

Vaccinate Vermont

Vermont Department of Health

May 2017

Child Care Immunization Requirements Being Met in Vermont

Over 1,000 (89%) child care programs representing 17,477 children under age five, completed the [2016 immunization report](#). The results are reassuring: 93% of children (<5 years) enrolled in regulated child care met all vaccine requirements for their age. The non-medical exemption rate decreased from 4.3% in 2015 to 2.4% in 2016. The medical exemption rate remained the same at 0.1%. The vaccines with the highest coverage rate were Hib and MMR at 96.4%. Varicella vaccine had the lowest coverage rate at 95.6%. According to this report, most parents are vaccinating their young children.

Vermont was one of the last states to require immunizations for child care, and implementation initially proved challenging. With the support of the DCF/Child Development Division substantial progress has been made.

School Immunization Reports Show Sustained Progress in Immunizing Children

The [2016-17 School Immunization Status Report](#) shows that recent progress in reducing the risk of vaccine preventable disease transmission has been sustained. The coordinated effort by health care providers, school nurses and administrators, and parents to fully immunize Vermont children is ensuring community immunity.

Kindergarten

The percentage of children entering kindergarten who received all required vaccines is stable at 89.6% (a decrease of 0.1% from 2015-16)

Students not meeting vaccines requirements and without an exemption may be provisionally admitted for up to six months. The percentage of provisionally admitted kindergarten students increased to 6.4%, from 4.6% last school year. The catch-up vaccine efforts implemented at health care practices may have led to a temporary increase in provisionally admitted students.

Overall, non-medical exemptions have decreased. As of 2016-17, Vermont only has a religious (non-medical) exemption. The percentage of kindergarten students with a religious exemption is 3.7% (n=234).

School-wide (K-12)

Ninety-four percent of all Vermont students enrolled in public and independent schools (K-12), received all required vaccines. This is the highest rate in the last five years.

The percentage of all Vermont students (K-12), with any exemption was: 0.2% medical and 3.0% religious (non-medical). In the previous year, the percentage of students with a non-medical exemption (religious and philosophical) was 4.2%.

The percentage of students (K-12) that met the MMR vaccination requirement to protect against measles was 97.0%. The MMR vaccination series was completed by 97.6% and 92.6% of students in public and independent schools, respectively.

INSIDE THE ISSUE

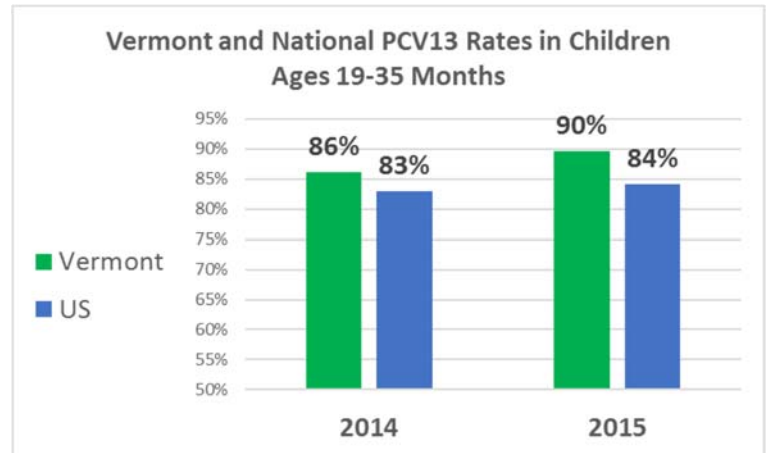
Child Care Immunization Coverage	1
School Immunization Reports.....	1
Pneumococcal Vaccine Rates	2

VFC/VFA Annual Re-Enrollment	3
VFC/VFA New Rule	3
Yellow Fever Vaccine Shortage.....	4
VIMS Update.....	4

From the Registry: Pneumococcal Vaccine Rates in Vermont

Pneumococcal bacteria cause many types of infections including pneumonia, meningitis, and invasive pneumococcal disease (IPD). Every year, about 900,000 Americans get pneumonia, and five to seven percent will die from it. IPD is often severe, requiring hospitalization as the bacteria invades the bloodstream. Anyone can get pneumococcal disease, but some people including young children and older adults are at greater risk. The best way to prevent these illnesses is to get vaccinated.

The PCV13 vaccine effectively protects children from this disease. In Vermont, most children between the ages of 19 and 35 months of age are fully immunized with PCV13. The graph shows our rates from the National Immunization Survey. You can see that Vermont rates are higher than the national rate, and in 2015 we reached the Healthy People 2020 goal of 90%.

