

Arizona's School and Childcare Immunization Coverage Levels

By Jennifer Ralston-King, AIPO Immunization Assessment Coordinator

Each year the Assessment Unit of the Arizona Immunization Program Office collects and analyzes immunization data reported by schools and childcare programs throughout the state. Schools with preschool, kindergarten, sixth and/or tenth grades, and childcare centers with children under age 6, are required to submit an Immunization Data Report each fall by November 15th.

Data collected from schools and childcare centers is used to identify communities at risk for outbreaks of vaccine-preventable diseases, and to evaluate and address compliance with immunization requirements. Because of the importance of immunizations in school settings, the Centers for Disease Control and Prevention (CDC) requires detailed school immunization reports from all state immunization programs.

Arizona's report to the CDC on sixth grade coverage levels was based on the immunization status of 79,557 students in fifteen Arizona counties. The report included 3,038 sixth graders in private schools and 76,519 in public schools (including charters).

The chart below illustrates differences in coverage levels and exemption rates by school type. Coverage levels below 95% identify potential risks. For example, the total Tdap coverage level of 85.4% indicates that 14.6% of Arizona's sixth graders were still at risk for developing whooping cough because they had not received the booster dose of the pertussis vaccine contained in Tdap.

we've gone green!

- ① Logon to www.azdhs.gov and select *ADHS email News*
- ② Enter your email address
- ③ Select *Immunications* to receive this newsletter electronically

Coverage levels of kindergarten students submitted to CDC included immunization data from 4,379 private school students and 79,462 students in public schools (including charters). Statewide coverage levels are at 94.9% for DTaP and MMR. When assessed by county, DTaP

coverage levels vary from 82% to 98%, and MMR coverage levels range from 80% to 98%.

2009-2010 Sixth Grade Coverage Levels In Arizona			
	Public	Private	Total
1 Tdap	85.5%	82.7%	85.4%
1 MCV	85.9%	79.3%	87.7%
2 MMR	97.2%	93.8%	97.1%
3 Hep B	97.8%	96.6%	97.8%
Personal Exemption	3.0%	5.1%	3.1%

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Did you know...

August is National Immunization Awareness Month?

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The immunization histories of 79,697 children, nineteen to fifty-nine months of age, were compiled and assessed to determine coverage levels of children attending childcare, preschool and Head Start centers. Although statewide means show high levels of protection against vaccine-preventable diseases, coverage levels may vary dramatically from one county to another. For example, DTaP #4 coverage levels ranged from 93% in one county up to 100% in another.

Communities with lower immunization levels are at higher risk for vaccine-preventable diseases. For more information about vaccine coverage levels in your community, please contact Jennifer Ralston-King at Jennifer.Ralston-King@azdhs.gov or 602-364-3632.

2009-2010 Kindergarten Coverage Levels In Arizona			
	Public	Private	Total
4+ DTaP	94.9%	95.1%	94.9%
3+ Polio	95.6%	94.3%	95.5%
2 MMR	95.0%	93.0%	94.9%
3 Hep B	96.8%	97.1%	96.8%
1+ Varicella	97.5%	96.9%	97.4%
Personal Exemption	2.7%	3.6%	2.7%

2009-2010 Childcare Coverage Levels In Arizona		
	Statewide Mean	Range of Coverage
4+ DTaP	95.0%	93.0%-100%
3+ Polio	97.0%	94.1%-100%
1+ MMR	97.0%	94.3%-100%
3+ Hib	93.6%	87.4%-97.0%
3+ Hep B	96.0%	93.5%-100%
1+ Varicella	96.0%	93.1%-99.0%
Chicken Pox History	0.7%	0.2%-4.4%
Religious Exemption	2.6%	0%-6.7%

Arizona’s 17th Annual Immunization Conference– A Big Success!

By Chris Lyons, MS, RN, Immunization Services Manager

The 17th Annual Arizona Immunization Conference was held on May 18th and 19th, 2010 at the Black Canyon Conference Center. Over 340 health care professionals attended the statewide conference to learn the latest information on vaccine-preventable diseases, immunization delivery, and vaccines. Attendees were treated to nationally recognized expert Andrew Kroger, MD, MPH, Medical Epidemiologist from the National Center for Immunization and Respiratory Diseases (NCIRD) at the Centers for Disease Control and Prevention (CDC) who gave an excellent vaccine update entitled “Vaccine News and Previews”. Another CDC guest speaker, Health Education Specialist Michelle Basket, delivered guidance for “Understanding and Addressing Parental Vaccine Questions & Concerns”.

