

SPECIAL  
POINTS  
OF INTEREST

- 2009 Influenza Season in Utah
- Reported Adverse Events After H1N1 Vaccination

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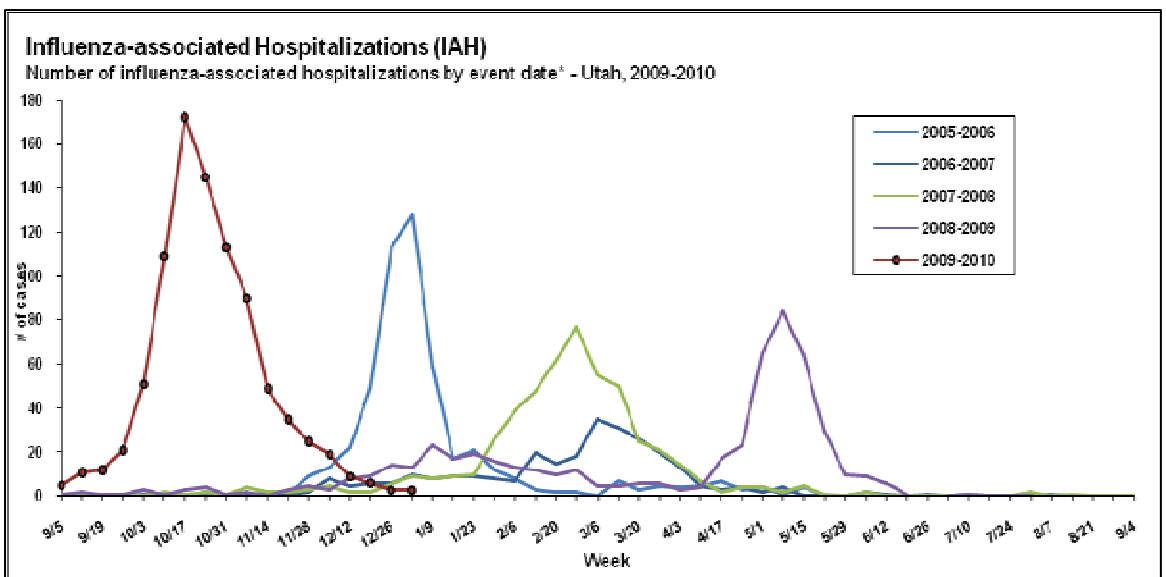
## 2009 Influenza Season in Utah

Valoree Vernon, MPH  
Utah Department of Health

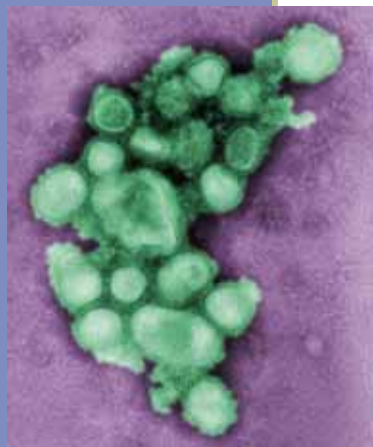
The 2009-2010 influenza season in Utah has been the most active influenza season recorded in recent history. Compared to previous seasons in Utah, this season has shown the highest rates of influenza-like illness and influenza-associated hospitalizations. The reason for the increased activity is due to the pandemic spread of the 2009 H1N1 Influenza A virus and not to increased severity. Surveillance for the 2009-2010 influenza season began on August 30, 2009, with peak activity occurring in late October. This makes this season unique due to how early this virus was circulating compared to what is typically seen with activity peaking between December and March. As was anticipated, the fall wave of 2009 H1N1 influenza was much stronger (2-3 times) than the first wave in the spring. Currently, all influenza activity indicators are at estimated levels for this time of year. It is anticipated that there will be one more small wave of influenza activity this season, but not necessarily due to H1N1.

As of January 6, 2010, 878 influenza-associated hospitalizations had been reported to the Utah Department of Health. Compared to the 2008-2009 season at this same time, 61 influenza-associated hospitalizations were reported. This season, 26 H1N1-related deaths have been reported. A total of 44 deaths have been reported since April when H1N1 was first identified as a Novel Influenza strain.

The circulating strains of influenza have been dominated by the 2009 H1N1 influenza virus. The majority (96%) of hospitalizations have been type A, with 86% of those due to 2009 H1N1, and only one case due to influenza B. The highest percentage of hospitalizations (74.7%) has been in individuals less than 50 years old. Historically, hospitalized cases of influenza occur in the very young and very old. The vast majority of these hospitalizations (83%) have occurred in individuals with known risk factors for severe disease.



