



The Philadelphia Immunization Program Newsletter

The Philadelphia Department of Public Health
Division of Disease Control

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ACIP News

An update on vaccine news from the Advisory Committee on Immunization Practices (ACIP).

ACIP recommends newly licensed Rotavirus vaccine

On February 22, 2006, the ACIP voted to recommend RotaTeq®, the newly licensed vaccine to protect against rotavirus, a viral infection that can cause severe diarrhea, vomiting, fever, and dehydration in infants and young children. ACIP recommends infants receive three doses of the oral vaccine at two, four, and six months of age. Children should receive the first dose by 12 weeks of age and should receive all doses by 32 weeks of age. Rotavirus vaccine was also added to the CDC's Vaccines for Children (VFC) Program and providers will be notified when it is available for order through the Philadelphia VFC Program.

Tdap for healthcare workers

The ACIP voted to recommend the administration of Tetanus and Diphtheria Toxoids and Acellular Pertussis (Tdap) to protect health care personnel from pertussis and to reduce transmission in health-care facilities.

The ACIP recommendation targets personnel in hospitals or ambulatory care settings who have direct patient contact. Eligible staff should receive a single dose of Tdap as soon as possible, allowing for an interval as short as 2 years from the last dose of Td. Priority should be given to healthcare personnel who have direct contact with infants less than 12 months

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Unused Flu Vaccine?

Any unused VFC influenza vaccine in your inventory should be returned to the VFC program.

The expired vaccine will be shipped back to the manufacturer and VFC will receive a partial credit for the doses returned. This money will be reinvested into VFC for future vaccine purchases.

There is no penalty for reporting expired influenza vaccine. Providers can call Christine Wilson at (215) 685-6728 to arrange a pick up of expired influenza vaccine.

All other vaccines within 60-90 days of expiration must be reported to VFC. Please FAX the VFC Short Dated Vaccine form to (215) 685-6510.

of age. Hospitals and ambulatory care facilities should provide Tdap for health care personnel, using approaches that will maximize vaccination rates.

ACIP expands routine influenza vaccination for children

The recommended age for influenza vaccination has been expanded by ACIP to include all children ages 6 months to 5 years of age. The committee also voted to recommend expanding routine vaccination for household contacts and out-of-home caregivers of children 24-59 months old.

The new recommendations take into consideration a broader view of the burden of illness than the earlier recommendation, which was based upon the prevention of hospitalization among children 6 months to 23 months old. Presenters at the ACIP meeting indicated that 60 to 164 children per 1,000 require emergency room visits or visits to outpatient clinics due to influenza. It was also noted that children 24 months to 59 months old with influenza are nearly as likely to require visits to health care providers and emergency rooms as children 6 months to 23 months old.

Iowa Mumps Update

The state of Iowa has been experiencing a large outbreak of mumps since December 2006. The majority of cases are occurring among persons 18-25 years of age, many of whom are vaccinated and are on college campuses. Cases of mumps are under investigation in 8 neighboring states, including Illinois, Indiana, Kansas, Michigan, Minnesota, Missouri, Nebraska, and Wisconsin.

There are no confirmed cases of mumps in Philadelphia for 2006, as of April 25, 2006. If you have a suspect case of mumps please immediately report the case to the Philadelphia Department of Public Health at (215) 685-6748. Additional information regarding mumps and the efficacy of the MMR vaccine can be found by visiting CDC's website: www.cdc.gov/nip/vaccine/MMR/

MUMPS: THE FACTS

What is mumps? It is an infection caused by the mumps virus.

Who gets mumps? Anyone, but it is more common in infants, children, and young adults. Of people who are not immunized, >85% will have mumps by adulthood. Symptoms can be mild, therefore mumps is not always recognized.

What are the symptoms of mumps?

Fever, headache, muscle aches, tiredness, and loss of appetite; followed by swelling of salivary glands.

How is mumps spread? The mumps virus replicates in the upper respiratory tract and is spread through direct contact with respiratory secretions or saliva or through fomites. The incubation time can vary from 16 to 18 days (range 12-25 days). The infectious period is from 3 days before symptoms appear to about 9 days after the symptoms appear.

Is there a vaccine to prevent mumps? Yes. Two doses of mumps-containing vaccine, given as combination MMR vaccine, are routinely recommended for all children. MMR is a live, attenuated vaccine.

NEWS FROM THE VFC PROGRAM

The Ins and Outs of Vaccine Distribution

In February 2006, the Philadelphia VFC Program transitioned vaccine distribution responsibilities to General Injectables and Vaccines, Inc (GIV-Denver, PA). GIV has taken responsibility for all facets of vaccine distribution including storage, processing orders, packing, quality assurance, labeling, and shipping.

