



## ARIZONA

Hosts 2011 National Infant Immunization Week

By Kaleen Kahl, MS, Health Educator for AIPO

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## Arizona Hosts 2011 National Infant Immunization Week

### What is National Infant Immunization Week?

National Infant Immunization Week (NIIW) was April 23rd - 30th, 2011. The purpose of NIIW is to focus local and national media attention on the importance of immunizing children 24 months and younger. The goal is to motivate parents, caregivers, community leaders and healthcare providers to participate in activities and recognition events to increase the awareness of fully immunizing children before their 2nd birthday. NIIW is celebrated annually in conjunction with Vaccination Week in the Americas (VWA). Each year, the United States-Mexico Border Health Commission (BHC) partners with the ten Border States, the Centers for Disease Control and Prevention (CDC), and the Pan American Health Organization (PAHO) to bring additional focus during NIIW/VWA to the United States-Mexico border region.

### How was Arizona involved in NIIW this year?

Although Arizona celebrates NIIW yearly, Arizona had the honor of serving as the 2011 Inaugural Host State for NIIW. The Arizona Department of Health Services (ADHS) and the Office for Border Health joined forces with The Arizona Partnership for Immunization (TAPI) and other key stakeholders to demonstrate the state's commitment to childhood immunization initiatives and further the state's objective to fully immunize every child by age 2.

### What was Arizona's 2011 NIIW goal?

As the host state for 2011, Arizona's NIIW goal was to focus on infant cocooning for pertussis (whooping cough). Infant cocooning is vaccinating anyone who has close contact with an infant including: parents, family members, caregivers and health care workers in order to protect those who are not fully vaccinated, or have not yet developed full immunity from their vaccines. Arizona used NIIW to introduce long-term cocooning initiatives through the distribution of toolkits to health care providers, community groups and health care providers. We hope to encourage you to continue to promote infant cocooning for pertussis in your community initiatives

throughout the year. To access these toolkits, please visit [whyimmunize.org](http://whyimmunize.org).

### Why Focus on Infant Cocooning for Pertussis?

Pertussis is highly contagious and can infect people of any age. However, infants are the most vulnerable to pertussis because they are too young to receive the vaccine and their lungs are still developing. In California, 10 infants died from a pertussis outbreak in 2010. Additionally, Arizona had a 97% increase in pertussis cases in 2010. Sadly, most infants who contract pertussis catch it from a parent, family member or close caregiver because they were never vaccinated for pertussis or their immunity to the disease has waned over time. Unfortunately, only 6% of adults in the United States are vaccinated for pertussis. Adolescents and adults need a Tdap vaccination every five years. Our goal is to educate the community about the importance of getting a Tdap vaccination to protect infants from contracting pertussis and preventing infant deaths from this terrible disease.

### What Are Some of the Events That Took Place In Arizona to Celebrate NIIW?

Events promoting and celebrating NIIW took place across the state throughout the month of April. ADHS hosted the Inaugural Event in South Tucson on April 26th and the 18th Annual Arizona Immunization Conference on April 27th and 28th. We were pleased to welcome members of the CDC and PAHO, who participated in the both events. Arizona pharmacies including Albertsons, Frys, Safeway, Target, Walgreens and The Apothecary Shops offered a \$5 reward for adults who received a Tdap vaccine in their stores during NIIW. Other activities included health fairs, immunization clinics, Tdap administration to post-partum families and more.

### Thank You to Our Partners

A special thank you goes to El Pueblo Community Neighborhood Center and El Rio Community Health Center for hosting the Inaugural Event. We would also like to thank our partners at the Office of Border Health and The Arizona Partnership for Immunization for helping us make NIIW 2011 a success in Arizona.

# UPDATE ON PERTUSSIS CASES

By Karen Lewis, MD, Medical Director for AIPO

- The intensity of California's pertussis outbreak has slowed. Preliminary pertussis data for 2010 showed 8,383 reported cases, the highest number since 1947. Ten infants in California died from pertussis in 2010.  
[See http://www.cdph.ca.gov/programs/immunize/Pages/PertussisSummaryReports.aspx](http://www.cdph.ca.gov/programs/immunize/Pages/PertussisSummaryReports.aspx)
- Preliminary surveillance data (as of December 2010) showed that Arizona had 516 cases of pertussis reported in 2010 with no deaths. More than 80% of these cases had symptoms consistent with pertussis, but were not laboratory confirmed or linked to a laboratory confirmed case. Arizona had no deaths from pertussis in 2010.
- In contrast, in 2009 Arizona had 277 reported cases of pertussis. Therefore, there was a 97% increase in pertussis cases between 2009 and 2010. Arizona's most recent infectious disease counts can be found at [http://www.azdhs.gov/phs/oids/data\\_reports.htm](http://www.azdhs.gov/phs/oids/data_reports.htm).
- If a patient is suspected of having pertussis, please notify your **local health department** immediately once you suspect the illness. Do not wait for test results before reporting.

