

Influenza Vaccination Is Now Recommended for All Children

By Karen Lewis, M.D. Medical Director Bureau of Epidemiology and Disease Control

Influenza viruses cause serious disease among persons in any age group but rates of infection are highest among young children. Children at highest risk for complications and hospitalizations are children younger than 5 years old, including those children under 6 months of age who are too young to be vaccinated¹.

Rates of influenza-associated hospitalization are higher among young children and are similar to hospitalization rates of persons older than 65 years old. During 1979-2001, the estimated rate of influenza-associated hospitalizations in the United States among children aged < 5 years was approximately 108 hospitalizations per 100,000 person-years¹.

Although the elderly are at the highest risk of dying from influenza, pediatric deaths do occur. The most recent data on pediatric deaths associated with influenza and bacterial co-infection are from the 2006-2007 influenza season in which there were 69 influenza-associated pediatric deaths. Thirty of these (44%) had bacterial co-infection, and 22 (73%) of the bacterial isolates were *Staphylococcus aureus*. Fifteen (68%) of the *S. aureus* were methicillin-resistant *S. aureus* (MRSA)².

Due to the mortality and high morbidity from influenza in children, the Advisory Committee on Immunization Practices (ACIP) has voted to extend influenza vaccination for all children aged 6 months through 18 years³. These recommendations are scheduled to be published in June 2008 in Morbidity and Mortality Weekly Report. Vaccines for Children Fund will cover influenza vaccine for all children starting July 1, 2008⁴.

Either trivalent inactivated influenza vaccine (TIV) or live, attenuated influenza vaccine (LAIV) can be used when vaccinating healthy persons aged 2 through 49 years^{1,5}. However, only TIV should be used for those who are at higher risk of influenza complications because of underlying medical conditions, children aged 6 months through 23 months, and persons aged > 49 years.

Children aged 6 months through 8 years do not have as good of an antibody response to influenza vaccine. Therefore, when they receive an influenza vaccine for the FIRST time, they need two doses of influenza vaccine. However, If the child fails to get the second dose during that season, he should be given two doses in the subsequent influenza vaccination season, and then after that only needs one dose per year of influenza vaccine. Children who received only 1 dose in each of their first 2 years of being vaccinated should continue receiving a single annual dose¹.

Health care providers need to screen for possible reactive airway disease when considering use of LAIV for children aged 2 through 4 years. Children with asthma or a recent wheezing episode should be given TIV and not LAIV⁵.

There are three vaccines currently licensed for use in children; they all have different age indications. Fluzone® (sanofi pasteur) is a TIV licensed for people ≥ 6 months of age. Fluvirin™ (Novartis) is a TIV licensed for people ≥ 4 years old. FluMist™ (MedImmune) is a LAIV licensed for those ≥ 2 years old. The other influenza vaccines licensed in the United States are only approved in ages ≥ 18 years¹.

Parents sometimes ask about thimerosal content in vaccines. Thimerosal is a mercury (Hg) containing preservative that serves to prevent bacterial contamination when a vial is entered more than once; therefore, thimerosal is used in multidose vials. There is no thimerosal in Flumist™, nor is there thimerosal in Fluzone® 's single dose vials and prefilled syringes. Multidose vials of Fluzone® contain 25 mcg of Hg/0.5 mL, and multidose vials of Fluvirin™ contain 24.5 mcg of Hg/0.5 mL¹.

Universal childhood influenza vaccination is expected to provide many benefits: less school and day care absences, fewer parents staying home from work to care for febrile children, fewer high-risk individuals acquiring influenza from children, fewer visits to the doctor during influenza season, fewer hospitalizations, and fewer deaths.

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"Be Wise, Immunize" Conference - A Big Success!

By Chris Lyons, RN, MS Immunization Services Manager

The 15th Annual Arizona Immunization Conference was held on April 22nd and 23rd at the Black Canyon Conference Center. Over 350 health care professionals attended the statewide conference to learn the latest information on vaccine-preventable diseases, immunization delivery, and vaccines. Attendees were treated to nationally recognized expert William Atkinson, MD, MPH, Medical Epidemiologist from the National Center for Immunization and Respiratory Diseases (NCIRD) at the Centers for Disease Control and Prevention (CDC), gave an excellent vaccine update entitled "Vaccine News and Previews". Not to be outdone, Bob England, MD, MPH, Medical Director at Maricopa County Department of Public Health, encouraged everyone to "Shoot the Children First!" in his presentation of a new approach to influenza control.