## 2009 Influenza Season in Utah, con't



*"The three-dose series of quadrivalent HPV vaccine may be given to males aged nine through 26 years to reduce their likelihood of acquiring genital warts."*



Utah reported one oseltamivir-resistant case this season, and one case was reported at the end of the 2008-2009 season. Both of these cases had severe immunodeficiencies.

Since September 1, 2009, the Centers for Disease Control and Prevention (CDC) reported that 39 of the 2,514 cases tested were oseltamivir-resistant, and 0 of 732 were resistant to zanamivir. The 2009 H1N1 Influenza A and Influenza A H3N2 viruses continue to show resistance (99.7% and 88.9%, respectively) to the adamantanes.

The CDC, along with some other states, have been investigating various national trends due to the H1N1 virus. Utah trends include increased incidence among Native

American/Alaskan Natives and increased surveillance in pregnant women admitted to the ICU with influenza. The Native American and pregnant women trends continue to be watched nationally.

The national H1N1 vaccination campaign has contributed to the current decreased influenza activity. Initially, H1N1 vaccination was recommended for specific high-risk groups, but is now available to the general public.

The specific components of the 2010-2011 season vaccine have not been announced. It is anticipated the recommendations will be released in early spring. ,

## Provisional Recommendations for HPV Vaccine

On October 21, 2009, ACIP voted on updated recommendations for use of human papillomavirus (HPV) vaccine, including recommendations for the bivalent HPV (types 16 and 18) vaccine (Cervarix) for females and the quadrivalent HPV (types 6, 11, 16 and 18) vaccine (Gardasil) for females and males.

### PROVISIONAL RECOMMENDATIONS FOR FEMALES

ACIP recommends routine vaccination of females aged 11 or 12 years with three doses of HPV vaccine. The vaccination series can be started as young as nine years of age.

HPV vaccination also is recommended for females aged 13 through 26 years who have not been previously vaccinated or who have not completed the full vaccination series. Ideally, vaccine should be administered before potential exposure to HPV through sexual contact.

- ACIP recommends vaccination with either the bivalent HPV vaccine or the quadrivalent vaccine for prevention of cervical cancers and precancers.
- ACIP recommends vaccination with the quadrivalent HPV vaccine for prevention of cervical cancers and precancers and genital warts. The quadrivalent vaccine has also been demonstrated to protect against vulvar and vaginal cancers and precancers.

### PROVISIONAL RECOMMENDATIONS FOR MALES

The three-dose series of quadrivalent HPV vaccine may be given to males aged nine through 26 years to reduce their likelihood of acquiring genital warts. Ideally, vaccine should be administered before potential exposure to HPV through sexual contact.

These provisional recommendations also provide guidance related to HPV administration, precautions, and contraindications. ,

To access the complete HPV provisional recommendations, go to:

<http://www.cdc.gov/vaccines/recs/provisional/downloads/hpv-vac-dec2009-508.pdf>.

# USIIS Immunization Coverage

**Dave Foley, MPH**  
**Utah Immunization Program**

In an effort to understand immunization coverage levels beyond the National Immunization Survey (NIS), the Utah Immunization Program (UIP) has tracked the up-to-date status of two-year-old children for the 4:3:1:3:3:1 series over the past three years. Immunization data were obtained from the Utah Statewide Immunization Information System (USIIS). USIIS data can synthesize immunization data from private and public clinics and include patient data as they change providers. Up-to-date rates for Utah children born between February 2002 and July 2004 were tallied for 2005 coverage, between February 2003 and July 2005 for 2006 coverage, and between February 2004 and July 2006 for 2007 coverage. These data coincide with the 2005, 2006, and 2007 NIS, respectively. The data were organized by Local Health District, County, and ZIP code.

The purpose of gathering this data was two-fold. The first was to determine overall immunization status for each local health department (LHD). Secondly, the UIP wanted to organize the USIIS data according to Small Area (determined by the Utah Department of Health) to learn if we could identify target communities for future projects and interventions. UDOH staff developed Utah's 61 Small Areas in 1997. ZIP code area boundaries were used to define Small Areas because they are the smallest commonly-used geographic units that are also identified in most health data sources. Five factors were used to identify peer areas: percentage Hispanic; percentage age 25+ with bachelor's degree; percentage children in poverty; percentage owner-occupied housing; and percentage age 65+. In the analysis, each of the 61 Small Areas were quantified to determine how closely the other 60 areas "matched" the selected area.

