

Vermont Immunization Bulletin

November 2019

IMR and VIMS Password Requests

The phone number to request passwords has been updated. You may now contact the Immunization Registry program directly by calling (888) 688-4667. A representative is available weekdays between 7:45 a.m. and 4:30 p.m., excluding holidays.

As a reminder, if you are enrolled in Password Central, you can access that system for self-service password resets 24 hours a day, 7 days a week: <https://apps.health.vermont.gov/aims/PS/Default.aspx>.

Vaccines for Children Provider Profile Survey Begins January 2

State-supplied vaccine is purchased through the Immunization Program with federal CDC funding and assessments on health insurers. CDC requires that providers providing vaccines purchased with VFC funds complete a Provider Profile annually. The Profile captures the pediatric population served by the practice or facility during the most recent 12 months.

On January 2, 2020, your practice will receive an email from the Immunization Program through Survey Gizmo (invite@mail.surveygizmo.com), containing a personalized link to the 2020 VFC Provider Profile form. The primary vaccine contact at each practice is the only person who will receive the survey email. The contact should review the email with the physician-in-charge and gather required information before completing the form in Survey Gizmo. The Provider Profile survey must be completed by February 1, 2020.

Full VFC re-enrollment is now required every 24 months. The next one is scheduled for January 2021.

January 1: Discontinue use of paper temperature logs and audit your nodes!

Beginning January 1, 2020, VFC/VFA practices receiving state supplied vaccine will no longer be required to document daily min/max temperature readings on paper temperature logs. At that time, the Immunization Program will stop providing paper temperature logs. Until then, providers can find printable temperature logs on the Immunization Program Website: https://www.healthvermont.gov/sites/default/files/documents/pdf/ID_IZ_INFOHCP_S%26H_TemperatureLog.pdf.

However, all practices are still required to record min/max temperature readings once a day when the practice opens in order to meet the CDC requirement for temperature reporting. This requirement is fulfilled through the SensoScientific cloud system. Once logged in, the user checks off each vaccine storage unit and clicks "Audit Node." Minimum and maximum temperature readings are documented, and the program requirement is met.

During the VFC/VFA site visits, public health specialists will review documentation from the SensoScientific cloud to assess compliance with temperature reporting.

Questions? Here is a quick reference guide.

State Activities

Flu Prevention in the North Country

Practices affiliated with North Country Hospital gave a lot of flu shots in October! This year, the Health Department made flu vaccine available for adults ages 19-64 and the North Country practices made the most of the opportunity.

Dr. Alexandra Bannach, Medical Director at North Country Pediatrics, shared the following:

"I wanted to reach out and share with you how incredibly successful our first year offering influenza vaccine to parents in our pediatric practice is going. This is a service to the community that I had wanted to offer for a long time but this year is the first time that we were able to actually obtain and offer the vaccine. Acceptance by parents has been tremendous, we have had nothing but positive feedback and I have personally had some visits where parents initially declined the vaccine but then agreed because their children argued, 'If I get it, you have to get it too, you can't be a hypocrite.' So not only are we supporting families in need who would be challenged to make it to other practices to get their vaccine, we are also actively increasing flu vaccine coverage and uptake and therefore herd immunity right here in our community. I am excited and grateful for the vaccine that the Department of Health supplies that allows us to offer this service."

Karen Silvestri, from North Country Primary Care in Newport, shares strategies they're using to eliminate barriers and reach the families in their region and what they are planning for next year:

- For the first time, the practices sent out postcards to individual patients informing them of the scheduled clinics - it was "absolutely worth the cost upfront." Anecdotally, more people reported hearing about the clinic via these postcards than any other way.
- Schedulers posted clinic dates next to their phones.
- Everyone was offered a flu shot.
- Patients with mobility issues were able to receive their injections in their vehicles.
- Family clinics were held in the evenings so that parents and children could receive their shots together at the end of the day. Next year, they intend to offer weekend clinics as well.
- A separate room was reserved for more anxious patients.

There is still plenty of flu vaccine to order through the VFC and VFA programs. Keep up the good work!