Other outstanding presentations included: Diana Hu, MD, of the Navajo Area Indian Health Services, shared “Vaccine Success Stories and New Challenges”; Bob England, MD, MPH, Director of Maricopa County Department of Public Health, addressed the *Year of H1N1* with “Are We Done Yet? The Great Pandemic of 2009”; Karen Lewis, MD, Medical Director for the Arizona Immunization Program at the Arizona Department of Health Services, shared “Forty Years of Vaccine Hesitancy: Understanding History to Help Parents Make Good Decisions”. Conference attendees rated the facility as excellent and the two-day event as an overwhelmingly positive experience at which all learning objectives were met. Check out our conference webpage to review some of the wonderful presentations delivered at the conference and get the latest news about upcoming educational events. <http://www.azdhs.gov/phs/immun/conf.htm>

Updates from the Arizona Immunization Program Vaccine Center

July 2010

By Cherry Boardman, Vaccine Center Manger

Pneumococcal Conjugate Vaccine

Pfizer's 13-valent pneumococcal conjugate vaccine (PCV13) has replaced PCV7. Whenever a new vaccine is added to the VFC Program, it takes a few months for AHCCCS health plans to begin paying for the vaccine administration fee. If providers have billed a health plan but payment for the administration fee was denied, providers will still be able to collect the administration fee. AHCCCS is working closely with the health plans to ensure that the administration fee for PCV 13 is paid but providers will need to re-bill the plans if payment is initially denied.

Human Papillomavirus (HPV) Vaccine Vaccine Information Statements

HPV2 (Cervarix®) and HPV4 (Gardasil®) are both offered through the VFC Program. CDC has developed VISs for both vaccines. Since the vaccines are not interchangeable, providers need to provide the specific VIS for each vaccine. The VISs for both vaccines can be found at <http://www.cdc.gov/vaccines/pubs/vis/default.htm#hpv>.

MMRV (ProQuad®)

The VFC Program has been able to provide MMRV to providers recently. The supply is limited but providers can continue to order MMRV until the CDC supply is depleted. At this time, it is estimated that the supply will be depleted in a few months.

Seasonal Flu Vaccine

The Vaccine Center has pre-booked Arizona's 2010 influenza order with CDC. A total of 512,130 doses of influenza vaccine were pre-booked for the upcoming season. Over 96,000 more doses of flu vaccine were ordered this season than last season. There will be five manufacturers providing VFC influenza vaccine this season. The manufacturers are Sanofi Pasteur, Novartis, Merck, GlaxoSmithKline (GSK) and MedImmune. The

novel H1N1 strain will be included in the seasonal influenza vaccine this year.

The 2010 annual influenza provider pre-book mailing was sent to providers in July. Influenza orders were due to our office on 7/31/10. If you have not yet submitted your order, please do so ASAP. As in previous years, we may need to adjust your initial shipment based on the supply of vaccine that is available.

VOMS Implementation

AIPO is piloting an electronic VFC vaccine ordering process through the Arizona State Immunization Information System (ASIIS) web application. The electronic vaccine ordering system is called VOMS (Vaccine Ordering Management System). Arizona's county health departments are participating in the pilot. All VFC Providers will be asked to order vaccine through VOMS by 2011. Further information will be provided about the electronic vaccine ordering system to VFC Providers as we roll out the system. We will notify providers when they are to begin ordering vaccines on-line.

Learn at Lunch Series

TAPI, Maricopa County CHN, and AIPO staff are offering provider training through a program called "Learn at Lunch" in several counties again this year. Trainings were provided in Phoenix, Camp Verde and Show Low in June; as well as Sierra Vista and Tucson in July. Trainings will also be offered September 8th in Flagstaff, September 9th in Kingman, and September 23rd in Phoenix. We invite you to join us during the trainings.

These trainings are recommended for all VFC Providers especially if the provider has had storage and handling problems, has new staff, or the provider wants their staff to have an immunization refresher course.

You may request an application form to attend training by contacting The Arizona Partnership for Immunizations at (602) 288-7568 or tapiadmin@aachc.org.

CDC IN THE NEWS...