VFC vaccine will be delivered to medical practices according to the instructions given to the VFC Program by providers in the vaccine order form. VFC asks for your operating hours so we can schedule your vaccine deliveries with GIV. Please notify VFC if office hours have changed unexpectedly, especially if a vaccine shipment is pending.

GIV ships vaccine orders Monday through Wednesday via UPS. By shipping early in the week, GIV accommodates any unsuccessful deliveries before the close of the week. Although the VFC shipping and distribution has been transferred to a contractor, the vaccine ordering process has not changed. *Please continue to fax your VFC vaccine orders to Christine Wilson at (215) 685-6510. Please do not contact GIV for vaccine order information.*

How are vaccines packed for shipment?

GIV has strict protocols for shipping vaccine. Depending on the season, vaccines may be shipped with all frozen ice packs or a combination of frozen and room temperature ice packs. This is done to accommodate the temperature in season. During the winter, packs will be cooler and unfrozen because of the already freezing weather outside. During the summer, packs will be frozen to combat the effects of the heat outside.

What should a provider do when vaccine is received?

Open the box immediately and inspect the contents. Check the contents of the order against the shipping invoice. If there are any discrepancies between the contents and the invoice, call the VFC Program immediately.

VFC: A Choice Program

The Role of VFC, Providers, and Pharmaceutical Representatives

The VFC Program has received numerous calls regarding the relationship between regional pharmaceutical representatives and the VFC program. While the pharmaceutical industry is an important partner in achieving our immunization goals, providers should know that VFC operates independent of industry influences and prides itself as being a "choice program". This enables the provider to choose the vaccines that best suit the needs of their practice from a variety of manufacturers.

Along with this choice comes a responsibility. **The pharmaceutical reps that visit your office represent a pharmaceutical company and are not an extension of the Philadelphia VFC program. The VFC Program does not ask or encourage these representative to assess provider vaccine inventory or order vaccine for VFC patients.** As a VFC provider it is your responsibility to ensure that only approved VFC staff conduct inventory, audits, and offer counsel on vaccine ordering. These employees carry government-issued identification that can be shown upon request. Approved VFC employees that will visit your office periodically include:

- Disease Surveillance Investigators conducting VFC-AFIX visits
- Registry/Outreach representatives conducting chart reviews

Altering Vaccine Order Forms

VFC has received vaccine order forms that have been altered, amended, and/or highlighted to accentuate a specific manufacturers' product. **Providers should know that the altering of the vaccine order forms by anyone other than VFC personnel is strictly prohibited.** Please contact VFC if this is occurring in your practice.

Placing Vaccine Orders

As a VFC provider it is also your responsibility to place appropriate and accurate vaccine orders. Be sure to crosscheck vaccine orders against your VFC-eligible patient population and other pre-set determinants to ensure you can serve your VFC patients and minimize vaccine loss/wastage. Once you order vaccine from the VFC program, it is your responsibility to perform a monthly inventory. VFC must be notified if vaccine is to expire within 60-90 days.

Evaluate the condition of the vaccines and check the temperature indicator included. (The indicator is named "MonitorMark") Interpreting the temperature indicator for spring and summer months is as follows:

Monitor Mark Indicators:

- *If you see blue in the 1st window all vaccines are viable.*
- *If you see blue in the 1st and 2nd windows, the MMR is nonviable, but all other vaccines are viable.*
- *If you see blue in the 1st, 2nd, and 3rd windows or above windows - please call the VFC Program at (215) 685-6838 for instructions on vaccine viability.*

If there is any question about the viability of vaccine, mark the vaccine as "DO NOT USE"; store in required storage conditions and call VFC. Please do not discard vaccine prior to calling the VFC Program.

VFC Contacts

The VFC program is your primary point of contact for vaccine issues.

Veronica Alvarez: (215) 685-6498
General questions about the VFC Program.

Donovan Robinson: (215) 685-6838
To report problems with order forms, pharmaceutical reps, or for questions about ordering, GIV, and vaccine viability.

Christine Wilson: (215) 685-6510.
Follow up on vaccine orders.

Dr. Barbara Watson: (215) 685-6842
Vaccine or medical questions.

VFC Fax Line: (215) 685-6510
Vaccine Orders and Short-dated Vaccine Forms.

Please do not contact GIV - they will not give out vaccine order or delivery information to VFC providers.

ROTAVIRUS UPDATE

The Philadelphia VFC Program will begin to distribute Rotavirus vaccine during the summer of 2006. VFC will send providers additional information as Rotavirus vaccine distribution draws near.