Other outstanding presentations included: James Seaboldt, PharmD, Clinical Development and Medical Affairs, GlaxoSmithKline Pharmaceuticals, emphasized the "Value of Vaccines" in his presentation; Karen Lewis,

MD, Medical Director, Bureau of Epidemiology and Disease Control Service at Arizona Department of Health Services shared "The Arizona Experience and Immunizations"; Christopher J. Smith, PhD, Research Director, Southwest Autism Research and Resource Center provided great insight with his "Autism and Vaccine" presentation; Allison Kennedy, MPH, Epidemiologist also from NCIRD at the CDC, gave an informative presentation on "Vaccine Risk Communication".

Conference attendees rated the facility as excellent and the two-day event as an overwhelmingly positive experience in which all learning objectives were met.

If you are interested in attending the 3rd Annual Adolescent/Adult Vaccine Symposium scheduled for September 25th, 2008 at the Black Canyon Conference Center, complete the registration form included in this *Immunications* issue or contact Clare Crosby in the ADHS Immunization Office at 602-364-3635

ASIIS Update

By Lisa Rasmussen, ASIIS Program Manager

- Would you like to know how many children were vaccinated during a specific period in your office?
- Do you need to find out how many MMR's were administered?
- Do you need to generate your VFC Profile Report or your VFC Accountability Log?
- How many children in your practice are missing immunizations?
- How can you remind the parents to bring their children in for these immunizations?

ASIIS has reports available that can generate this information and more. Step-by-step instructions on how to run the Reminder Recall and other reports on our web site. See the links under ASIIS Support (<http://www.azdhs.gov/phs/asiis/asiissupport.htm>). These are available either as a .pdf document (Adobe Acrobat) or as a Powerpoint slide show.

If you need assistance our staff is available to answer any questions regarding the ASIIS application that you may have. Call (602) 364-3899 or 1-877-491-5741 Monday - Friday any time between 8 am and 5 pm.



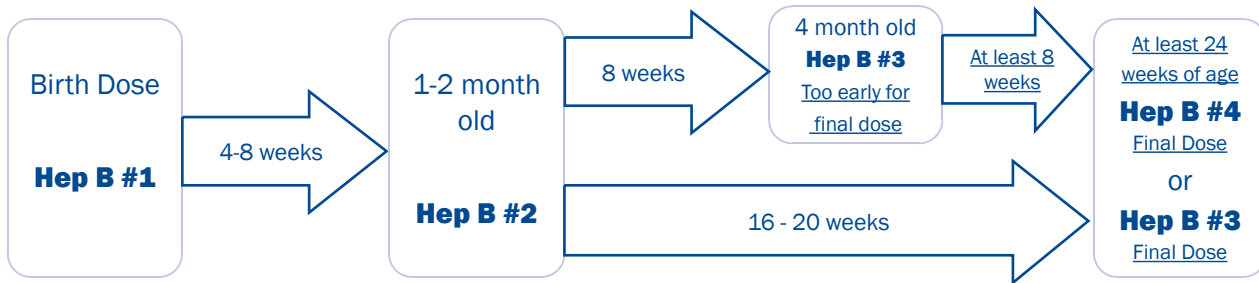
Minimum Ages and Intervals Impact CoCASA Assessment Results

By Jennifer Ralston-King, Assessment Coordinator

2008 CoCASA assessments measure immunization coverage levels and how closely providers are following the immunization schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Spacing of DTaP #4, and the final dose of Hepatitis B, have been identified as areas of concern. The charts below illustrate the minimum ages and intervals for DTaP and Hepatitis B vaccine doses.