Hepatitis A Vaccination Coverage Among U.S. Children Aged 12–23 Months — Immunization Information System Sentinel Sites, 2006–2009 (MMWR: July 2, 2010) http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5925a3.htm?s_cid=mm5925a3_e

Notes From the Field: Pertussis-California, January-June 2010 (MMWR: July 9, 2010) http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5926a5.htm?s_cid=mm5926a5_e%0d%0a

Addition of Severe Combined Immunodeficiency as a Contraindication for Administration of Rotavirus Vaccine (MMWR: June 11, 2010) http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5922a3.htm?s_cid=mm5922a3_e%0d%0a

GET READY FOR WHOOPING COUGH

By Karen Lewis, M.D., Medical Director for AIPO

Arizona may soon be seeing more cases of whooping cough (also known as pertussis). Whooping cough outbreaks characteristically come every 3-5 years. The last surge of whooping cough in Arizona and the US was in 2005. In that year the US had over 25,000 cases of whooping cough; Arizona had 1,108 cases and one pediatric death.



California has already declared a whooping cough outbreak. In the first six months of 2010, California has had 1,337 cases of pertussis. Public health officials are investigating hundreds more. This represents a five-fold increase over the 258 cases of whooping cough reported during the same time period in 2009. Also, in the first 6 months of 2010 California has had 5 infant deaths from whooping cough. In light of the pattern of cases surging every 3-5 years, it is very likely that Arizona will see many more cases of whooping cough in the next few months.

Whooping cough is caused by *Bordetella pertussis*. *B. pertussis* is highly contagious and can infect people of any age. It spreads person-to-person by respiratory droplets and has an incubation period of 1-3 weeks. *B. pertussis* grows in the trachea and produces a toxin that paralyzes the respiratory cilia responsible for clearing mucous from the lungs. This results in severe and prolonged coughing as patients have to rely on their diaphragm to try to clear mucous from their lungs so that they can breathe.

The symptoms of whooping cough start like a cold, with a mild runny nose and a slight cough. The runny nose goes away, but the cough gets progressively worse over weeks. People with whooping cough feel fine in between coughing spells—no fever, no sore throat, no body aches. However, once the coughing starts, the cough is relentlessly

repetitive, making it very difficult to catch one's breath. Patients gasp for air at the end of a coughing spasm, often producing a strangling gasp or whoop when they finally start breathing again. Coughing can be so severe that patients can break ribs, lose bladder control, or have blood vessels rupture in their eyes.

Infants are the age group at highest risk of dying from whooping cough. Infants are susceptible to whooping cough from birth. In addition, whooping cough vaccines do not give infants immediate protection. Infants are not optimally protected against whooping cough until after the third dose of whooping cough vaccine which is usually given about 6 months of age. When infants get whooping cough it is usually family members who infect them. One study showed that 75% of the suspected sources for infant pertussis cases were family members (Bisgard K et al. *Ped Infect Dis J* 2004).

Immunity to whooping cough vaccine and immunity to whooping cough infection wears off with time leaving teenagers and adults susceptible to infection. Fortunately, a tetanus-diphtheria-whooping cough booster vaccine (abbreviated as Tdap) was approved in 2005 for use in teenagers and adults ages 10-64 years old.

Everyone who will be having contact with infants should be fully vaccinated against whooping cough. Teenagers and adults need to make sure that they have received the new whooping cough booster vaccine (Tdap). New mothers should get a Tdap vaccine as soon as possible after delivery if they have never had a one. Family members should make sure that they are all completely immunized before the baby is born. Tdap can be given as soon as 2 years after a tetanus-diphtheria shot or even sooner if needed.

The diagnosis of whooping cough should be considered in patients with a worsening cough, especially if they are nontoxic, afebrile, and asymptomatic in between coughing episodes. If you suspect that a patient may have whooping cough, notify your local health department and test for whooping cough. Testing involves collecting a nasopharyngeal swab (Dacron) for *B. pertussis* culture and PCR. Remember to use droplet precautions during the procedure (surgical mask and eye protection). Droplet precautions should also be used when examining a patient with suspected whooping cough even if you are fully vaccinated.

Patients with suspected whooping cough should be given effective antibiotics as soon as possible. Penicillins and

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cephalosporins are not effective against *B. pertussis*. The antibiotics of choice are: azithromycin once a day for 5 days, clarithromycin twice a day for 7 days, or erythromycin four times a day for 14 days. Erythromycin is contraindicated in infants under 1 month old due to the risk of pyloric stenosis. A patient is considered contagious until they have been taking antibiotics for five days. Treatment in the first week or two of illness will shorten the course of whooping cough. Later on in the illness, antibiotics will make the person noninfectious but the cough will continue for weeks to months.

