

Arizona's National Immunization Survey Results

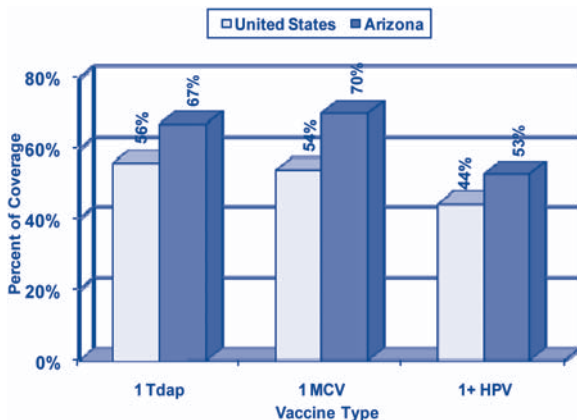
By Jennifer Ralston-King, AIPO Immunization Assessment Coordinator

The August 2010 release of teen National Immunization Survey (NIS) data revealed that Arizona teens have significantly higher rates of vaccination than national averages for Tdap, MCV and HPV vaccines. Teens included in the survey were thirteen to seventeen years of age. Graph 1 below compares Arizona's coverage levels to those of the United States. Coverage levels for these newer teen vaccines are nine to sixteen percentage points higher in Arizona than in the United States.

Arizona health care providers can be especially proud of the progress made in immunizing teens over the past year. Graph 2 shows a two percentage point increase in the HPV coverage level and gains of thirteen to eighteen percentage points for Tdap and MCV vaccines.

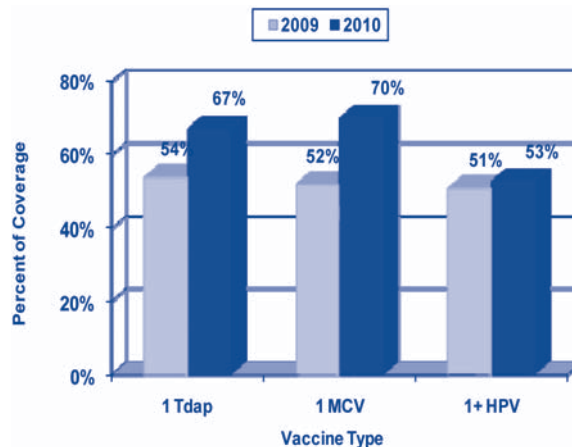
Graph 1

National Immunization Survey Results 13-17 Year Olds



Graph 2

Arizona's Teen NIS Coverage Levels



According to the latest NIS results, Arizona's teen coverage levels for MMR, Hepatitis B and Varicella are lower than those of the United States. An estimated 81% of Arizona teens have received two MMR compared to a US coverage level of 89%. The NIS estimates that 84% of Arizona teens have been fully vaccinated against Hepatitis B, while the national average is at 90%. Arizona's teens have a coverage level of 78% for one dose of Varicella vaccine, nine percentage points lower than the US rate of 87%. These coverage levels point to the need to check the immunization history of teens who are seen for health or other immunizations.

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National Immunization Survey results for 19 to 35 month old children were released in September 2010. Arizona's coverage level for the birth dose of Hepatitis B vaccine is at 78%, seventeen percentage points higher than the national average

of 61%. The chart below displays a comparison of Arizona's coverage levels to those of the United States, per the August 2009 and September 2010 releases of data. As shown in the chart, most of Arizona's coverage levels for this age cohort are

comparable to those of the United States.

To review all of the results from current and past surveys, please visit <http://www.cdc.gov/vaccines/stats-surv/nis/nis-2009-released.htm>.

National Immunization Survey Comparison of 2009 to 2010 Results

	Arizona		United States	
	August 2009	September 2010	August 2009	September 2010
Birth Dose Hep B	81%	78%	55%	61%
4 DTaP	85%	84%	85%	84%
3 Polio	92%	93%	94%	93%
1 MMR	92%	91%	92%	90%
3 Hib	92%	85%	91%	84%
3 Hep B	94%	89%*	94%	92%
2 Hep A	48%	52%	40%	47%
4 PCV	79%	78%	80%	80%
1 Varicella	91%	89%*	91%	90%
4:3:1:--:3:1 (without Hib)	n/a	67%	n/a	71%

August 2009 NIS data was collected in 2008 on children born from January 2005 through June 2007. Hep B birth doses were given in the first 3 days of life.