## NEWLY PUBLISHED ACIP RECOMMENDATIONS FOR PERTUSSIS VACCINES

By Karen Lewis, MD, Medical Director for AIPO

The Advisory Committee on Immunization Practices (ACIP) has updated pertussis vaccine recommendations in regards to intervals and ages:

- No minimal interval is needed between the previous tetanus or diphtheria containing vaccine and the Tdap vaccine.
- Adults aged 65 years and older who have or who anticipate having close contact with an infant less than 12 months of age and who previously have not received Tdap should receive a single dose of Tdap.
- Children aged 7 through 10 years who are not fully vaccinated against pertussis and who do not have a contraindication should receive one dose of Tdap.

See *Morbidity and Mortality Weekly Report*, January 14, 2011:

[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6001a4.htm?s\\_cid=mm6001a4\\_e%0d%0a](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6001a4.htm?s_cid=mm6001a4_e%0d%0a)

### CDC IN THE NEWS...

**CDC Publishes Updated General Immunization Recommendations from the Advisory Council on Immunization Practices (ACIP) (MMWR Jan. 28, 2011)**

<http://www.cdc.gov/mmwr/pdf/rr/rr6002.pdf>

**CDC Health Advisory Network Notifies Healthcare Professionals about Best Practices for Using PCR for Diagnosing Pertussis**

<http://www2a.cdc.gov/HAN/ArchiveSys/ViewMsgV.asp?AlertNum=00319>

**Advisory Council on Immunization Practices (ACIP) Calls for Yearly Influenza Shot for All Healthcare Workers**

[http://www.apic.org/AM/Template.cfm?Section=Featured\\_News\\_and\\_Events&CONTENTID=17428&TEMPLATE=/CM/ContentDisplay.cfm](http://www.apic.org/AM/Template.cfm?Section=Featured_News_and_Events&CONTENTID=17428&TEMPLATE=/CM/ContentDisplay.cfm)

**The US Supreme Court Votes to Uphold the Vaccine Injury Compensation Program**

[http://www.aap.org/advocacy/washing/AAPPressReleaseBruesewitzRuling\\_2\\_22\\_11.PDF](http://www.aap.org/advocacy/washing/AAPPressReleaseBruesewitzRuling_2_22_11.PDF)



# NEWS FROM THE ARIZONA IMMUNIZATION PROGRAM VACCINE CENTER - SPRING 2011

## Availability of MMRV (ProQuad®)

MMRV (ProQuad®) is no longer available to order. It is anticipated that MMRV will not be available to order for the remainder of 2011. Please order sufficient Varicella and MMR to meet your patient needs.

## Tdap ACIP VFC Resolution

ACIP broadened the Tdap recommendation and the VFC Resolution has been updated to reflect the new recommendations.

1. Tdap should be given to children 7 through 18 years of age who have received tetanus and diphtheria containing vaccines (DT or Td) instead of DTP/DTaP for some or all doses of the childhood series;
2. Have received fewer than 5 doses of DTP/DTaP or 4 doses if the fourth dose was

administered at age 4 years or older;

3. Or the child has never been vaccinated against tetanus, diphtheria, or pertussis (no doses of pediatric DTP/DTaP/DT or Td).
4. If the child 7 through 18 years has never been vaccinated, the preferred schedule is a single Tdap dose, followed by a dose of Td four weeks after the first dose and a second dose of Td 6-12 months later. If not administered as the first dose, Tdap can be substituted for any of the other Td doses in the series. The VFC Resolution can be found at: <http://www.cdc.gov/vaccines/programs/vfc/acip-vfc-resolutions.htm>.