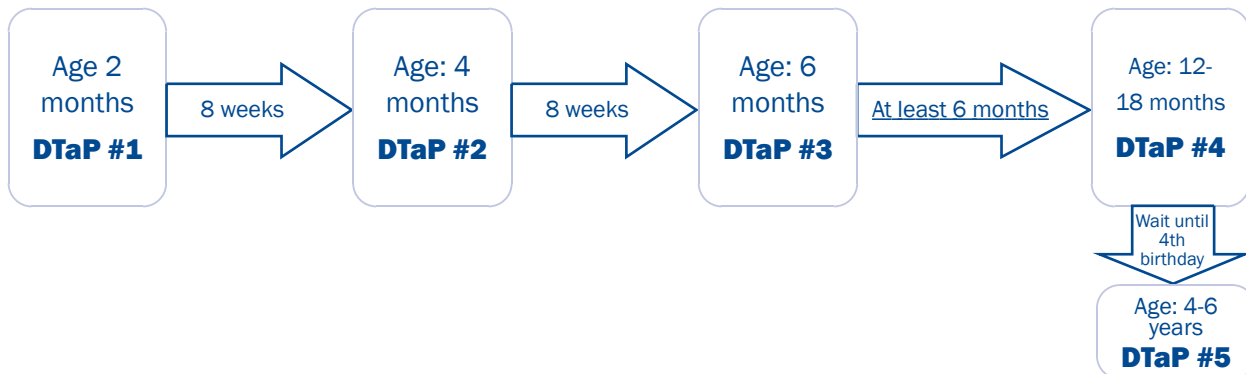
Hepatitis B Recommended Schedule and Spacing for Infants

A birth dose of Hepatitis B vaccine is recommended for all newborns, followed by Hepatitis B #2 at 1-2 months of age. The minimum age for Hepatitis B #3 is 24 weeks. It is acceptable for children to receive Hepatitis B #3 at 4 months of age as a component of a combination vaccine. If Hepatitis B #3 has been given before 24 weeks of age, a 4th Hepatitis B dose is required. Hepatitis B #4 should be given at least 8 weeks after Hepatitis B #3 and no earlier than 24 weeks of age.



DTaP Recommended Schedule and Spacing for Children

DTaP is recommended at 2, 4, 6 and 15-18 months of age. A minimum space of six months is required between DTaP #3 and DTaP #4. The fourth DTaP may be given as early as 12 months of age, as long as 6 months have passed since DTaP #3 was administered. The minimum age for DTaP #5 is 4 years.



Update: Materials available for Educational Campaign on Adolescent Immunization

By Jessica Rigler, MPH

As the beginning of the new school year draws closer and parents and children are shopping for back to school clothes and supplies, ADHS needs your help in reminding parents to schedule an appointment for their child to visit their health care provider to receive required adolescent vaccinations. This is particularly important because of the new state mandate that will be in effect in Fall 2008 requiring all incoming 6th graders that are 11 years or older to receive meningococcal (MCV4) and pertussis (Tdap) vaccines.

It's time to raise awareness of the need for routine adolescent immunization in order to ensure that adolescents remain protected from vaccine-preventable diseases including meningitis, pertussis, varicella, and HPV (for females). The It's Their Turn! campaign, introduced in the Summer issue of *Immunications*, aims to support the implementation of the new state mandate and protect adolescents from meningitis and pertussis.

To date, campaign materials, including posters in English and Spanish targeted to adolescents and parents, Q&A sheets for parents, and provider reference cards have been distributed throughout the

state to nearly 4,000 public health professionals, health care providers, school nurses, and school administrators who have disseminated the messages to clients, patients, parents, and students.

These materials are available free for download from <http://www.azdhs.gov/phs/immun/>.

In addition, a multitude of community organizations including youth service organizations (like YMCAs, Boys and Girls clubs, and Boy and Girl Scout troops), religious institutions, and recreation departments were approached with campaign messages and materials and asked to communicate these to their respective communities.

The It's Their Turn! campaign also features innovative communication tools. Electronic dissemination of campaign messages was achieved through the distribution of ecards for parents and adolescents, which are available free at <http://www2a.cdc.gov/ecards/>. Blogger engagement was another unique strategy used for message dissemination.

ADHS has also contacted a number of local media outlets statewide in order to encourage widespread dissemination of campaign messages.

Implementation of this campaign positions Arizona as a leader in adolescent vaccination promotion. ADHS will take advantage of this leadership status by evaluating the It's Their Turn! campaign, developing best practices and lessons learned from the successes and challenges faced in promoting adolescent vaccination in the face of a new state vaccination requirement.

Through all of these diverse communication channels, the message remains clear: It's time for adolescents to be safe and protected from vaccine-preventable disease. It's their turn!