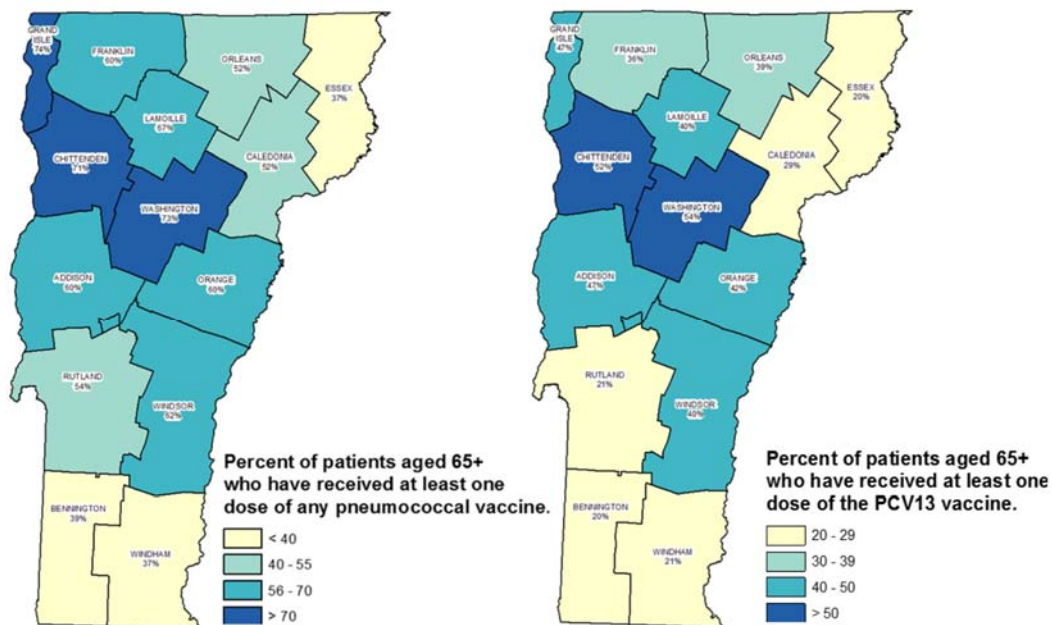


*Data source: National Immunization Survey

Preventing disease in children with PCV13 means there is less pneumococcal disease. But, we also know that immunizing adults age 65+ years prevents disease. The current best practice for adults age 65+ is to give one dose of PCV13 vaccine, followed one year later by a dose of PPSV23. For more details about the schedule for pneumococcal vaccination see this resource: <http://eziz.org/assets/docs/IMM-1152.pdf>

In 2016, most PCV13 vaccinations administered to older Vermonters were given at a provider's office (76%), though an additional 14% were administered at a pharmacy and 9% at a hospital. It is important to note that the VFA program limits eligibility to those 19-64 years, but pneumococcal immunizations are covered by Medicare Part B – so cost should not be a deterrent.

What is the big picture? The maps below show the coverage rates by county for pneumococcal vaccine for those 65 years and older. It is good to see the progress with PCV13 vaccine, which has only been recommended for routine use in this age group since 2014.



VFC/VFA Annual Re-Enrollment Period: May 31 - July 1, 2017

The state-supplied vaccine is purchased with federal and health insurer funds. For the Vermont Department of Health to continue receiving federal funding, enrollment forms must be collected from every practice each year by **July 1st**.

There are 209 enrolled practices, and the re-enrollment process is conducted online through Survey Gizmo. The re-enrollment survey will open May 31st, and will be sent to the vaccine contact for each enrolled VFC and/or VFA practice by Survey Gizmo from this email: invite@mailersurveygizmo.com. Contact the Immunization Program by email or phone if you do not receive the link May 31st.

NEW RULE:

Effective August 1, 2017
faxed temperature logs will no longer
be required with every order.

Beginning August 1st, the following changes will be made to allow for more consistent temperature management, and to limit vaccine waste with early detection of out of range temperatures. Training materials will be made available and phone support provided when needed.

- VFC/VFA practices are no longer required to FAX paper temperature logs with vaccine orders.
- VFC/VFA practices must email data logger downloads, for each data logger in use, the first week of each month (a month of downloads). This should be done regardless of when vaccine is ordered.
- Documentation of refrigerator and freezer temperatures twice a day on the state-supplied paper log is still required. Paper temperature logs will be reviewed during site visits.

Vermont Health Practices Recognized for High Childhood Immunization Rates

Nine physician care practices have been recognized by the Vermont Department of Health for their high percentage of infants, children and teens immunized against vaccine-preventable diseases. The awards were presented as part of National Infant Immunization Week (NIIW), an annual observance to highlight the importance of protecting infants from vaccine-preventable diseases.