## Vaccine Ordering Management System (VOMS)

The Vaccine Center has implemented on-line vaccine ordering through the VOMS

application which is part of the Arizona Immunization Information System (ASIIS). Most providers have enrolled to order vaccine on-line and have received the permission to order vaccine from ASIIS. Providers that have received notification that they can order vaccine on-line should begin doing so now.

Providers must report their current inventory of all VFC vaccines on hand, and doses administered, during the reporting period when placing a vaccine order in VOMS. Temperature logs and the new VFC Eligibility and Kidscare reporting form must be faxed to the Vaccine Center monthly.

You must continue to keep hard copies of your temperature logs and VFC eligibility screening data in your office for VFC staff to review when they visit your office to conduct a site visit.

## Reminders for Providers

### Vaccine Will Be Removed When Stored in Out of Range Temperatures

Vaccine is temperature sensitive. The potency of the vaccine decreases if stored in out of range temperatures. Refrigerated vaccine must remain at temperatures between 35°F - 46°F (2°C - 8°C). Frozen vaccine must be stored at <5°F (-15°C). Arizona loses the most vaccine by refrigerated vaccine being stored at out of range temperatures. VFC vaccine will be removed from provider offices when vaccine is found stored in out of range temperatures. Providers may have to reimburse the program or vaccine may not be shipped to providers in the future for significant amounts of wasted vaccine loss.

### Permanent Storage of VFC Vaccine in Dorm-style Refrigerators No Longer Allowed

CDC no longer allows dorm-style refrigerators as permanent storage units for VFC vaccine. Effective immediately, all VFC providers cannot use a dorm-style refrigerator as a permanent storage unit for VFC vaccine. A dorm-style refrigerator is a small combination refrigerator/freezer unit with the freezer compartment located inside the refrigerator compartment.

### NIST Traceable Certified Thermometers

CDC requires that all refrigerator and freezer temperatures where VFC vaccine is stored be monitored with thermometers that have been calibrated according to NIST standards. All VFC providers will need to purchase NIST traceable thermometers and have

these thermometers recalibrated according to the recalibration date stated on the certification. Providers will need to keep their certifications available to show reviewers during quality assurance site visits.

### VFC Documentation

Some providers have submitted their vaccine orders and temperature logs without listing their PINs. It is impossible to identify providers or match orders with temperature logs without the PIN being placed on the order form and temperature log. Please ensure that you place your site's PIN on all documents submitted to the VFC Program.

### Providers Enrolled in VFC

The VFC Program must keep a current list of all providers that order the administration of VFC vaccine. Please notify the Vaccine Center when you have physicians, nurse practitioners, or physician's assistants join or leave your practice.

### VFC Program Forms on ADHS Website

Many of the VFC forms that you need are posted on the ADHS website. Some of the forms available are Vaccine Order/Reporting, Patient Immunization Log, Return & Adjustment, Forms Request, Temperature Log, Vaccine Availability, Packing, & CPT Codes, and other forms. The forms may be found at the following address: [http://www.azdhs.gov/phs/immun/act\\_aipo.htm](http://www.azdhs.gov/phs/immun/act_aipo.htm).



# Picking the Right Varicella and MMR Vaccines

By Karen Lewis, MD, Medical Director for AIPO

Physicians have two choices in immunizing children against measles, mumps, rubella, and varicella. There is a vaccine that contains all four antigens: the MMRV vaccine. Alternately, physicians can give a measles-mumps-rubella (MMR) vaccine in one site, and a varicella vaccine in another site. MMRV contains fourteen times the concentration of varicella virus compared to the single antigen varicella vaccine. Therefore, it is not surprising that there is more fever in children when given the MMRV compared with those who receive MMR and varicella

vaccines as two separate shots.

Children under 4 years old have an increased risk of febrile seizures with MMRV when compared to separate, simultaneous MMR and varicella vaccine administration. Therefore, the Advisory Committee on Immunization Practices (ACIP) recommends that children 0-3 years old receive MMR and varicella vaccines in separate sites unless the parents prefer to use the combined MMRV vaccine to save a poke. ACIP recommends a preference for using the combined MMRV vaccine for immunizing children 4 years and older. See

MMWR May 7, 2010 [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5903a1.htm?s\\_cid=rr5903a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5903a1.htm?s_cid=rr5903a1_e)

## The Importance of Haemophilus influenzae type b Booster Vaccines

By Karen Lewis, MD, Medical Director for AIPO

The booster dose of Hib vaccine is important for continued high levels of antibodies throughout childhood. Not having a booster dose can lead to waning personal and herd immunity. This is demonstrated by the experience in the United Kingdom (UK). In 1992 the UK instituted a 3 dose Hib vaccine primary series with no booster vaccine at 12-15 months. Due to an increase in invasive Hib disease in children that was likely due to waning immunity, in 2003 the UK recommended that both the primary series and a booster dose of Hib vaccine be routinely given for children under five years old.