These Small Areas were organized into peer groups to further analyze up-to-date rates. The goal was to compare peer areas (i.e., control for significant demographic characteristics) in order to identify which Small Areas had lower than expected immunization rates. Immunization rates (4:3:1:3:3:1) for each Small Area were compared to the peer group average to determine which Small Areas had lower than expected rates. The Small Areas that had coverage levels below their peer group, as well as the state coverage level, would become candidates for potential focus areas.

To become a potential focus area in 2005, a Small Area had to have coverage at least ten percent below both its peer group average and the state average for the 4:3:1:3:3:1 series. Ten Small Areas were identified: Brigham City, Carbon/Emery Counties, Other Southwest District, Cedar City, Other Box Elder County, Provo/BYU, Provo South, East Orem, American Fork/Alpine, and Utah County South.

Results from the 2006 and 2007 data were organized into Small Areas and analyzed in the same peer group as the 2005 study. For 2006, the ten communities identified were at least seven percent below their peer group and Utah State average. For 2006, Carbon/Emery Counties, East Orem, and Other Southwest District were not identified. For 2007, Cedar City was no longer identified as a target area and Carbon/Emery Counties returned. It should be noted that State coverage according to USIIS records has decreased each year. Six Small Areas were identified each year: Brigham City, Other Box Elder County, Provo/BYU, Provo South, American Fork/Alpine, and Utah County South. See the following table for all potential target communities over the last three years.

Small Area	2005 Coverage	2006 Coverage	2007 Coverage
Brigham City	36.8%	18.9%	18.9%
Carbon/Emery Co.	47.8%	NA	28.9%
Other Southwest Dist.	42.5%	NA	NA
Cedar City	35.0%	24.6%	NA
Other Box Elder Co.	48.1%	26.8%	27.3%
Provo/BYU	44.4%	31.4%	28.6%
Provo South	47.2%	32.2%	28.3%
East Orem	46.9%	NA	NA
American Fork/Alpine	47.5%	22.3%	19.3%
Utah County South	46.9%	23.1%	17.9%
Syracuse/Kaysville	NA	34.1%	31.2%
Clearfield/Hill AFB	NA	25.9%	24.0%
Layton	NA	27.1%	26.1%

# Utah Statewide Immunization Information System (USIIS) Updates

## H1N1 and USIIS

- ◆ **H1N1 Doses Administered reporting:** The USIIS team developed a Web application for H1N1 providers to enter and submit doses administered.
- ◆ Use of this application has been successful in meeting CDC reporting requirements.
- ◆ **H1N1 immunizations:** Congratulations to providers who have entered H1N1 immunizations into their Electronic Medical Record (EMR) systems and into USIIS.
- ◆ Approximately one-third of all H1N1 doses administered in Utah are in USIIS. Given the early, hectic nature of mass clinics and new distribution channels, this is good news.

## USIIS Software Updates



- ◆ *Vaccine Inventory:* A defect was fixed to more accurately maintain inventories.
- ◆ *Navigation:* Data entry tabs are now disabled until a Patient ID is saved.

### Important Notes!

- Enter a Patient ID only if the individual is a patient of your clinic/organization.
- You can view an individual's immunization record without entering the Patient ID by going to the Report tab.
- ◆ An impending January update will include:
  - Update to the *Forecaster*.
  - Ability to run a *School Report* without "claiming" the child with a Patient ID.

## User Tip: Modifying Patient Information

**Situation: Patient demographic information or Patient ID has a typo or is inaccurate.**

- ◆ Search and select the patient in USIIS.
- ◆ **Pat. Info.** tab: Change the information in the applicable demographic fields.

### Important Notes!

- You can modify all patient information—i.e., Patient names, Birth Date, Patient ID, SSN, Address, Gender.
- You may not modify the USIIS ID.
- ◆ Press the **Save** button.

## Intermountain Healthcare users

You cannot modify patient demographic information in USIIS.

- ◆ Change patient demographic data in your HELP or IDX Flowcast system.
- ◆ The changes will be sent to USIIS via electronic interface within a few days.

## User Tip: Deleting Immunizations

**Situation: A patient immunization was entered inaccurately.**

- ◆ Search and select the patient in USIIS.
- ◆ **Immun.** tab:
  - Find the erroneous immunization in the Vaccination History list.
  - Click anywhere on the line. The details of the immunization will fill into the fields left of the list.
  - Press the **Delete** button.
- ◆ Enter additional immunizations as applicable and press the **Save** button.

