

IMMUNICATIONS

Vaccinate for Life

Arizona
Department of
Health Services

Flu Activity Continues in Arizona

Kristen Herrick, MPH, CHES, Influenza Epidemiologist

Arizona continues to [top the country](#) in reports of influenza-like illness. As Director Christ stated in her [blog](#) “It’s hard to say why Arizona is topping the charts this flu season. Flu is a really unpredictable disease. Every year we know flu will come to Arizona, and will cause many people to get sick. What we don’t know is when flu activity will be the highest, how many cases of flu will be reported to public health each season, how severe the flu season will be, or what strains will be most common. We typically see our highest number of cases toward the end of January or early February. This year, flu cases are peaking later than usual. In our hardest hit weeks of the season, we usually see about 1,500 cases of flu reported in our highest weeks. Two weeks ago, about 1,800 cases were reported in Arizona.”

Flu [activity](#) in Arizona has been increasing over the past few weeks, with lab-confirmed cases reported from all 15 counties. Most cases this season have been caused by influenza A (H1N1)pdm09 (the 2009 influenza pandemic strain); however there have also been reports of influenza A (H3) and influenza B as well.

In the [2013-2014 season](#), influenza A (H1N1)pdm09 was the predominately circulating strain and illnesses disproportionately affected young and middle-aged adults. In recent weeks, the Arizona Department of Health Services (ADHS) has received reports of severe respiratory illnesses, some requiring ICU admission and extracorporeal membrane oxygenation (ECMO), testing positive for influenza A (H1N1)pdm09. A majority of these reported cases have co-morbidities and are unvaccinated, young and middle-aged adults, and negative for influenza by rapid influenza diagnostic testing ([RIDT](#)).

Severe flu illnesses and outbreaks have also been reported [nationwide](#), prompting CDC to release a [HAN](#) on Monday February 1st with additional information and recommendations.

| | Week 10 Total (3/6/16-3/12/16) | Season Total |
|-----------------------|-----------------------------------|--------------|
| 2015-2016* | 1,047 | 13,876 |
| 2014-2015 | 287 | 10,249 |
| 5 year average | 368 | 7,961 |

**The 2015-2016 influenza surveillance season began on October 4, 2015 and will continue through October 1, 2016.*

“The more that you read, the more things you will know. The more that you learn, the more places you’ll go.” - Dr. Seuss

March 2016

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Flu Activity (continued)

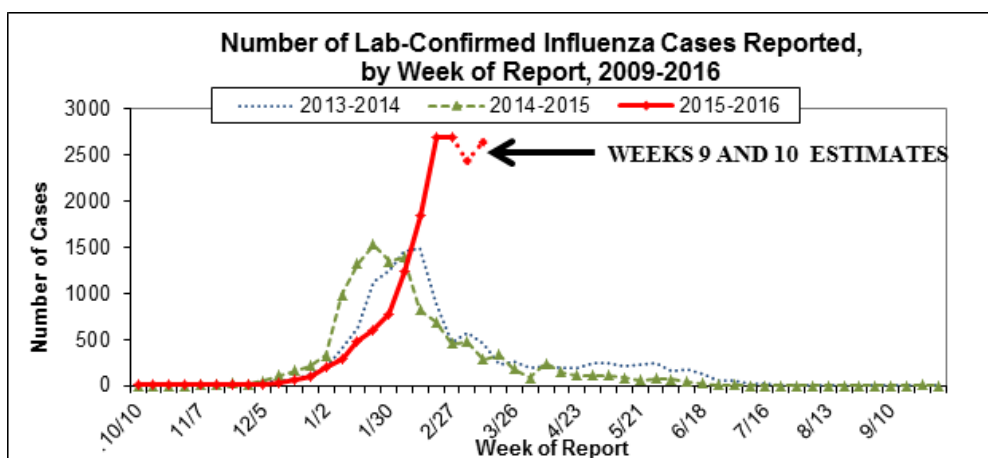
Kristen Herrick, MPH, CHES, Influenza Epidemiologist



Recommendations to remember as influenza activity increases throughout Arizona:

- Flu activity in Arizona usually lasts through the spring months
- [Vaccination](#) is the best prevention against flu and there are still [Vaccine for Children](#) (VFC) vaccines available for order from the [Arizona Immunization Program Office](#)
- Encourage physicians to promptly start [antiviral](#) treatment if influenza is suspected (especially severely ill and [high-risk](#) patients)
 - ♦ Decisions about starting antiviral treatment should not wait for laboratory confirmation of influenza
- Rapid influenza diagnostic testing ([RIDTs](#)) have a high potential for false negative results, especially when flu activity is high, so caution should be used when interpreting results

Providers should continue to offer influenza vaccine to unimmunized patients as long as there is influenza circulating in the community, which could be through March or April or even longer.



A large number of case reports are still being processed for surveillance week 9 and surveillance week 10. This means the numbers in this report are provisional.