Participate in the campaign by visiting <http://www.azdhs.gov/phs/immun/> and printing a poster to hang on your wall or sending an adolescent or their parent an e-card from <http://www2a.cdc.gov/ecards/>. If you would like to receive a printed copy of the materials please contact Jessica Rigler at 602-364-3092 or jessica.rigler@azdhs.gov.

RESOURCES

Storage & Handling ToolKit

<http://www2a.cdc.gov/vaccines/ed/shtoolkit/>

Vaccine Safety Concerns

<http://www.cdc.gov/vaccinesafety/concerns/>

Avian Flu Travel Information

<http://wwwn.cdc.gov/travel/contentAvianFluInformation.aspx>

IN THE NEWS...

Prevention and Control of Influenza, Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2008
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr57e717a1.htm?s_cid=rr57e717a1_e

Gardasil Human Papillomavirus (HPV) Vaccine

VAERS Reports Related to Gardasil Vaccination

June 8, 2006 through April 30, 2008

<http://www.cdc.gov/vaccinesafety/vaers/gardasil.htm>

ACIP Provisional Recommendations for the Prevention of Rotavirus Gastroenteritis among Infants and Children

Date of ACIP vote: June 25, 2008

Date of posting of provisional recommendations: July 1, 2008

<http://www.cdc.gov/vaccines/recs/provisional/downloads/roto-7-1-08-508.pdf>

Updated Recommendation from the Advisory Committee on Immunization Practices (ACIP) for Use of 7-Valent Pneumococcal Conjugate Vaccine (PCV7) in Children Aged 24-59 Months Who Are Not Completely Vaccinated *MMWR Recommendations and Reports*, April 4, 2008, Vol 57, No.13, 343-344

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5713a4.htm?s_cid=mm5713a4_e



Updates from the Arizona Immunization Program Vaccine Center

By Chemy Boardman, Vaccine Center Manager

Vaccine Shortages and Delays

The current information on national vaccine shortage and delays can be found at www.cdc.gov/vaccines and search on "vaccine shortages".

Haemophilus b Conjugate(HIB) and Haemophilus b Conjugate/Hepatitis B Vaccines

Merck HIB (PedvaxHIB®) and HIB/Hepatitis B vaccines (COMVAX®) are still in limited supply for specific groups. It is uncertain when the vaccines will become available. Arizona receives a monthly allocation of PedvaxHIB® to provide to Native Americans and high risk children only. All other children should receive Sanofi ActHIB®. The booster dose of HIB should be deferred for all children except Native Americans and children with health conditions that put them at high risk of acquiring HIB disease.

Note: The nation's HIB supply will not be sustainable if providers continue to administer the booster dose. Please do not administer the booster dose of ActHIB® until further notice.

Hepatitis A Vaccine

Merck hepatitis A vaccine (Vaqta®) is not available to order. It is uncertain when the vaccine will become available. There is ample supply of another hepatitis A vaccine to meet demand.

MMRV (ProQuad) Vaccine

Merck MMRV vaccine is still not available to order. An anticipated availability date has not been stated by Merck. Remember to order enough MMR and Varicella vaccine to vaccinate your patients in the absence of MMRV. ACIP now states that they do not prefer vaccinating with MMRV over vaccinating with single antigen MMR and Varicella.

Varicella Vaccine

CDC worked with Merck Manufacturing to decrease the minimum order size of Varicella to 10 doses. Providers may order Varicella in 10-dose quantities.

Influenza Vaccine

The VFC program has received approval and ordered the following quantities of flu vaccine for the 2008-09

influenza season. The amount of vaccine that Arizona will be receiving has increased by 24% from the 2007-08 influenza season.

Sanofi 0.25 mL preservative free flu vaccine in syringes: 85,000 doses

Sanofi 0.5 mL preservative free flu vaccine in syringes: 49,910 doses

Sanofi 0.5 mL preservative free flu vaccine in vials: 18,090 doses

Sanofi 5.0 mL flu vaccine in multi-dose vials: 75,000 doses

Novartis 0.5 mL flu vaccine in syringes: 12,000 doses

MedImmune live attenuated flu vaccine (LAIV): 12,000 doses

Flu request forms will be mailed to providers in July. Providers will be requested to submit their flu vaccine requests for the 2008 flu season. However, the requests may have to be changed based on vaccine availability.