## User Tip: Getting Help to Resolve a Duplicate or Problem Record

**Situation: A patient record for your clinic needs to be merged or otherwise fixed.**

- ◆ Submit a Help Desk ticket.
- ◆ Please insist that the Customer Support Representative documents the following information about the patient(s):
  - 1) USIIS ID
  - 2) Patient ID (assigned by your clinic)
  - 3) Patient Birth Date
  - 4) Patient First and Last names

This will expedite the record(s) getting fixed, as the USIIS team will be able to work on the problem without first having to call you.

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

## Reported Adverse Events After H1N1 Vaccination

Kayla Rypien, BS, CHES  
Utah Immunization Program

With the initiation of the federal H1N1 vaccination program, the safety of the H1N1 vaccine has raised much concern. To assess the safety profile of H1N1 vaccines in the United States, the Centers for Disease Control and Prevention (CDC) reviewed vaccine safety results for the H1N1 vaccines from reports received through the U.S. Vaccine Adverse Event Reporting System (VAERS) and electronic data from persons vaccinated in managed-care organizations in the Vaccine Safety Datalink (VSD), a large, population-based database with administrative and diagnostic data.

For purposes of VAERS reporting, an adverse event is defined as a health problem that occurred after someone received a vaccine or medicine. These reports may be submitted by health care providers, manufacturers, or members of the general public. VAERS is primarily designed to detect potential adverse events, which then can be further investigated by other methods to determine whether an actual association with vaccination exists. VAERS is not able to determine if an adverse event was caused by vaccination. It is important to note that individuals may experience adverse events shortly after vaccination which may or may not be caused by the vaccine.

In the December 4, 2009 Morbidity and Mortality Weekly Report (MMWR), CDC reported preliminary safety results for the 2009 H1N1 influenza vaccines. The table below provides an update of national and statewide summary data as of December 11, 2009.

Adverse Events	National	Utah
<b>Total Reports Submitted</b>	5,703	52
<b>Serious</b> (life threatening or resulting in death, major disability, abnormal conditions at birth, hospitalization, or extension of and existing hospitalization)	333 (5.9%) (21 deaths)	7 (13.5%) (0 deaths)
<b>Non-serious</b> (i.e., soreness at the vaccine injection site)	5,370 (94.1%)	45 (86.5%)

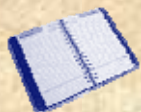
Data from VAERS indicated the overall reporting rate after 2009 H1N1 vaccination is higher than the rate for seasonal influenza vaccination (82 reports per 1 million doses vs. 47 reports per 1 million doses -- based on the December 4 report). Although this could also represent an actual difference in the safety of the vaccines, the difference may have resulted from enhanced reporting to VAERS and heightened public awareness of the 2009 H1N1 vaccines.

CDC and FDA take every adverse event report seriously and individually review all reports of serious adverse events so that potential problems can be quickly evaluated. Anyone who thinks they may have had an adverse event after receiving 2009 monovalent H1N1 influenza vaccine (or any vaccine) should file a VAERS report. Visit <http://vaers.hhs.gov> for more information.

Reference: Safety of Influenza A (H1N1) 2009 Monovalent Vaccines -- United States, October 1-November 24, 2009, MMWR, December 4, 2009/58(Early Release);1-6.



*“VAERS is primarily designed to detect potential adverse events, which then can be further investigated by other methods to determine whether an actual association with vaccination exists.”*



# Upcoming Events

## March

### Utah Scientific Vaccine Advisory Committee

**Date:** March 17, 2010 8:00 a.m.

**Location:** IHC Employee Services Center, 5245 College Dr., Classroom 4, Murray. For more information, call the Utah Immunization Program at 801-538-9450.

## April

### National Immunization Conference

**Dates:** April 19-22, 2010

**Location:** Atlanta, GA

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

### Northern Utah Immunization Coalition Conference

**Date:** April 22, 2010, 8:00 a.m. - 1:00 p.m.

**Location:** Timbermine Restaurant, Ogden

**Keynote Speaker:** Dr. Paul Offit will be presenting on the anti-vaccine movement. For more information, contact Kelly Hansen at [kelly.hansen@loganschools.org](mailto:kelly.hansen@loganschools.org).

### Greater Salt Lake Immunization Coalition Conference

**Date:** April 23, 2010, 8:30 a.m. - 1:00 p.m.

**Location:** Larry Miller Conference Center, Sandy

**Keynote Speaker:** Dr. Paul Offit

For more information, call Sally Dawson at 801-662-1621.

### National Infant Immunization Week

**Dates:** April 24-May 1, 2010

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

## May

### 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>.

## Coalition Meetings

### Every Child By Two Immunization Coalition

**Date:** April 18, 2010 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.

### Northern Utah Immunization Coalition

meets the first Tuesday of every month at 2:00 p.m. at the Weber-Morgan County 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 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:** April 8, 2010, 12:00 p.m.