September 2010 NIS data was collected from January through December 2009 on children born from January 2006 through July 2008. Hep B birth doses were given in the first 3 days of life. *Results for Hep B #3 and Varicella #1 were not statistically different from past results when the 90% objective was met.

CDC IN THE NEWS...

Tetanus and Pertussis Vaccination Coverage Among Adults Aged ≥ 18 Years- United States, 1999 and 2008 (MMWR: October 15th, 2010)

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5940a3.htm?s_cid=mm5940a3_w

Final Estimates for 2009–10 Seasonal Influenza and Influenza A (H1N1) 2009 Monovalent Vaccination Coverage- United States, August 2009 through May, 2010

http://www.cdc.gov/flu/professionals/vaccination/coverage_0910estimates.htm

Seasonal Influenza Vaccination Coverage Among Children Aged 6 Months-18 Years - Eight Immunization Information System Sentinel Sites- United States, 2009-10 Influenza Season (MMWR: October 8th, 2010)

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5939a2.htm?s_cid=mm5939a2_w

Arizona Immunization Program Vaccine Center Updates

Winter 2010

By Cherry Boardman, RN, MSN, Vaccine Center Manager

Vaccine Shortages at McKesson

The VFC program experiences periodic vaccine shortages. If a temporary shortage of a particular vaccine occurs, VFC may substitute another brand or presentation of the vaccine so that the provider does not run out of a particular type of vaccine.

2010-2011 Influenza Vaccine Recommendations

- VFC started shipping influenza vaccine on August 23, 2010. This is the earliest that we have been able to ship influenza vaccine to VFC providers. CDC allocated influenza vaccine in several rounds through November. We shipped vaccine as we received the allocation. Providers may continue to order influenza vaccine until June 30, 2011 when the influenza vaccine expires.
- ACIP now recommends universal influenza vaccination for everyone ≥ 6 months old.
- Children ages 6 months-8 years need two doses of 2010-2011 seasonal influenza vaccine if they have not had at least one dose of monovalent 2009 H1N1 influenza vaccine and at least two doses of a previous seasonal influenza vaccine.

For more details regarding the 2010/11 influenza vaccine recommendations, see Morbidity and Mortality Weekly Report (MMWR), August 6, 2010: <http://www.cdc.gov/mmwr/pdf/rr/rr5908.pdf>

Vaccine Will Be Removed When Stored in Out of Range Temperatures

Vaccine is temperature sensitive. The potency of the vaccine decreases if stored at 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 $\leq 5^\circ\text{F}$ (-15°C). Arizona has lost 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 at out of range temperatures.

Annual VFC Program Re-enrollment

VFC providers must re-enroll in the VFC program annually. Re-enrollment forms were mailed to providers at the end of September. The forms should be completely filled out and mailed back to the Vaccine Center as soon as possible. We cannot ship vaccine to providers after December 31, 2010 if they have not returned their re-enrollment forms.

Vaccine Ordering Management System (VOMS)

VOMS is an on-line vaccine ordering application that is part of the Arizona State Immunization Information System (ASIIS). VOMS will allow you to order VFC vaccine on-line through ASIIS. Providers are being signed up to

order vaccine on-line during the annual VFC Program re-enrollment process. Providers are requested to complete all of the re-enrollment forms and return them to the Vaccine Center. Providers will be able to order vaccine on-line soon after they return their re-enrollment forms.

Providers must report their refrigerator/freezer temperatures, current inventory of all VFC vaccines on hand, and doses administered during the reporting period when placing a vaccine order in VOMS. Eligibility data no longer have to be faxed to the Vaccine Center if you enter eligibility data into ASIIS. If you report to ASIIS by an EMR or billing system, you will need to continue to fax in your eligibility data to the Vaccine Center. 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.

Please contact the Vaccine Center at 602-364-3642 if your practice may not order vaccine online through the ASIIS web application. Ordering/reporting forms will be provided only if a provider is not able to order vaccine or complete eligibility reporting through VOMS and ASIIS.