New Vaccines in 2008

Recently, a new rotavirus and a new diphtheria, tetanus and pertussis (DTaP); inactivated polio (IPV); and Haemophilus b Conjugate(HIB) were licensed. We will inform providers when these vaccines become a part of the VFC program and are available to order.

Vaccine Storage Equipment

CDC has determined that only two types of refrigerator storage units are acceptable to store VFC vaccines. Dorm-style refrigerators are no longer acceptable units. The Vaccine Center staff will be identifying providers that do not have appropriate storage units and informing these providers of the types of units that they must use to store VFC vaccine.

The appropriate storage units are: 1) a refrigerator that has a separate freezer compartment with a separate exterior door, or 2) stand-alone refrigerators and freezers.



Returning Viable Vaccine:

- 1) Viable vaccine may be returned only if it has 3 or more months to expiration.
- 2) Vaccine must be returned in the original box.
- 3) Loose vials or syringes can not be returned.
- 4) The Vaccine Center will no longer pick up less than 10 doses of vaccine.
- 5) Fax your Return/Adjustment (R&A) form into the Vaccine Center Office at 602-364-3276
- 6) Your R&A will be reviewed and your VFC representative will contact you by phone or fax with the following information:
 - a) How to return viable vaccines to the Vaccine Center
 - b) Informing you that a courier or the rep will pick up the vaccine, or
 - c) Asking you to keep the vaccine and try to use it before the expiration date

Note: Many vaccines are light-sensitive, the Vaccine Center recommends that all vaccines be stored in the original box at provider offices

Sending Paper Reports to the Arizona State Immunization Information System (ASIIS)

Paper report forms must be mailed or faxed to ASIIS, not to the Vaccine Center. ASIIS fax number is 602 -364-3285. The receipt and processing of provider vaccine orders are being delayed by the faxing of the ASIIS report forms.

VFC Vaccine Order Form

All sections of the VFC vaccine order form must be

completely filled out. The form will be returned to the provider if the order form is not complete, which will delay the provider in receiving vaccine.

VFC Paperwork

It is a VFC program requirement that all VFC paperwork must be retained for three years. This requirement includes all order forms such as Return and Adjustment forms and packing slips. If an employee leaves, the provider must ensure that the VFC information is retained and that it can be located for future reference.

Faxing or Mailing Immunization Logs and Packing Slips

The Vaccine Center still receives provider immunization logs and vaccine packing slips. We no longer require VFC providers to fax or mail their immunization logs or packing slips to the Vaccine Center.

Immunization logs are provided to assist providers to track immunizations provided to VFC-eligible children. This information must be reported to the Vaccine Center when providers order vaccine. Only fax your packing slip to the Vaccine Center if you have a problem with the vaccine delivered.

Vaccine Ordering Schedule Calendar

The Vaccine Center will not create a new Vaccine Ordering Schedule Calendar for providers annually. Please continue to order vaccine on the week and month that was assigned to you in 2007. Any provider may order vaccine monthly, if desired. Please call our office to inform us if you will begin to order vaccine on a monthly schedule.

Influenza Vaccination Is Now Recommended for All Children cont. from page 1

References

1. CDC. Prevention and Control of Influenza. Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2007. MMWR July 13, 2007.
<http://www.cdc.gov/mmwr/PDF/rr/rr5606.pdf>
2. Influenza-Associated Pediatric Mortality and Staphylococcus aureus co-infection, January 30, 2008.
<http://www2a.cdc.gov/HAN/ArchiveSys/ViewMsgV.asp?AlertNum=00268>
3. ACIP. Provisional Recommendations for the Prevention and Control of Influenza. Date of ACIP vote: February 27, 2008
<http://www.cdc.gov/vaccines/recs/provisional/default.htm>
4. ACIP Vaccines for Children Program Resolution No. 02/08-1 (Influenza). February 27, 2008.
<http://www.cdc.gov/vaccines/programs/vfc/downloads/resolutions/0208influenza.pdf>
5. CDC. Using Live, Attenuated Influenza Vaccine for Prevention and Control of Influenza. MMWR September 26, 2003.
<http://www.cdc.gov/mmwr/PDF/rr/rr5213.pdf>

Ask Our Experts!

Q: A 12-month-old child was mistakenly given PPV (pneumococcal polysaccharide vaccine) instead of PCV (pneumococcal conjugate vaccine). What should be done?