SUMMARY OF REPORTABLE VACCINE-PREVENTABLE DISEASES

January-February, 2016^{1,2}

Susan Robinson, MPH, Vaccine Preventable Disease Epidemiologist



| | Jan-Feb 2016 | Jan-Feb 2015 | Jan-Feb 5-Year Median |
|---|--------------|--------------|-----------------------|
| Measles | 0 | 7 | 0 |
| Mumps | 3 | 0 | 0 |
| Rubella (Congenital Rubella Syndrome) | 0(0) | 0(0) | 0(0) |
| Pertussis (Confirmed) | 100(51) | 112(67) | 181(73) |
| Haemophilus influenzae, serotype b invasive disease (<5 years of age) | 0(0) | 1(0) | 0(0) |
| Meningococcal Infection, invasive | 1 | 0 | 2 |
| Streptococcus pneumoniae, invasive | 230 | 188 | 224 |
| Hepatitis A | 9 | 7 | 7 |
| Hepatitis B, acute | 5 | 2 | 9 |
| Hepatitis B, chronic | 194 | 132 | 134 |

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.

Shortened Time Period for Serologic Hepatitis B Testing in Exposed Infants

Karen Lewis, MD, AIPO Medical Director



The Centers for Disease Control and Prevention (CDC) has changed its recommendation for the timing of the post-vaccination serologies for infants whose mothers are infected with hepatitis B virus.

People who are infected with hepatitis B virus will test positive for hepatitis B surface antigen [HBsAg]. An infant who is born to a HBsAg positive mother will be exposed to hepatitis B virus and will need to receive hepatitis B vaccine *and* hepatitis B immune globulin (HBIG) [within 12 hours of birth](#). In addition, the infant needs additional doses of hepatitis B vaccine in order to decrease the infant's chance of becoming infected with hepatitis B virus.

Without timely hepatitis B vaccines and HBIG, approximately [40% of infants](#) born to hepatitis B virus infected mothers in the United States will develop chronic hepatitis B virus infection. About one-fourth of these infected infants will eventually die from chronic liver disease or liver cancer. Giving hepatitis B vaccine and HBIG to exposed infants at birth and completing the hepatitis B vaccine series in a timely manner will dramatically decrease an infant's chance of becoming infected.

Hepatitis B exposed Infants who weigh 2000 grams or above at birth need two additional doses of hepatitis B vaccine to finish the vaccine series. Exposed infants who weigh [less than 2000 grams](#) at birth will need three additional doses of hepatitis vaccine in order to have optimal protection.

The second and third doses of hepatitis B vaccine should be given to an exposed infant (weighing \geq 2000 grams at birth) [at 1-2 months and at 6 months of age](#). Once infants have received the full series of hepatitis B vaccine, the infants need to have post-vaccination serology drawn to see if they are immune to hepatitis B, or to show that they are infected with hepatitis B in spite of the vaccine and HBIG.

It used to be that if an infant received Comvax (combined hepatitis B-*Haemophilus influenzae* type b vaccine) for the infant hepatitis B series, physicians would need to wait until 1-2 months after the 12-15 months dose of Comvax before the post-vaccination serology could be drawn. Since Comvax has been discontinued, all the remaining formulations of infant hepatitis B vaccines have the third and final dose recommended at 6 months of age.

Post-vaccination serologies for infants born to mothers infected with hepatitis B virus consist of ordering *both* HBsAg and antibody to HBsAg (anti-HBs). These two tests should be ordered at age 9–12 months of age (or 1–2 months after the final dose of the hepatitis B vaccine series as long as the infant is at least 9 months of age).

For more information on the timing of perinatal hepatitis B serologies, see *Morbidity and Mortality Weekly Report*, [October 9, 2015](#).



Ask the Experts

Experts from the CDC answer questions about vaccines – visit www.immunize.org/askexperts/ for more questions and answers.

Q. A dose of Kinrix (DTaP-IPV; GlaxoSmithKline) was inadvertently given to a 4-month-old in our practice who needed DTaP and IPV. Can this dose be considered valid?

A. Kinrix is only licensed for use as the fifth dose of the DTaP vaccine series and the fourth dose of the IPV series in children age 4 through 6 years. CDC has provided this guidance for when Kinrix is given off-label:

- Kinrix given to a child younger than 4 years as DTaP and IPV doses 1, 2, or 3: Count as valid if all minimum intervals met.
- Kinrix given to a child younger than 4 years as DTaP and IPV doses #4 and/or #5: Count as valid for DTaP #4; not valid for DTaP #5 or IPV #4, both of which must be administered at age 4 through 6 years.



Q. If Kinrix (DTaP-IPV, GlaxoSmithKline) is inadvertently given to a child age 15 through 18 months, as the fourth DTaP dose and the third IPV dose, do the DTaP and IPV doses need to be repeated?