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, VFC providers may not 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 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

RESOURCES

Free Flu Resources from the CDC

www.cdc.gov/flu/freeresources/

Pertussis Outbreaks- Q & A

www.cdc.gov/pertussis/outbreaks-faqs.html

Happy Winter and Flu Season from the ASIIS Staff!

By Lisa Rasmussen, ASIIS Project Leader

Flu forecasting: For those of you who have tried to follow the flowcharts to determine the number of doses needed for this season, flu forecasting is very confusing this year. Let ASIIS take the confusion and questions out of the picture for you! We have a very detailed algorithm built into the ASIIS program that takes all previous doses into consideration. As long as all doses are reported to ASIIS, the forecast will correctly show needed immunizations, including influenza. Please note that the current forecast is located in various locations within the ASIIS screens: at the bottom of the Vaccination View/Add screen; as its own link under the Vaccinations heading; and as part of the patient report when generated from the State Reports menu.

VOMS (Vaccine Online Management System): VOMS is finally here! VFC (Vaccines for Children) providers will now start using VOMS to order their VFC vaccine online through the ASIIS menu. VFC re-enrollment packets included information for providers to enroll in and use VOMS for their ordering. By the time you receive this newsletter, we anticipate that the entire process will be online, including collection and reporting of refrigerator and freezer temperature logs. With the change from paper forms, we do advise you to please check and double check your online orders before submission. A User Manual and a training video will show you how to use VOMS and order the vaccine online. Follow the link from the ASIIS home page for these valuable guides.

Meaningful Use and ASIIS: In order to qualify for Medicare and Medicaid EHR (electronic health record) incentive payments, providers must use EHR technology that has been certified by an Office of the National Coordinator for Health Information Technology-Authorized Testing and Certification Body (ONC-ATCB, or ATCB). The temporary certification program provides assurances that the EHR technology adopted by health care providers is technically capable of supporting their efforts to achieve meaningful use. What does ASIIS have to do with Meaningful Use and EHR certification? One part of the certification process for EHRs includes the ability to develop and submit files for electronic data exchange with immunization registries. ASIIS has received funding from Centers for Disease Control and Prevention and American Recovery and Reinvestment Act that will allow us to enhance our equipment and software, and work with provider sites and EHR vendors to develop data exchanges with sites that have EHRs in place. Please contact the ASIIS program staff if you are interested in participating in this process.

ASIIS will be getting a face lift! We anticipate changes to occur in 2011 to create the new look and feel of ASIIS. We are working with our software developer to expand the viewing screen (no more blank area to the right of the screen), soften the look, and realign some of the screens.

Remember, the ASIIS team is available to assist you if you have any questions or need further information regarding any of these issues. Please call (602) 364-3899 or toll free at (877) 491-5741 Monday through Friday, 8 - 5, excluding state holidays and furlough days. As always, look to the ASIIS home page for announcements regarding system maintenance, hints, links, training, and our contact information.

Health Care Providers Are Doing Better at Getting Yearly Influenza Vaccines

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

For many years, the Centers for Disease Control and Prevention (CDC) have encouraged all health care providers (HCPs) to get an annual influenza vaccine. However, HCP influenza vaccination coverage has remained below 50%, in spite of the documented benefits of HCP influenza vaccination on improving patient outcomes and decreasing HCP absenteeism.¹

Suddenly, during the 2009-2010 season, 61.9% of HCPs received seasonal influenza vaccine. However, only 37.1% of HCPs received the pandemic H1N1 influenza vaccine, and only 34.7% of HCPs received both seasonal and pandemic H1N1 influenza vaccine.²

The HCPs who were most likely to receive seasonal influenza vaccine in the 2009-2010 season were those in the category of physicians, physician's assistants, nurse practitioners, or dentists (76.5%). Nurses also had a high vaccination rate for seasonal influenza (69.3%). In contrast, 44.7% and 44.5% of these two categories received H1N1 influenza vaccine respectively.²

Why this sudden surge in HCPs accepting seasonal influenza but continuing to be reluctant to receive pandemic H1N1 influenza vaccine? Perhaps the attention to pandemic influenza raised the HCPs' sense of being at risk for influenza infection, causing some HCPs to decide to take the seasonal influenza vaccine for the first time, while still being hesitant about a "new" vaccine, even though the "new" pandemic H1N1 influenza vaccine was manufactured in the same way as seasonal influenza vaccines.