The nine practices and their staff were recognized for meeting the [HealthyPeople 2020 goals](#) for childhood immunization. Practices with at least 20 patients in the appropriate age ranges had to meet national immunization goals, including babies having received the recommended immunizations by age 2 to protect them from 14 serious childhood diseases, such as whooping cough and measles. Last year, five practices in Vermont met the criteria.

Practices Recognized 2017

- Rebecca Collman, MD – Burlington
- Essex Pediatrics, PC – Essex Jct.
- Gifford Pediatrics – White River Junction
- Green Mountain Pediatrics, PC – Bennington
- Hagan, Rinehart & Connolly Pediatricians – Burlington
- Richmond Pediatric and Adolescent Medicine – Richmond
- Springfield Health Center Family Medicine – Springfield
- UVMHN CVMC Pediatric Primary Care – Barre
- UVM Medical Center Pediatric Primary Care – Williston

Yellow Fever Vaccine Shortage

The U.S. supply of the yellow fever vaccine (YF-VAX) will run out by about midsummer, the CDC [reported](#) in the *Morbidity and Mortality Weekly Report*.

Officials are working on an emergency importation of an alternative vaccine, Stamaril, licensed in approximately 70 countries worldwide since 1986. Even then, there will be limited availability.

Currently, yellow fever vaccine is available at [9 travel clinics](#) across Vermont. However once the YF-VAX supply is depleted, Stamaril will be available in VT only through UVMHC's travel clinics.

Vaccine Ordering: VIMS Update

Development of the Vermont Vaccine Inventory Management System (VIMS) has been under way and the launch is fast approaching.

What is VIMS? The Vaccine Inventory Management System (VIMS) is the newly developed Vermont Department of Health web application that will link the Vermont Immunization Registry (IMR) and the federal VTrckS systems. The VIMS project moves Vermont closer to the national goal of using the Immunization Registry for all vaccine management processes, and paves the way for future enhancements.

Will we still order vaccines through VTrckS? No, vaccine contacts and back-ups will no longer manage their vaccine inventories and orders in VTrckS.

Will the new system be easier to access and use than VTrckS? We've built VIMS to improve the efficiency of the processes to reconcile inventory on hand, submit returns, waste and transfers, and place vaccine orders. Health care practice staff are busy, and we recognize that meeting all the requirements that come with publicly funded vaccines takes time. VIMS will be accessed from the Immunization Registry, using your Registry password. VIMS user support and access will be handled by the Health Department Immunization Program and Registry.

When will the transition happen? Beginning July 2017, every VFC and/or VFA enrolled practice will be assigned to an orientation period based on their routine ordering schedule. In that period, a practice's existing inventory will be migrated from VTrckS into the new system, and they will receive a 1:1 web training session during which they will place their first VIMS order. Information on how to access VIMS and training materials will be sent to practices well in advance of their scheduled orientation period. Ongoing support will be available.

What will VIMS look like? When practice staff login to the VIMS home screen they will see the order schedule and inventory from the last time it was reconciled. From there they will be able to navigate to the order screen, adjustments and a menu of reports. Here is a sneak peek:

VFC/VFA Practice Inventory										
Order Schedule: Monthly, days 16-31										
	Vaccine *	Brand	NDC	Intention	Lot #	Expiration *	Quantity	Last reconcile	Cost	Value
Detail	DTAPIPV	PEDIARIX	58160-0812-11	VFC	ZZ1Z5	1/1/2018	30		\$39,570	\$1,187,100
Detail	EIPV	IPOL	49281-0860-10	VFC	N1A461M	2/9/2019	10		\$12,720	\$127,200
Detail	HEP A	HAVRDX	58160-0825-11	VFC	9N33Z	4/24/2018	20		\$17,830	\$356,600
Detail	HEP B-PF	ENGERDX B	58160-0820-11	VFC	DA22F	12/8/2018	10		\$11,600	\$116,000
Detail	HIB	ActHIB®	49281-0545-03	VFC	UI755AAA	1/30/2018	15		\$9,550	\$143,250
Detail	HPV PED	Gardasil®9	00006-4119-03	VFC	M034780	4/15/2019	20		\$133,150	\$2,663,000
Detail	PNU 13	Prevnar 13 TM	00005-1971-02	VFC	Q04603	2/28/2019	50		\$120,390	\$6,019,500
Detail	ROTA	Rotarix®	58160-0854-52	VFC	5RZ7F	7/29/2018	30		\$86,750	\$2,602,500
Detail	VAR	Varivax®	00006-4827-00	VFC	ZZ1Z4	1/1/2018	10		\$88,340	\$883,400
									Total Value:	\$14,098,550



108 Cherry Street
PO Box 70
Burlington, VT 05402

Phone: 1-800-640-4374

Fax: 802-863-7395

AHS.VDHImmunizationProgram@vermont.gov