The Centers for Disease Control and Prevention (CDC) has always recommended giving a Hib vaccine booster dose at 12-15 months to prevent waning immunity. However, due to a limited supply of Haemophilus influenzae type b (Hib) vaccine, the CDC recommended on December 13, 2007 to temporarily defer the routine booster dose administered to children at age 12--15 months. This deferral was lifted on June 26, 2009. Providers need to be sure that children are getting their Hib booster vaccine.

[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5824a5.htm?s\\_cid=mm5824a15e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5824a5.htm?s_cid=mm5824a15e)

### RESOURCES

**Why Parents Should Vaccinate Their Children- Handout Written by Dr. Karen Lewis, AIPO Medical Director**

[http://www.azdhs.gov/phs/immun/pdf/Why\\_Parents\\_Should\\_Vaccinate\\_Their\\_Children.pdf](http://www.azdhs.gov/phs/immun/pdf/Why_Parents_Should_Vaccinate_Their_Children.pdf)

**Updated Recommended Immunization Schedules for Children Aged 0-18 Years**

<http://www.cdc.gov/mmwr/PDF/wk/mm6005-Immunization.pdf>

**Updated Recommended Adult Immunization Schedule**

<http://www.cdc.gov/mmwr/PDF/wk/mm6004-Immunization.pdf>

# ASIIS Updates-Spring 2011

By Lisa Rasmussen, ASIIS Project Leader

## Administered immunizations versus Historical immunizations, what is the difference?

It is very important to consistently and accurately distinguish between historical vs. administered immunizations in ASIIS. Please report vaccines as historical ONLY if they were NOT administered by your practice. Administered vaccines are ANY vaccines that were administered by your practice, regardless of the date the vaccines were given. Keep in mind that some ASIIS reports count administered vaccines only. For example, if a site reported all vaccines as historical, their Vaccine Totals report would show a "0" total.

## Interoperability plans underway!

The ASIIS Program has received funding to develop new electronic interfaces with provider sites that use Electronic Health Record Systems (EHR's). If your practice is interested in pursuing this as a possibility, please contact the ASIIS unit and provide information on which EHR system you are using, the version, contact information for

your practice and the EHR vendor. We are expecting an onslaught of interest, so please keep in mind that we will need to prioritize participation based on provider size and EHR readiness and capacity. For those health care providers who aren't initially prioritized, we are in the process of developing a website that will allow them to submit test files for use in meeting minimal Meaningful Use criteria.

## Vaccine ordering module update

Health care providers are now able to use the Vaccine Ordering Management System (VOMS) in ASIIS to order their Vaccines for Children (VFC) vaccine. VOMS tracks temperature logs, submission of vaccine orders, and receipt of orders that automatically updates vaccine inventory. We have posted a step-by-step manual and short video to explain this process in ASIIS.

## Friendly ASIIS reminders

- Search for ASIIS records using initials and date of birth only. Remember, if the child was born in Arizona, there is a great possibility that his or her record already exists in ASIIS. Searching by the full name limits the probability of finding the correct record and may result in your creating a new record unnecessarily.
- Report duplicate records as you find them in ASIIS by checking the 'Report Duplicates' box on the Patient Search/Add screen. Please add comments that help us in completing the merge.
- Update addresses/phone numbers/guardian information with each visit.
- Check spelling and dates before saving records.
- Your ASIIS login is tied to your provider site. Let us know if you have changed jobs so we can give you a new login.
- Contact the ASIIS unit if you ever have any questions or need any assistance. We are available to help you Monday – Friday, 8am – 5pm at 1-877-491-5741 or 602-364-3899.