For more information on whooping cough visit <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/pert.pdf>

IMPORTANT NOTICE

The annual *Immunization Update*, highlighting current and late-breaking immunizations issues was broadcast live on August 5th, 2010. All Immunization providers who missed the broadcast are encouraged to access the archived webcast, available soon at <http://www2a.cdc.gov/PHTN/webcast/immupdate2010/default.asp>.

ASIIS Update

By Lisa Rasmussen, ASIIS Project Leader

A Big Thank You:

ASIIS would like to thank the 281 provider sites that faithfully reported to ASIIS in a timely manner for all of 2009. They were sent a certificate of appreciation.

Future changes to look forward to:

ASIIS changes will be coming! We have determined that it is time that ASIIS got a much needed makeover. We are working with our software vendor to develop a more modern and user-friendly look, feel and functionality to the application. We will gladly accept suggestions to bring to the work group that will develop the changes. Volunteers are welcome to review the prototypes.

Policies for User ID's and Passwords:

Please remember that your assigned ID is also attached to your practice. If you leave one practice for another, please contact ASIIS for a new ID. We don't want immunizations added to the wrong provider site! Passwords are set to

expire every 90 days. This process was developed so that ASIIS is in compliance with HIPAA rules and regulations. Please do not share your ID and password with anyone.

Forecasting notes:

The quadrivalent HPV vaccine will forecast for males only if a first dose is administered.

Use of the combination vaccine DTaP/Hep B/IPV vaccine for the dose given when the child is four months old results in an invalid red X for the vaccine. This does not mean that the entire vaccine is invalid, only the Hepatitis B component is invalid, because it was administered at less than 24 weeks of age. Once the six-month dose is given (or a single antigen dose of Hepatitis B is given after 24 weeks), the Hepatitis B series is complete and the red X no longer appears on the screen.

Due to a change in vaccine recommendations, this same invalid X will occur for any Polio component that is administered between the age of 4 and 6.

RESOURCES

Free On-line Immunization Training- from EZ-IZ
<http://www.eziz.org/pages/vaccineadmin.html>

Adult Immunization Update 2010 DVD and Web Archive
<http://www2.cdc.gov/PHTN/immupdate2010/default.asp>

June 2010 Immunization Program Operations Manual Updates
<http://www.cdc.gov/vaccines/vac-gen/policies/ipom/default.htm>

Increasing Adolescent Immunization Levels– Tips for Providers

By Chris Lyons, MS, RN, Immunization Program Manager

Adolescents are a challenging group to immunize for most healthcare providers. First, you need to get the adolescent into the provider's office; then you need to get the immunization into the adolescent!

Even though the common belief is that adolescents RARELY go to the doctor, research tells us differently. 2003 data from NCHS indicate that 86% of children (6-17 years) and 76% of adolescents and young adults (18-24 years) reported at least one visit to a doctor's office, emergency department, or home visit within the past 12 months. While we clearly need to develop strategies to increase adolescent "well" visits, there is ample opportunity to capitalize on the visits that are taking place and increase the number of adolescents that are fully immunized.

Get ready for the Visit...

Promote adolescent preventive health visits. Create an expectation for adolescents and parents to see providers for the 11-to 12-year visit, 14- to 15-year visit, and 17- to 18-year visit. Providers are more likely to screen, and most adolescent vaccinations are administered, at "well" visits.

Distribute adolescent vaccination information to adolescents and parents of adolescents. Use email, standard mail, posters in the office, handouts or flyers in the waiting rooms.

Use reminder /recall to bring adolescents in for timely or catch-up immunizations.

Educate the adolescent/parents about the risk of vaccine-preventable diseases by making information available in the waiting area. Include information on the safety of vaccines.

Educate the adolescent/parents about websites that provide reliable, scientific research-based information about vaccines and vaccinations [i.e. Centers for Disease Control and Prevention (CDC)]

Provide parents with information about where else they can get immunizations for their adolescent.

During the Visit...Sick or Well

- ✓ Screen adolescents at all visits for vulnerability to vaccine-preventable diseases.
- ✓ Explain the seriousness of vaccine-preventable diseases and need for vaccines/vaccinations
- ✓ Address the adolescent's and parents' concerns about the safety of vaccines/vaccination
- ✓ Address "needle phobia" and the fear of pain related to vaccination—often a carry-over concern from vaccination experiences at younger ages.
- ✓ Respect the adolescent's need for privacy and confidentiality.
- ✓ Allow opportunity for questions. Answer questions truthfully and provide supporting literature/resource information.