A: PPV is not effective in children less than 24 months of age. PPV given at this age should not be considered to be part of the pneumococcal vaccination series. PCV should be administered as soon as the error is discovered.

Q: If a child has already received 5 doses of DTaP by their fourth birthday is a booster dose after the fourth birthday needed?

A: Yes. A 6th dose of DTaP/DTP is required for kindergarten entry in Arizona if a child has received 5 DTaP/DTP doses before 4 years of age. The requirement is based on ACIP's recommendation that all children receive a DTaP/DTP dose at 4-6 years to boost pertussis immunity. The minimum interval between doses 5 and 6 is six months. No child should receive more than 6 DTaP/DTP doses. Children who have received 6 doses before 4 years of age should **not** receive an additional dose.

Q: I've noticed there is a duplicate patient in ASIIS. What do I do?

A: At the bottom of the patient search results screen, click on the button that says "report duplicates." Follow the onscreen prompts to report this patient to the ASIIS support staff. If you have any questions or need assistance with this feature, please call the toll-free ASIIS hotline at 1-877-491-5741. - The ASIIS Team

Summary of Reportable Vaccine-Preventable Diseases January - May 2008 ^{1,2}

	Jan - May 2008	Jan - May 2007	Jan - May 5 Year Median
Measles	17	0	0
Mumps	1	2	0
Rubella (Congenital Rubella Syndrome)	0 (0)	0 (0)	0 (0)
Pertussis (confirmed)	83 (10)	140 (3)	140 (51)
<i>Haemophilus influenzae</i> , serotype b invasive disease (<5 years of age)	9 (7)	1 (0)	0 (0)
Meningococcal infection, invasive	4	8	10
<i>Streptococcus pneumoniae</i> , invasive	675	587	411
Hepatitis A	42	81	81
Hepatitis B, acute	55	86	128
Hepatitis B, chronic	527	416	431

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

3rd Annual Adolescent and Adult Vaccine Symposium

September 25, 2008

Black Canyon Conference Center

9440 N. 25th Avenue, Phoenix, AZ, 85021

See <http://www.azdhs.gov/phs/immun/conf.htm> for more information!

2008 Invaluable Medical Assistant Seminar

October 25, 2008

Presented by the Arizona Community Association of Health Centers

Phoenix College- John Paul Theatre

1202 West Thomas Road, Phoenix, AZ 85013

Register online at www.aachc.org

Centers for Disease Control and Prevention

Live satellite broadcasts - Immunization Update!

August 28, 2008

An annual update, highlighting current and late-breaking immunization issues.



Immunications

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If you need this publication in an alternative format, contact the Arizona Immunization Program Office at (602) 364-3630 or 1-800-376-8939 (State TDD/TYY Relay)

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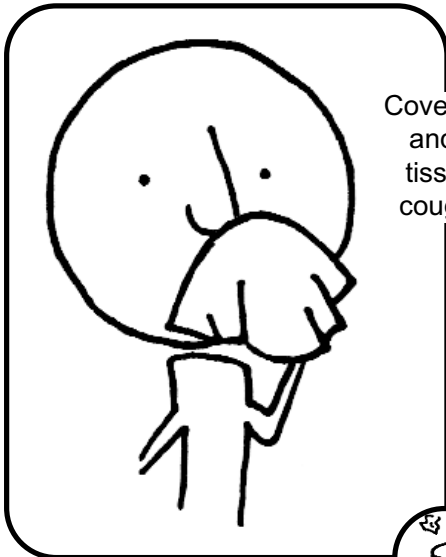
Inserts

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Stop the spread of germs that make you and others sick!

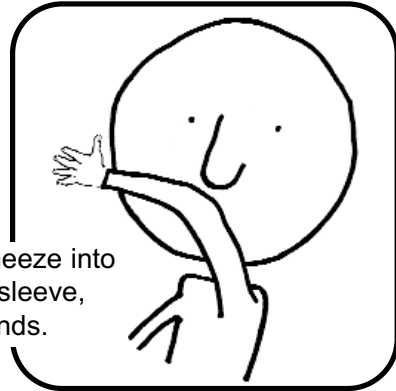
Cover your Cough



Cover your mouth and nose with a tissue when you cough or sneeze

or cough or sneeze into your upper sleeve, not your hands.