## Ask the Experts...

**Q:** I'm new to immunizations. What is the difference between the various meningococcal vaccines?

**A:** There are two types of meningococcal vaccines that are licensed in the United States: meningococcal conjugate (MCV4) and meningococcal polysaccharide (MPSV4). Both include the same four *Neisseria meningitidis* serotypes (A, C, Y and W-135). MPSV4 contains purified bacterial polysaccharide capsule from the four different serotypes. However, children under two years old do not produce adequate antibodies with this formulation.

The MCV4 vaccine contains the same four capsular polysaccharides as MPSV4, but in MCV4 the polysaccharides have been conjugated to a protein. MCV4 has several advantages over the MPSV4 vaccine: effectiveness at a younger age, less bacterial colonization in the nose and throat, longer duration of immunity, and better immunologic memory. These factors may result in better "herd immunity".

MCV4 is the preferred vaccine for people under 55 years of age. There are two different MCV4 vaccines that are licensed in the US: Menactra® (sanofi pasteur) and Menveo® (Novartis). Menactra® is licensed for ages 9 months-55 years old. Menveo® is licensed for ages 2 years-55 yrs.

MPSV4 (Menomune® by sanofi pasteur) is licensed for people 2 years and older. This vaccine should be used for people over 55 years or for people needing meningococcal protection when MCV4 is not available.

**Q:** I'm new to immunizations. How many doses of pediatric diphtheria-tetanus-acellular pertussis (DTaP) vaccine does an infant need before she or he is protected from pertussis?

**A:** The vaccine efficacy following 3 doses of DTaP is 80%-85%; efficacy is likely to be lower with just 1 or 2 doses. This is the reason why everyone caring for infants (parents, other family members, caretakers, and visitors) should be fully vaccinated against pertussis to provide a "cocoon" of protection around the infant. The complete primary series of DTaP vaccine consists of 4 doses with the 4th dose recommended at 15-18 months or at least 6 months after DTaP #3 for a child 12 months or older. Inform parents that all recommended DTaP doses are critical to boost and maintain optimal protection for their child.



# Updated Yellow Fever Vaccine Guidelines

By Karen Lewis, MD, Medical Director for AIPO

The Centers for Disease Control and Prevention (CDC) have published updated information on the Yellow Fever (YF) vaccine. YF is transmitted to a human from the bite of an infected mosquito. It is endemic to sub-Saharan Africa and tropical South America. Infection in humans can cause severe hemorrhagic fever that is fatal in 20%--50% of persons.

YF vaccine is recommended for persons aged 9 months and older who are traveling to or living in areas at risk for YF transmission in South America and Africa unless it is contraindicated. Since serious adverse events can occur following YF vaccine administration, health-care providers should vaccinate only persons who are at risk for exposure to YF or who require proof of vaccination for country entry.

Travelers to YF areas of the world are required to show proof of YF vaccination or a signed medical waiver. YF vaccines must be administered at an approved YF vaccination center. A list of designated YF vaccine centers is available from CDC at <http://wwwnc.cdc.gov/travel> or can be obtained from the Arizona Department of Health Services (ADHS). ADHS certifies YF vaccination centers in Arizona. Providers who wish to be an approved YF vaccination center should contact ADHS at (602)-364-3630.

CDC has developed a new online course about YF vaccine for healthcare providers. The course contains important updated information for providers who administer YF vaccine. See: <http://www.cdc.gov/travel-training>

The YF vaccine is a live attenuated vaccine. Common adverse events include headaches, myalgia, low-grade fevers, or other minor symptoms for 5-10 days. Localized pain, swelling, erythema, or warmth might occur at the injection site for up to a week following vaccination. Rarely there can be anaphylactic reactions to vaccine components.

There are three types of unusual but serious adverse events following YF vaccine administration: 1) immediate hypersensitivity or anaphylactic reactions, 2) YF vaccine-associated neurologic disease including viral meningoencephalitis, and 3) YF vaccine-associated viscerotropic disease which manifests as fever with multiple organ system failure.

YF vaccine is contraindicated in people who may be at higher risk of complications from the live attenuated vaccine. These people include.

- A history of hypersensitivity to any of the vaccine components, including eggs, egg products, chicken proteins, gelatin, or latex.
- Infants aged less than 6 months.
- Thymus disorders associated with abnormal immune cell function.
- Symptomatic HIV-infection or CD4+ T-lymphocyte values less than 200 per mm<sup>3</sup> or less than 15% of total lymphocytes for children aged less than 6 years.
- Primary immunodeficiencies.
- Malignant neoplasms.
- Organ transplantation.
- Immune suppression or modulation attributable to current or recent radiation therapies or drugs.