Arizona Vaccine News—A New Newsletter

Arizona Vaccine News (AzVN) is a new newsletter of the Arizona Immunization Program Office (AIPO) of the Arizona Department of Health Services (ADHS). The purpose of AzVN is to more rapidly disseminate local, national, and international vaccine information that affects Arizona. AzVN is sent out electronically to health care providers and institutions that are

involved with vaccination. Past copies of AzVN can be accessed at <http://www.azdhs.gov/phs/immun/vacNews.htm>.

AzVN is distributed monthly to providers who are part of the Health Alert Network (HAN), ADHS' electronic notification system.

Save the Date

Practice Management and Vaccines CME Day
Saturday, November 13th

For more information contact Rebecca Nevedale, Associate Director for the American Academy of Pediatrics-AZ Chapter at 602-532-0139 ext.401 or Rebecca@azaap.org.



Help Us Keep ASIIS Accurate!

By Lisa Rasmussen, ASIIS Project Leader

Record duplication:

ASIIS currently holds over 4.3 million patients and 45 million immunization records. Considering Arizona's estimated population is at a bit over 6 million, it may appear that ASIIS has records for most Arizonans. This is not necessarily true. Although we have records for most children and many adults, we also know that we have multiple records for many persons. Trying to produce a complete immunization record from ASIIS when there are multiple records is impossible to do without a process for identifying and merging the records together. Although we are able to merge records, it is important to prevent duplicate records from being created in the first place.

The ASIIS team asks you to help when you perform a patient search before entering new information into ASIIS. If the child is under age 6 and was born in Arizona, there is a 95% or greater chance that there will be a record in ASIIS, since the database is populated using birth certificate data. Since names often vary in spelling, do not search using the full name of a patient. Instead, search using the patient's initials and date of birth only, which will result in a list of all children with a first name starting with 'M' and with a last name starting with 'G'. Yes, this means that there will be a long list to choose from, but the existing record for *Michelle Gonzales* will be updated instead of a new record for *Michelle Gonzales* being created.

If you suspect duplicate records, please report them using our "Report Duplicates" feature. This process only takes a few seconds and helps us maintain accurate data. We have

added additional reasons why you might suspect records are duplicated so that you are able to report those that you come across while searching for other patients. Once reported, we try to reconcile these records within a few days.

Demographic information:

Please remember to update demographic information when adding patient and vaccination data into ASIIS. Of particular importance is the full mailing address and the mother's maiden name or guardian's first and last name. We use this information to determine if records are duplicates or not. Address data is important for developing mailing lists used to send reminder/recall postcards. Gender is also important, especially for adolescents since they now receive a gender-specific vaccine.

Inactive patients:

As time goes on, your office may see a turnover in your patient rosters. Save yourselves time and postage and help to increase your immunization rates by indicating when a child's status becomes inactive in your practice. This process is simple and once completed, removes the child from reports that are run, including the Reminder/Recall and CoCasa Assessments.

For More Information:

For an on-line version of our ASIIS User Manual, visit our website at www.asiis.state.az.us/assisweb/MANUAL.HTM. For additional assistance or information on ASIIS trainings, call the ASIIS hotline, 8-5 Monday – Friday (excluding state holiday and furlough days) toll-free at 1-877-491-5741 or 602-364-3899.

SUMMARY REPORT OF VACCINE - PREVENTABLE DISEASES January - June, 2010 ^{1,2}

	Jan - June, 2010	Jan - June, 2009	Jan - June, 5-Year Median
Measles	1	0	0
Mumps	4	4	1
Rubella (Congenital Rubella Syndrome)	1 (0)	0 (0)	0 (0)
Pertussis (confirmed)	193 (31)	101 (25)	146 (3)
<i>Haemophilus influenzae</i> , serotype b invasive disease (<5 years of age)	1 (0)	1 (1)	1 (1)
Meningococcal infection, invasive	8	8	10
<i>Streptococcus pneumoniae</i> , invasive	542	582	628
Hepatitis A	40	29	76
Hepatitis B, acute	72	70	95
Hepatitis B, chronic	552	535	536

¹ Data are provisional and reflect case reports during this period.

² These counts reflect the year reported or tested and not the date infected.



Immunications

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