A. Since Kinrix is licensed and recommended only for children ages 4 through 6 years, you should take measures to prevent this error in the future. However, you can count this as a valid dose for DTaP and IPV as long as you met the minimum interval between administering dose #3 and dose #4 of DTaP (6 months) and dose #2 and dose #3 of IPV (4 weeks).

Q. A child wiggled when we were injecting a dose of vaccine, and approximately half the dose was lost. Should we revaccinate the child? If so, when?

A. When injectable vaccine volume is lost (patient moves, syringe leaks), it may be difficult to judge how much vaccine the patient actually received. In general, you should treat this as a nonstandard injectable dose and should not count it. If it was an inactivated vaccine, you should re-immunize the person as soon as possible. If it was a live vaccine, you can give another dose if you detect the error on the same clinic day; otherwise you should wait 28 days to give the next dose. However, if part of a dose of an oral vaccine (rotavirus) was spit out, count the dose and do not administer a second dose.

Helpful Links

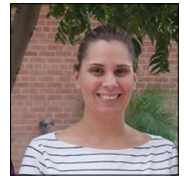
[Arizona Immunization Program Office](#)
[Arizona Vaccine News](#)
[CDC Vaccines and Immunizations](#)
[CDC Vaccine Safety](#)
[Immunization Action Coalition](#)
[The Arizona Partnership for Immunization](#)





ASIIS Tip: Reminder Recall

Rose Ann Beans, Assessment/AFIX Specialist



Reminder recall can be a very helpful tool. The reminder recall report is generated by logging into ASIIS. The user can create reports by age range or date of birth, exclude patients previously sent notification and choose a specific vaccine or a vaccine series. Once you have generated the report you will be able to see patient's name, missing vaccine(s), missing dose(s) and recommended and minimum date vaccine can be administered.

Additional options in reminder recall reports include:

- ◆ Adding historical immunizations to ASIIS
- ◆ Inactivating multiple patients at one time

If interested in reminder recall trainings in your office or if you have any questions, please e-mail our AFIX Specialists, Rose Ann Beans at Rose.Beans@azdhs.gov or Melissa A. Murrieta at Melissa.Murrieta@azdhs.gov with "Reminder Recall Training" in the subject line.

Upcoming Events

ASIIS Reconciliation Regional Training

Roger Aikin, ASIIS Interoperability Coordinator



In February of 2016 the Arizona Immunization Program Office began conducting regional training classes focused on using ASIIS with Electronic Health Records (EHR) and Interfaces. The purpose of this training is to educate Arizona State Immunization Information System (ASIIS) users on the vaccine reconciliation and ordering process. Participants will get a behind the scenes look at the interface process which connects electronic health record systems (EHR) to ASIIS. If you have questions or concerns about your EHR Interface with ASIIS this class will be a great opportunity for education. Topics will include ordering and reconciliation, proper documentation in your EHR and the importance of accuracy.

For specific dates and locations and to register please visit:

<https://www.eventbrite.com/d/az--phoenix/arizona-immunization-program/>

Upcoming Events (continued)

[National Infant Immunization Week](#) (NIIW) is an annual observance to promote the benefits and recognize the positive impact of vaccination. NIIW, set for April 16-23, 2016, will be celebrated as part of [World Immunization Week](#) (WIW), an initiative of the World Health Organization (WHO). During WIW, more than 180 Member States, territories, and areas will simultaneously promote immunization, advance equity in the use of vaccines and universal access to vaccination services, and enable cooperation on cross-border immunization activities. The Arizona Department of Health Services (ADHS) and the Arizona Immunization Program Office (AIPO) are proud to be part of this global initiative.



Several important milestones already have been reached in controlling vaccine-preventable diseases among infants worldwide. Vaccines have drastically reduced infant death and disability caused by preventable diseases in the United States. In addition:

- Through immunization, we can now protect infants and children from 14 vaccine-preventable diseases before age two.
- In the 1950's, nearly every child developed measles, and unfortunately, some even died from this serious disease. Today, many practicing physicians have never seen a case of measles.
- Routine childhood immunization in one birth cohort prevents about 20 million cases of disease and about 42,000 deaths. It also saves about \$13.5 billion in direct costs.
- The National Immunization Survey has consistently shown that childhood immunization rates for vaccines routinely recommended for children remain at or near record levels.

It's easy to think of these as diseases of the past. But the truth is they still exist. Children in the United States can-and-do-still get some of these diseases. Although measles was eliminated in the U.S. in 2000, it is brought into the country by unvaccinated travelers (Americans or foreign visitors) who get measles while they are in other countries. This led to a record number of measles cases, with 667 cases from 27 states reported to CDC's NCIRD in 2014. The greatest number of cases since it was eliminated.

To recognize NIIW, AIPO hosts an annual, statewide immunization conference during the month of NIIW activities. The goal is to present the most up-to-date immunization information to our community healthcare providers and partners. This is an excellent opportunity for health professionals from Arizona communities to unite for immunization-related issues.



Please join us for the [23rd Annual Arizona Immunization Conference](#) on April 13th and 14th.



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