Certain situations are precautions for giving YF vaccine. Although the risk of adverse reactions in these groups may be higher, patients may choose to receive the vaccine if the physician feels that the benefits from vaccination outweigh the potential risks. Precautions include:

- Age 6-8 months since infants.
- Age 60 years and older, particularly if it is the first dose of the YF vaccine.
- Asymptomatic HIV infection with moderate immune suppression.
- Pregnancy.
- Breastfeeding.

Additional details about yellow fever and yellow fever vaccines are contained in "Yellow Fever Vaccine," MMWR, July 30, 2010 <http://www.cdc.gov/mmwr/pdf/rr/rr5907.pdf>



## New ACIP Recommendations for Meningococcal Conjugate Vaccines

- ACIP voted in October 2010 to recommend two doses of meningococcal conjugate vaccines for adolescents (instead of just one). The recommended ages are 11-12 years of age and 16 years of age.
- The official ACIP written document summarizing the details of this ACIP vote will be posted soon under “ACIP Provisional Recommendations” on the CDC website.
- Once the provisional recommendations are officially approved by the United States Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC), they will be published in Morbidity and Mortality Weekly Report (MMWR) and posted under “ACIP Recommendations.” <http://www.cdc.gov/vaccines/recs/provisional/default.htm>

## MMWR Publishes ACIP’s New Childhood Pneumococcal Vaccines Recommendations

The December 10, 2010 issue of Morbidity and Mortality Weekly Report published new childhood pneumococcal recommendations. Highlights of the recommendations include:

- Routine vaccination of all children aged 2–59 months using 13-valent pneumococcal vaccine (PCV13) instead of 7-valent (PCV7).
- PCV13 vaccination of children aged 60–71 months with underlying medical conditions.
- Catch up PCV13 vaccination for children who previously received  $\geq 1$  dose of PCV7.
- 23-valent pneumococcal polysaccharide vaccine (PPSV23) use in children aged 2–18 years with high risk medical conditions once the PCV13 series is finished.

See <http://www.cdc.gov/mmwr/pdf/rr/rr5911.pdf>

## SUMMARY OF REPORTABLE VACCINE-PREVENTABLE DISEASES January – December, 2010<sup>1,2</sup>

	Jan - Dec, 2010	Jan-Dec, 2009	Jan-Dec 5-Year Median
Measles	1	0	0
Mumps	5	10	4
Rubella (Congenital Rubella Syndrome)	1 (0)	0 (0)	0 (0)
Pertussis (confirmed)	516(89)	277(79)	277 (36)
<i>Haemophilus influenzae</i> , serotype b invasive disease (<5 years of age)	5(2)	1(1)	4(3)
Meningococcal infection, invasive	12	15	15
<i>Streptococcus pneumoniae</i> , invasive	827	907	919
Hepatitis A	66	68	149
Hepatitis B, acute	152	193	193
Hepatitis B, chronic	970	1118	1101

<sup>1</sup> Data are provisional and reflect case reports during this period.

<sup>2</sup> These counts reflect the year reported or tested and not the date infected.

## Save the Date

### June 2011

The Arizona Partnership for Immunization (TAPI) Paid Certified Trainings for Immunization & Mass Vaccination will be offered on various dates throughout June in the Phoenix Area.

### June- September 2011

The Arizona Partnership for Immunization (TAPI) Learn at Lunch Series will be offered on various dates throughout the summer state-wide.

For more information on either of these trainings, please visit [www.whyimmunize.org](http://www.whyimmunize.org) or email [tapiadmin@aachc.org](mailto:tapiadmin@aachc.org).



# Immunications

Arizona Department of Health Services  
Bureau of Epidemiology and Disease Control Services  
Arizona Immunization Program Office  
150 N. 18th Avenue, Suite 120  
Phoenix, Arizona 85007-3233  
(602) 364-3630  
[www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm)

MANAGING EDITOR:  
Kaleen Kahl

EDITORS:  
Patty Becerra Gast/Chris Lyons

CONTRIBUTORS:  
Cherry Boardman; Karen Lewis;  
Kaleen Kahl; Chris Lyons;  
Lisa Rasmussen; Caleb Wiedeman

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