Some HCPs still had concerns about both vaccines. HCPs were more likely to believe seasonal influenza vaccination was safe (80.9%) compared with the pandemic H1N1 vaccine (66.6%). The two most frequently cited reasons for non-vaccination with either vaccine were "I don't need it" and "I may experience side effects."²

HCPs are at risk of influenza infection every year. Several studies have shown that influenza and influenza-like illnesses infect an estimated 13%-37% of HCPs.¹ Many of these HCP infections were mild or subclinical, but could still have spread influenza to their patients. Vaccinated HCPs had 28% fewer lost work days due to respiratory illnesses, and 28% fewer days on which they felt unable to work.¹

Patients are at risk from getting influenza from their HCPs. Influenza spreads from HCPs to patients in hospitals and long term care facilities. Nosocomial influenza outbreaks have been associated with low vaccination rates among HCPs. Higher influenza vaccination levels among staff have been associated with a lower incidence of nosocomial influenza cases.¹

HCPs who are vaccinated protect their patients from influenza. For example, nursing homes where HCPs had high levels of influenza vaccine coverage had a 43% decrease in incidence of influenza-like illnesses, and a 44% decrease in overall mortality among facility residents.¹

Influenza vaccines are very safe, including the pandemic H1N1 influenza vaccine which had a similar safety profile to seasonal influenza vaccine, including for the complication of Guillain-Barré syndrome (GBS). It is important to remember that although GBS occurs only rarely following either influenza infection or influenza vaccination, the estimated frequency of influenza *infection*-related GBS cases has been four to seven times higher than the frequency that has been estimated for influenza *vaccine*-associated GBS.²

Influenza vaccines will not protect HCPs from getting other respiratory illnesses such as respiratory syncytial virus, parainfluenza virus, rhinovirus, adenovirus, or strep throat. However, influenza vaccines are very good at protecting HCPs against influenza. Unfortunately, some HCPs share the common belief that any illness that comes after an influenza vaccine is caused by the vaccine. This thought process is as logical as assuming that all flat tires that happen right after putting gas in a car is due to bad gas.

An increasing number of organizations are supporting mandatory influenza immunization of all HCPs in order to protect patients, including the American Academy of Pediatrics,³ the Society for Healthcare Epidemiology of America, and the Infectious Disease Society of America.⁴ Yearly influenza vaccination of all HCPs will protect patients from catching influenza from their HCPs.

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Whooping Cough Is Alive and Well and Circulating in Your Neighborhood

By Karen Lewis, MD, Medical Director for AIPO

Many people believe that whooping cough (pertussis) has disappeared in the United States due to childhood vaccinations. Although whooping cough cases have markedly decreased since the 1940s after implementation of whole cell pertussis vaccines, the causative bacteria, *Bordetella pertussis*, has continued to circulate. There has been an increase in whooping cough cases over the last few decades, with a dramatic increase in cases diagnosed in adolescents and adults^{1,2}.

Part of the increase of pertussis in adolescents and adults can be explained by the effects of childhood vaccination. In the prevaccine era, whooping cough was mainly a disease of childhood. Almost all children got infected with *B. pertussis*, and this immunity often lasted into childbearing years. Thus, mothers provided infants with transplacental antibodies and protection during the first few months of life.

However, in the vaccine era, pertussis vaccines have been given to infants and children through 6 years old. Thus, most children are protected from infection in childhood. However, vaccine immunity wears off with time so that most adolescents and adults are susceptible. Women of childbearing years have less protective levels of pertussis antibodies, so their infants are susceptible to whooping cough from the first day of life³.

The waning of pertussis vaccine immunity (specifically whole cell pertussis vaccine) was demonstrated by a study during a large pertussis outbreak in Kent County, Michigan in 1960. The study showed that one's susceptibility to pertussis depended on the time that had lapsed since one's last whole cell vaccine. A person's risk of infection was 21% if their pertussis vaccine had been between 0-3 years previously, 47% if their pertussis vaccination had been 4-7 years previously, and 65% if their pertussis vaccine had been 8-11 years previously. Finally, if had been more than 12 years since their last pertussis vaccine and they were exposed to a case of pertussis, they had a 95% chance of developing pertussis⁴.