PHILADELPHIA'S PERINATAL HEPATITIS B PROGRAM

Since the early 1990's, the incidence of new Hepatitis B Virus (HBV) infection in children and adolescents has declined by 94%. This decline can be attributed to programs and strategies designed to increase Hepatitis B vaccine coverage among infants and children.

The Philadelphia Immunization Program's Perinatal Hepatitis B initiative, coordinated by Bruce Barlow, aims to prevent cases of Hepatitis B through an integrated strategy of screening, health education, and case management.

The Philadelphia Board of Health requires that all pregnant women be screened for Hepatitis B surface antigen (HBsAg). Positive results are reported to the Philadelphia Department of Public Health (PDPH) and referred to Bruce Barlow for enrollment in the Perinatal Hepatitis B Program. Bruce educates pregnant women, their family members, and other individuals with whom they have close contact about Hepatitis B. These individuals are screened for the presence of antigens and antibodies, and receive Hepatitis B vaccine if indicated.

The Perinatal Hepatitis B Program tracks women through their pregnancy to ensure the newborns receive both Hepatitis B immune globulin (HBIG) and the first dose of the Hepatitis B vaccine series within 12 hours of birth.

As the program coordinator, Bruce Barlow tracks all of the infants born to HBsAg-positive mothers until completion of the Hepatitis B immunization series. Providers play a critical role in this aspect of case management by ensuring the infant receives their second and third dose of Hepatitis B vaccine at 1 and 6 months, respectively. At 9 months, serology should be obtained for a HBsAg with confirmation and HBsAB quantitative.

Providers treating a large immigrant population, especially those born in Asia, should screen high-risk patients for HBsAg. This applies to not only pregnant women, but adopted children, and newly immigrated children as well.

Over 50% of the patients enrolled in the Perinatal Hepatitis B Program are immigrants from countries where HBV infection is endemic. The program has integrated culturally appropriate education strategies and translation services.

Highlights from the Perinatal Hepatitis B Program: 2004 Cases

186 HBsAg-positive women were referred and enrolled in the Perinatal Hepatitis B Program.

125 infants were born to HBsAg-positive women and enrolled in the Perinatal Hepatitis B Program.

120 family contacts of HBsAg-positive women were referred and enrolled in the Perinatal Hepatitis B Program.

99% of infants born to HBsAg-positive women received HBIG and the first dose of Hepatitis B vaccine within 1 calendar day of birth.

100% of infants born to HBsAg-positive women received HBIG and 3 doses of Hep B by 12 months of age.

2% of the infants born to HBsAg-positive women who received HBIG and 3 Hep B by 12 months of age were HBsAg-positive when tested at 12 months.

Hospitals performing labor and delivery services are required to review the HBsAg status of every pregnant woman. If the status is unknown or the record is missing at the time of delivery, the hospital must re-test the woman. Every infant born should receive the first dose in the Hepatitis B series, and those children born to HBsAg-positive mothers should receive HBIG and the first dose of the Hepatitis B series, within 12 hours of birth.



Bruce Barlow, Perinatal Hepatitis B Coordinator

Bruce Barlow joined the Immunization Program in 2001 and has been coordinating the Perinatal Hepatitis B Program for over two years. Bruce has also worked on the Immunization Program's pertussis and varicella studies, and served as the Immunization Outreach Coordinator.

HEPATITIS B RESOURCES

Bruce Barlow, Perinatal Hepatitis B Coordinator: (215) 685-6853

Quest Diagnostics: (800) 825-7330
Hepatitis Serologic Test Codes
HBsAG - 498 HBsAB - 8475

CDC's webpage on Hepatitis B:
www.cdc.gov/nip/diseases/hepb/pubs_other.htm

Immunization Action Coalition's fact sheet on Hepatitis B serologic testing and vaccination:
www.immunize.org/catg.d/p2110.pdf

Hep B education resources and VISs in foreign languages:
www.immunize.org/catg.d/noneng.htm

IMMUNIZATION RESOURCES

New VIS for Hepatitis A: An updated VIS for Hepatitis A was approved on March 21, 2006. This version includes the 1-year minimum age and universal childhood recommendation. It is dated 3/21/06 and replaces previous versions.; it is available on the NIP website.

Interim VIS available for Rotavirus: A new rotavirus vaccine (RotaTeq®) from Merck was approved by the FDA on February 3, 2006. An interim VIS, dated 4/12/06, is now available on the NIP website. A final VIS will be available after ACIP recommendations have been published, probably later in 2006. For copies or updates on VISs, visit: www.cdc.gov/nip/publications/VIS/vis-news.htm

The Vaccine Education Center at CHOP releases: "Thimerosal: What you should know"
The article addresses common concerns among parents about thimerosal. The article, written by Dr. Paul Offit, can be accessed at www.chop.edu/vaccine/images/vec_thimerosal.pdf

The Philadelphia Immunization Program's Summer Newsletter
Look for the next edition of the newsletter in June/July 2006. The summer edition will cover the KIDS Registry launch and news on Philadelphia's Timely Immunization Plan (TIP).