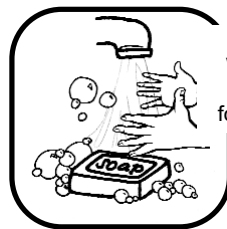
Put your used tissue in the waste basket.



You may be asked to put on a surgical mask to protect others.

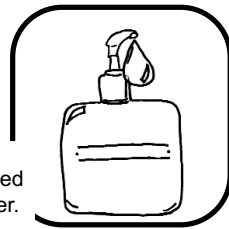
Clean your Hands

after coughing or sneezing.



Wash hands with soap and warm water for 20 seconds or

clean with alcohol-based hand cleaner.



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2008-2009 Arizona School Immunization Requirements

Parents:

1. Children are not allowed to enter school without proof of all required immunizations*.
2. The record for each vaccine dose must include the date and name of doctor or clinic.
3. The statutes and rules governing school immunization requirements are:
Arizona Revised Statutes 15-871 - 874; Arizona Administrative Code, R9-6-701 - 708.
4. Check requirements for your child's age and grade level in the chart below.

Age →	Under age 7	7 - 10 years	11 years and older	11 years and older
Grade →	Kindergarten and above	Kindergarten-5 th grades	<u>6th Grade Only</u>	7th-12th grades
Vaccine ↓				
DTaP/DTP/DT	4-5 doses At least 1 dose at 4 years of age or older is required. A 6th dose is needed if 5 doses have been given before 4 years of age.	History of 4 DTaP or a total of 3 tetanus & diphtheria doses given after 12 months of age.	<u>1 Tdap dose</u> is required when <u>5 years</u> have passed since the last DTaP, DTP, DT or Td. Students starting or finishing the first 3 tetanus & diphtheria doses must receive 1 Tdap as part of the 3-dose series.	Students who have not already received Tdap are required to receive <u>1 Tdap</u> dose when <u>10 years</u> have passed since the last DTaP, DTP, DT, or Td. Students starting or finishing the first 3 tetanus & diphtheria doses must receive 1 Tdap as part of the 3-dose series.
Td				
Tdap				
Meningococcal			1 dose	1 dose recommended Not required in 2008-2009 school year.
Polio	3-4 doses 3 doses meet the requirement if the third dose was given at 4 years or older. 4 doses meet the requirement even if all 4 doses were given in the first year of life.			
MMR	2 doses A third dose will be required if the first dose was given before 12 months of age.			
Hepatitis B	3 doses A fourth dose will be required if the third dose was given before 24 weeks of age.			
Varicella	1 dose if given before 13 years of age 2 doses if first dose was given at 13 years of age or later Varicella vaccination, or history of chicken pox disease, is <u>required</u> for grades Kdg-4 th and 7 th -10 th in the 2008-2009 school year. Students in 5 th , 6 th , 11 th and 12 th grades are not required to be immunized against chicken pox in the 2008-2009 school year.			

*Homeless students are allowed a 5-day grace period to attend school before proof of immunizations is required. Arizona law allows immunization exemptions for medical reasons, laboratory evidence of immunity and personal beliefs. Exemption forms are available from your child's school or at http://www.azdhs.gov/phs/immun/idr_forms.htm.

Influenza

(and other sordid viruses)

Get Ready to Stop the Spread!

Along with getting an influenza immunization, there is much that we can do to reduce our risk for getting the flu and reduce the spread of viruses in our homes, schools, and workplaces. So let's review...

The main way that colds and the flu are spread is from person to person by coughs and sneezes. The droplets from a poorly-contained cough or sneeze may float through the air and make contact with the mouth or nose of a person nearby. Droplets that miss making the "people" connection initially, end up deposited on environmental surfaces. From there, the virus can spread to an unsuspecting person who touches the contaminated surface. Flu and other viruses can live 2 hours or longer on surfaces such as phones, desks, handles, doorknobs, and toys.