Acellular pertussis vaccine replaced whole cell pertussis vaccines in the 1990s. Some studies suggest that acellular pertussis vaccines are less efficacious than whole cell pertussis vaccines¹. Thus, vaccine immunity from less efficacious acellular pertussis vaccines may also be contributing to the increase in whooping cough cases in adolescents and adults.

Many studies show that whooping cough is an unrecognized cause of prolonged coughing in adolescents and adults¹. Often whooping cough in adolescents and adults is diagnosed as "bronchitis" and treated with macrolide antibiotics such as azithromycin.

Many times, it is only when susceptible infants and children develop severe disease that whooping cough is even suspected as the cause of the adolescent's or the adult's illness.

Epidemiologic proof that pertussis continues to circulate unimpeded can be seen in the cyclical nature of pertussis outbreaks. Although there are always reports of pertussis, the disease has surges every 2-5 years. This cyclical nature of pertussis outbreaks has not changed with childhood vaccinations, arguing that the disease is still freely circulating in the community¹. The last large outbreak of pertussis in Arizona was in 2005.

Since immunity from childhood whooping cough vaccines wears off with time, adolescents and adults need a pertussis vaccine booster to protect them against whooping cough. Acellular pertussis booster vaccines for adolescents and adults (Tdap) were licensed in 2005 for use in ages 10-64 years old. In Arizona, two-thirds of adolescents have received a dose of Tdap⁵, but less than 6 percent of adults in the United States have received a dose of Tdap⁶. Any adult who cannot remember getting a pertussis vaccine in the last 5 years has probably not been vaccinated. In this case, they should get a Tdap.

Infants are the age group most likely to die from whooping cough, but the disease can still cause severe illness in adolescents and adults. Complications of pertussis in adolescents and adults include sinusitis, otitis media, urinary incontinence, pneumonia, weight loss, and rib fractures. Incontinence in women 50 years and older can be as high as 34 percent⁷.

Infants are susceptible to pertussis from birth, but do not attain optimal protection until their third dose of pertussis vaccine at about 6 months of age. Therefore, the way to protect infants is to have all family members and caretakers immunized against pertussis, including adolescents and adults.

Adolescents can get Tdap vaccines from their physicians or through county health departments. The federal Vaccines For Children (VFC) program pays for the cost of Tdap in adolescents (≤ 18 years old) who do not have insurance coverage for vaccines.

There are a variety of places that adults can get Tdap vaccines. Some physicians carry Tdap for their adult patients. Many pharmacies have certified pharmacists who can give Tdap without a prescription to adults 18 years and older, but the patient usually has to pay cash. County health departments are usually able to provide Tdap for adults but there is a charge. Community health centers carry Tdap and are able to work with patients to charge a fee for the vaccine based on the patient's ability to pay. The charge for a dose of Tdap is around \$70.

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SUMMARY OF REPORTABLE VACCINE-PREVENTABLE DISEASES
January -September, 2010 ^{1,2}

	Jan - Sept, 2010	Jan - Sept, 2009	Jan - Sept 5-Year Median
Measles	1	0	0
Mumps	5	10	4
Rubella (Congenital Rubella Syndrome)	1 (0)	0 (0)	0 (0)
Pertussis (confirmed)	286(60)	184(63)	184 (32)
<i>Haemophilus influenzae</i> , serotype b invasive disease (<5 years of age)	3(1)	1(1)	2(1)
Meningococcal infection, invasive	9	12	12
<i>Streptococcus pneumoniae</i> , invasive	625	676	709
Hepatitis A	58	55	122
Hepatitis B, acute	114	137	138
Hepatitis B, chronic	718	837	837

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.

Save the Date

Arizona Hosts National Infant Immunization Week
 April 23-30th, 2011
18th Annual Arizona Immunization Conference
 April 27th & 28th, 2011

we've gone green!

To sign up to receive this newsletter electronically, please send an e-mail to immunize@azdhs.gov.



Immunications

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