**Questions on new vaccines,
ACIP recommendations,
immunization practices...
Call Dr. Barbara Watson**

As the pediatric immunization schedule becomes more complex and new vaccines are introduced for adolescent and adult populations, the role and expectations of immunization providers increases. Dr. Barbara Watson can address all of your questions about vaccines, ACIP recommendations, and how to serve your patient population. Dr. Watson has over 18 years of experience conducting clinical research trials as the Clinical Director of Vaccine Studies at the Children's Hospital of Philadelphia and the Director of the Vaccine Evaluation Unit/Pediatric and Infectious Disease faculty at the Albert Einstein Medical Center. Dr. Watson now serves on an ACIP Working Group and attends ACIP meetings regularly.

Dr. Watson serves as the Philadelphia Immunization Program's Medical Director and provides guidance for all Immunization Program activities. She also serves the Division of Disease Control as both a pediatric infectious disease consultant and TB pediatric consultant which includes patient care at the Flick TB Clinic.

Barbara Watson earned her Medical Degree with honors from the Medical School of the University of Cape Town, in South Africa. She is a member of the Royal College of Physicians and was elected to fellowship 1999. She is board certified in internal medicine, board eligible for adult and pediatric infectious diseases, and a specialty fellow of the American Academy of Pediatrics.

Dr. Watson's work has been published in many medical journals including: *Journal of Infectious Disease*, *Clinical Infectious Disease*, *Journal of American Medical Association*, *Journal of Infection*, *Pediatrics*, *Ambulatory Pediatrics* and *Pediatric Annals*.



Dr. Barbara Watson, Medical Director

Philly Receives CDC Immunization Award



Front Row: Andrew Chilkatowsky, Immunization Program Manager; Dr. Caroline Johnson, Director of Disease Control; Stephan Smith; Cheriece Kelly; Second Row: Lisa Morgan; Abbey Mahady; Back Row: Mindy Perilla; Katie Beyer; Kate Cushman; Veronica Alvarez; Jen Sampson; Lanre Akinola; Mia Renwick; Victor Spain; Christine Wilson; Michael Eberhart; Brian Jorgage; Karl Heath.

The Philadelphia Department of Public Health's Immunization Program received an award from the Centers for Disease Control and Prevention (CDC) as one of the urban areas with the most improved vaccination coverage for children. Andrew Chilkatowsky, the Immunization Program Manager, accepted the award at the 2006 National Immunization Conference in Atlanta, GA. Philadelphia, along with six other cities, was commended for making substantial progress in improving the rate of immunizations among two-year-olds from 70% coverage in 2003 to 75% coverage in 2004.

NEW ARRIVALS

The Immunization Program welcomes the following new staff:

Veronica Alvarez, Assistant Immunization Program Manager Veronica is a CDC-field assignee to the Immunization Program. Prior to joining PDPH, Veronica worked with CDC's National Center for Infectious Diseases as its Anthrax Vaccine Program Project Officer.

Brian Jorgage, KIDS Data Analyst Prior to joining the Immunization Program, Brian was a research assistant at Villanova University serving the Computer Science faculty. Brian has a MS in Computer Science.

Lisa Morgan, Provider Quality Assurance Specialist Prior to coming to Philadelphia, Lisa worked at the CDC with the National Immunization Program as a Public Health Advisor. At CDC, Lisa worked on the Stop Transmission of Polio Program.

Angela Powderly, Provider Quality Assurance Nurse Angela joins the Immunization Program after nine years of working as the Immunization Specialist and Outreach Coordinator at the Children's Hospital of Philadelphia.

Immunization Program Contacts:

Immunization Program Manager:
Andrew Chilkatowsky (215) 685-6835

Medical Director:
Dr. Barbara Watson (215) 685-6842

VFC Coordinator:
Veronica Alvarez (215) 685-6498

VFC-AFIX Visits:
Lisa Morgan (215) 685-6872

KIDS Registry Coordinator:
Michael Eberhart (215) 685-6784

KIDS Registry Helpline: (215) 685-6784

Adult Immunization Program:
Jim Sweeney, BSN (215) 685-6466

Immunization Outreach Programs:
Abbey Mahady (215) 685-6854

Perinatal Hepatitis B Program:
Bruce Barlow, RN (215) 685-6853

Varicella Surveillance Project:
Karl Heath, RN (215) 685-6841

For general information on the Immunization Program, please call:
(215) 685-6748