Hepatitis A Response and Prevention

There are currently widespread outbreaks of hepatitis A across the United States. The epidemiology of hep A has changed from a mild disease of young children to a disease that is spreading from person to person, primarily among people with unstable housing or who use drugs. Both Massachusetts and New Hampshire are experiencing ongoing hepatitis A outbreaks. The number of Vermont cases (12) is higher than usual (3-5). By making it easier for people who are at risk to get vaccinated, we hope to prevent an outbreak from happening.

To this effect, the Health Department is partnering with community partners like shelters, the Department of Corrections, and Syringe Service Programs to offer hepatitis A vaccine to people who are at the highest risk of infection. Since July 2019, district offices offered education about hepatitis A and vaccination onsite at over fifty homeless shelters, meals sites, syringe services sites, and other locations. Additionally, hepatitis A vaccine will be offered in all correctional facilities before the end of the year. Three clinics in correctional facilities have been provided so far.

The Health Department's hepatitis A web page includes resources for the public and providers and current surveillance data on Vermont cases.

- New Hampshire: <https://www.dhhs.nh.gov/dphs/cdcs/hepatitisa/hepa-nh.htm>
- Vermont: <https://www.healthvermont.gov/immunizations-infectious-disease/other-reportable-diseases/hepatitis>

Schedules and Recommendations

ACIP Vote: Td and Tdap

The CDC Advisory Committee on Immunization Practices voted to allow the use of either Tdap or Td in situations where only Td was previously recommended.

This means that either Td or Tdap can be used for:

- the ten-year booster
- tetanus prophylaxis in the setting of wound prophylaxis
- additional doses of the catch-up immunization schedule for persons \geq seven years

This decision was based on published data on closely spaced Tdap doses that showed no increase in adverse events when Tdap or Td was administered as a second or third dose. While data on multiple Tdap doses was limited, the review of published and unpublished data was described as “reassuring.”

The summary report is expected to be published in the MMWR in the near future.

Research and Resources

Ask the Experts: Is it okay to draw up vaccines at the beginning of the shift? If it isn't, how much in advance can this be done?

"The ACIP discourages the practice of prefilling vaccine into syringes, primarily because of the increased possibility of administration and dosing errors. An exception may be considered when only a single type of vaccine is to be administered during a clinic (e.g., influenza). Another reason to discourage the practice in general is that some vaccines have a very limited shelf life after reconstitution. If the reconstituted vaccine is not used within the designated time period, it must be discarded. Refer to the link below for a chart of the time allowed between reconstitution for each vaccine.

Experts from CDC's National Center for Immunization and Respiratory Diseases address this and many other questions about vaccines in Immunize.org's Ask the Experts forum:

<http://www.immunize.org/askexperts/>

- Reconstitution timing: <http://www.immunize.org/catg.d/p3040.pdf>
- More information on prefilling syringes: <http://www.immunize.org/technically-speaking/20110901.asp>

Updated Vaccine Information Statements

Before every vaccine administered, the law requires that the patient or guardian receive the appropriate Vaccine Information Statements (VISs). Recently, several VISs had updates to reflect the most current information. The Immunization Program encourages vaccine providers to start using new VIS immediately, however going through previous stocks is allowed.

Sign up to receive email notifications of future VIS updates here:

<https://www.cdc.gov/vaccines/hcp/vis/index.html>

Additional information about VISs, including ways to give them and how to find translations, can be found here: <https://www.cdc.gov/vaccines/hcp/vis/about/facts-vis.html>.

Disability Training Survey 2019

Our colleagues in the Chronic Disease and Disability Program would like to hear from you!

People in Vermont who have disabilities experience poorer health outcomes compared to people who do not have a disability. This is significant, considering nearly 25% of adults in Vermont report having some type of disability (Behavioral Risk Factor Surveillance System, 2017).

We would like to learn from you about what it's like to provide care to patients with disabilities in your practice. What's going well and what might be challenging? Are there any topics you might be interested in learning more about? Please share your thoughts by completing this survey:

<https://www.surveymonkey.com/r/VTDP2019YF>

Your time and responses are greatly appreciated.