**Location:** Ogden Regional Medical Center

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

## Congratulations to the following providers who achieved 80% or above immunization rates:

Central Utah Health Dept. - Junction	Payson Pediatrics
Central Utah Health Dept. - Nephi	Robert Terashima, MD
Davis County Health Dept.	Spanish Fork Clinic
Intermountain South Ogden	Stansbury Springs Health Center
Joseph Johnson, MD	University Family Health
Midtown CHC Children's Health Center	Utah Valley Peds - Provo North University
Parowan Medical Clinic	Valley Family Medicine
Payson Community Health Center	Willow Creek Pediatrics - Draper

# Vaccine Management Tips

## Vaccine Storage Guide

Combination Refrigerator/Freezer Units

### 1. Proper Temperatures

 Freeze MMR, MMRV, and Varicella.

Aim for 0° F 5°F or below

-15°C and colder



Don't let temps get too warm!

 Refrigerate all other vaccines.

Aim for 40° F 35° F - 46° F

2° - 8°C



Don't freeze liquid vaccines!



Don't let temps get too warm!

### 2. Proper Set Up

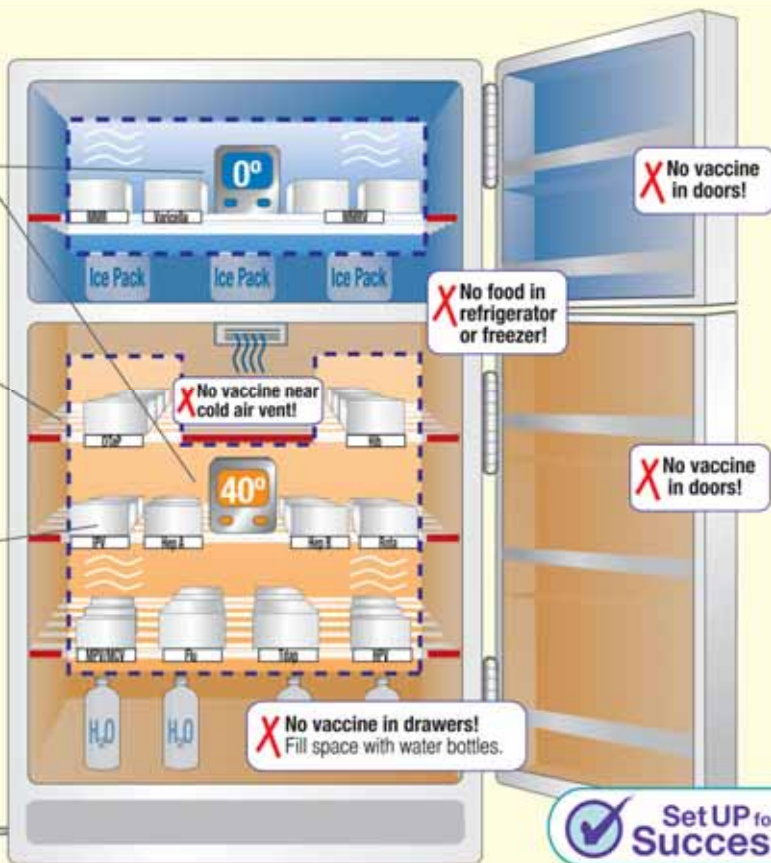
✓ Place thermometers in the center of both the refrigerator and freezer. Post a temperature log on the door.

✓ Keep vaccine spaced 2-3 inches away from walls, floor, and other boxes. Dashed lines show usable space. Mark unusable space.

✓ Group vaccines by type. Clearly label the designated space for each vaccine.

✓ Post "Do Not Unplug" warning signs on electrical outlets and circuit breakers. Plug in only one unit per outlet.

**WARNING!**  
Do Not Unplug




**X** No vaccine in doors!

**X** No food in refrigerator or freezer!

**X** No vaccine near cold air vent!

**X** No vaccine in doors!

**X** No vaccine in drawers!  
Fill space with water bottles.

 Set UP for Success!



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](http://www.immunize-utah.org)  
[www.usiis.org](http://www.usiis.org)

## Welcome New VFC Providers!

Cache Valley Community Health Center – South

Intermountain Bear River

Intermountain Moroni

Intermountain Syracuse

Legacy Point Family Medicine

Nucea Health and Fitness

San Juan Clinic

Southwest Utah Community Health Center – Millcreek High

St. Mark's Millcreek Primary Care

Summit Family Medicine