Here are some tips for stopping the spread of "hitch-hiking" viruses:

- As always, use good hygiene practices—there's no substitution
- Wash your hands often and keep them away from you face—use soap and water for 15 - 20 seconds.
- If you don't have tissue, and need to cough or sneeze, cover your mouth and nose with you upper sleeve—not your hands!
- A video on covering your cough can be viewed at www.coughsafe.com/media.html and click below the picture on the video format to view. No need to purchase to view.
- Don't forget to clean your hands ASAP after using a tissue—before touching phones, door knobs, etc. Use soap & water or an alcohol-based hand sanitizer
- Clean and disinfect hard surfaces and items—follow label instructions carefully! Pay attention to any hazard warnings and instructions on labels.
- Do not mix disinfectants and cleaners unless labels say it's safe to do so
- Clean hard surfaces with a commercial product that is both a detergent and a disinfectant or wash with a detergent first, rinse with water, then use a disinfectant.
- Use sanitizer cloths to wipe electronic items that are touched often, such as keyboards, phones, and hand-held games.
- When gathering soiled linen, gather gently without creating a lot of motion such as shaking sheet when removing them from a bed
- Wash your hands after handling wastebaskets, soiled laundry, used tissues.



3rd Annual Arizona Adolescent and Adult Vaccine Symposium

September 25, 2008
Black Canyon Conference Center

Registration Form

Please **PRINT** all information

Name _____ Title _____

Organization _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

E-mail Address _____

I am a/an (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Physician (specialty) _____ | <input type="checkbox"/> RN |
| <input type="checkbox"/> Medical Assistant | <input type="checkbox"/> Nurse Practitioner _____ |
| <input type="checkbox"/> Physician's Assistant | <input type="checkbox"/> LPN |
| <input type="checkbox"/> Epidemiologist | <input type="checkbox"/> Clinic Nurse _____ |
| <input type="checkbox"/> Immunization Manager | <input type="checkbox"/> School Nurse _____ |
| <input type="checkbox"/> Emergency Med Tech | <input type="checkbox"/> Health Educator _____ |
| <input type="checkbox"/> PharmD | <input type="checkbox"/> Pharmacy Tech _____ |
| | <input type="checkbox"/> School Staff _____ |
| | <input type="checkbox"/> Lab Technician _____ |
| | <input type="checkbox"/> Exec Director _____ |
| | <input type="checkbox"/> Student _____ |
| | <input type="checkbox"/> Other (specify) _____ |

Conference Fee: \$95.00 per person through 9/12/08 - \$110.00 per person after 9/12/08

The Arizona Partnership for Immunization (TAPI) tax ID # is 86-0494702

Conference fee includes registration, lunch and educational materials

Please contact Clare Crosby on (602) 364 3635 if you do not receive written confirmation via mail within 3 weeks of receipt of registration and fee (PO)

RN's only: If you wish to receive CEU nursing credit you must provide your nursing license number:

Payment: P.O. # _____ Check # _____

Please make check payable to: TAPI (The Arizona Partnership for Immunization)

Mail Registration and Payment to:
Arizona Immunization Program Office
150 N. 18th Avenue, Suite 120
Phoenix, AZ 85007-3233

Questions? Phone: 602-364-3635 Email: clare.crosby@azdhs.gov



**The 7th Annual Invaluable
Medical Assistant Seminar**

**Attendee
Registration Application**

October 25, 2008 ■ Phoenix College
The Medical Assistant for The 21st Century: Evolution of Health Change

Mail:

Arizona Association of Community Health Centers
Attn: Kimberly Yarbrough
700 East Jefferson Street, Suite 100
Phoenix, Arizona 85034

Online Registration:

www.aachc.org

Important Note: Payment must accompany your registration form and can be made by check or American Express/MasterCard/VISA. Checks should be made payable to: Arizona Association of Community Health Centers.

REGISTRATION FEE INFORMATION:

Before September 30th \$110.00
After September 30th \$115.00
No refunds will be given after September 30th

Continuing education credits will be available for MA's, RN's, and LPN's.

If you have any additional questions please contact:

Kimberly Yarbrough

Director of Clinical Programs

Phone: 602.288.7548 | Fax: 602.252.3620

kimy@aachc.org

Organization _____

Address _____

City _____ State _____ Zip Code _____ Telephone Number _____

Fax Number _____ Email Address _____

Please list the attendees:

Name _____

Name _____

Name _____

Name _____

Name _____

COMPLETE IF PAYING WITH A CREDIT CARD

Credit Card American Express MasterCard VISA

Credit Card Number _____ Expiration Date _____

Authorized Signature _____ Name as it Appears on Credit Card _____