, 2009, 12:00 p.m.

Location: Logan Regional Hospital, Rooms 1 & 4

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

NOTICE

Most influenza vaccine for the 2008-2009 season will expire June 30, 2009.

VFC Providers: Please remove this vaccine from your refrigerator on July 1 and return it to McKesson Specialty following proper protocol.

Do NOT Return to McKesson:

- Open Multi-Dose vials (vials which some doses have already been withdrawn);
- Pre-filled syringes with a needle attached;
- Broken vials.

For these vaccines, complete the needed information and note "destroyed" on the return form, then follow procedures to destroy these with your other unwanted biologicals. For assistance, please contact the Utah VFC Program at 801-538-9450.

Vaccine Management Tips

VFC Inventory Management

Q How much VFC vaccine should I order?

A Order and stock enough vaccine to ensure that there is an adequate supply to meet the needs of patients during your VFC Program-assigned ordering period. Add an additional 30-day backup supply to allow for the order approval and processing period. Please contact the VFC Program at 801-538-9450 if you are unsure of your assigned schedule.

Example: Your ordering schedule is monthly:

- Complete a current vaccine inventory; rotate stock with the shortest expiration dates stored in front and to be used first.
- Calculate your VFC vaccine doses needed for one month.
- Add one additional month supply for your backup supply.
- Subtract your current inventory.
- Submit your order for a two months' supply.
- Alert staff that a VFC order is pending and to notify you of its arrival.

Q How long will it take to receive the vaccine order?

A Orders are typically processed Monday through Thursday, with the exception of holidays. The CDC/VFC Program's current shipping agreement with vaccine distributors is delivery within **15 business days**. (**Please note shipments may arrive in as little as two business days**). Please add one business day for CDC approval and processing. **Tip:** Plan ahead and avoid placing last minute or rush orders. Make sure to allow extra time for holidays in the month, as in the example below.

Example: Your order is submitted on Thursday, late afternoon, May 21, 2009 (too late for processing that day).

- Our office is closed Friday, May 22; and Monday, May 25 - Memorial Day.
- Your order is entered and processed on Tuesday, May 26.
- The order is approved by CDC on Wednesday, May 27.
- 15 business days would then be added to May 27.
- The earliest delivery day is May 29; the latest shipment arrival is June 17.

Q What if I run out of vaccines before it's time to place the next order? Can I submit another order?

A Placing one large order for all the vaccines required for the specific time rather than multiple small orders for individual vaccines reduces the number of vaccine shipments your practice must handle. It is also more cost-effective for shipping and handling of orders and reduces the risk that you will run out of a particular vaccine. However, **with current supply issues, vaccines in shortage, and special situations, we will try to assist you to the best of our ability**. Rather than run out of vaccine inventory, we advise you to place an additional order or to contact our office. If possible, requests will be approved on a case-by-case basis.

Tip: When placing the initial order, make sure to include your 30-day backup supply.

Q How do I know that the vaccine order I faxed to the VFC Program was received?

A Contact the VFC Program vaccine management specialist: 801-538-9924; e-mail: lindajenkins@utah.gov. **Scan and e-mail vaccine orders to lindajenkins@utah.gov, and receive an e-mail reply confirmation that your order was received and processed.** Contact the VFC Program main line: 801-538-9450.



Utah Department of Health

IMMUNIZATION PROGRAM

Immunize for healthy lives

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!

Healing Solutions Pediatric Centers

Intermountain Dixon

Midtown CHC James Madison

South Jordan Family Medicine

Unity Medical

Valley Clinic/Kane County Clinic-Hospital