Immunications

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Immunications was supported by Grant Number H23/CCH922545 from CDC. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.

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In This Issue

Inserts

Arizona Department of Health Services

BABY SHOTS
A HEALTHY DOSE OF LOVE

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The Arizona Partnership for Immunization

Arizona Department of Health Services

Immunications

A Publication of the Arizona Immunization Program Office

BABY SHOTS
A HEALTHY DOSE OF LOVE

SPRING 2008

Uses and Benefits of ASIIS

By Lisa Rasmussen, ASIIS Program Manager

ASIIS is the acronym for the Arizona State Immunization Information System. In short, it is the 'filing cabinet' or the registry for children's immunization data. Currently, there are over 3 million clients and 30 million vaccination records in the database.

A record in ASIIS often begins with the birth certificate. Our office downloads birth certificate data which is used to create the beginning record for a child's immunizations. From that point, the record is appended each time an immunization event is recorded. Entering this information into ASIIS is important.

Best Features

- Forecast immunizations
- Track Vaccine inventory

Popular Reports

- Patient Immunization Record
- VFC Patient Log

Arizona residents are, as a whole, a very mobile population. By the time a child enters kindergarten, the family may have changed residences (and providers) multiple times. An electronic record in a statewide database is the ideal method to retain immunization events of the child. This record retains the information, regardless of who entered it. A new provider simply needs to query the child in the ASIIS web application to determine which immunizations were given by previous providers. No parent likes to see their child receive unnecessary immunizations when the immunization was previously received. An accurate, comprehensive record reduces the number unnecessary immunizations.

The ASIIS web application has many features beyond the collection of the immunization record. One of our best and most helpful features is the ability to forecast needed immunizations and the date they are needed. The current recommended immunization schedule for persons aged 0 - 6 years of age is complicated and confusing (www.cdc.gov/vaccines/recs/schedules/downloads/child/2007/child-schedule-color-print.pdf). The forecast feature in ASIIS takes all the confusion out of the equation. It can calculate the next needed immunization and the date it is due. ASIIS even has a report that can be used to generate mailing labels to send reminder postcards to the parents. The ASIIS web application also allows for collection of serology titers and other indications (such as history of a disease like Varicella) which negate the need for an immunization.

Another feature in ASIIS that can be utilized is the ability to track vaccine supply. If this feature is used by the provider, then the lot number, manufacturer, and expiration date of vaccines administered are collected in the database. The recent recall of the Hib vaccine lots demonstrates how the providers utilizing this feature were easily able to identify the clients that received these recalled lots. According to our figures, over 47% of the Hib vaccines given during the period of 4/1/07 - 12/15/07 did not have the lot number attached. Had there been any safety concerns, providers would have needed to manually check their files for the affected lot numbers. Entry of the lot numbers into ASIIS enables the provider to run a Recall Report. This automated accounting of lot numbers administered for specific vaccines saves time and effort in busy provider offices.

ASIIS has a number of reports available for the user. Our most popular by far is the Patient Immunization Record. Often the parent's copy of the record is unavailable or incomplete. The ability to print an immunization record that can be signed or stamped by the provider saves the office the time it takes to manually transcribe a record. Once signed, the record can then be used as acceptable proof that the immunization was completed and can be used by the parent for entry to school, day care, etc.

Another valuable report is the VFC Patient Log. Using ASIIS removes the need for the providers to manually track their usage of VFC-provided vaccines. Generating these reports through the web application saves time that would be used to manually tabulate the data needed for monthly reports.

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IN THIS ISSUE

Adult Hepatitis B Vaccination Initiative

By Jean-Robert Jeoffroy, Adult Program Manager

The goal of the Arizona Immunization Program Office (AIPO) Adult Hepatitis B Program is to stop the transmission of Hepatitis B among high-risk populations.

In October 2007, The Coordinating Center for Infectious Diseases implemented the "Adult Hepatitis B Vaccination Initiative." The initiative allows use of federal funds to increase the availability of Hepatitis B vaccines to the high-risk adult population in various venues, including but not limited to, STD prevention, HIV counseling and treatment centers, drug abuse treatment centers, needle exchange programs and correctional facilities. In November 2007, AIPO applied for and received funds to purchase adult vaccines. For more information about this program, contact Jean-Robert Jeoffroy at (602) 364-3638 or jeoffry@azdhs.gov.

ASIIS, Your Vaccine Inventory, and Lot Recalls

By Richard Bradley

Did you know ASIIS can help you manage your vaccine inventory as well as identify children who received recalled lots of vaccine? It's true!

The first step is to inventory your vaccine and then enter all of the vaccines you have in your refrigerator into the ASIIS Web Application. With the lot number search and add feature this is very easy to do. Then, whenever you add into the system an administered shot for a child, simply click on the link to select the lot number.

How will this help you? We're glad you asked! First, with the click of a button you can instantly view your vaccine inventory. No more will you wonder just how much vaccine is in your refrigerator. Second, sometimes certain lot numbers of a vaccine are recalled. If you enter lot numbers into the ASIIS Web Application, you can easily see if you have any of the recalled lot numbers on hand. Also, you can quickly identify the children who received the recalled vaccine. ASIIS manages your inventory and assists with patient management. Best of all, it's easy to do!

As always, the ASIIS team is available to help you. Call us at 1-877-491-5741 and we can help you right over the phone!

Varicella Varicella Varicella

By Susan B. Goodykoontz

Varicella, or chicken pox, is a highly contagious vaccine preventable disease caused by varicella zoster virus (VZV). Although typically thought to be a benign disease of childhood, severe illness may occur, especially in susceptible adults and persons who are immunocompromised.

Symptoms of varicella include: a generalized, pruritic, blister-like rash that is typically more concentrated on the face, scalp and trunk; and fever with malaise that may begin 1 to 2 days before rash onset. The rash is often the first sign of disease in children. The rash begins as macules but rapidly progresses to papules and then to vesicular lesions before crusting. Lesions may also occur on mucous membranes of the oropharynx, cornea, conjuctiva, respiratory tract, and vagina. Crops of lesions may appear over the course of several days, and the person with varicella may have lesions in various stages of progression. It is estimated that healthy children typically have 200-500 lesions in 2-4 successive crops.

Varicella follows a seasonal pattern, with the highest incidence in the United States occurring between November and May, and the lowest incidence between September and November. This pattern can be seen in the number of cases reported in Arizona over the last few years (Figure 1). In tropical areas, less seasonality is observed and cases tend to occur at the same frequency year- round.

Although varicella illness tends to be mild, severe complications may occur and include: secondary bacterial skin infections, secondary bacterial pneumonia, central nervous system manifestations, Reye syndrome, hemorrhagic varicella, purpura fulminans, glomerulonephritis, myocarditis, arthritis, orchitis, uveitis, iritis, and hepatitis. Although complications may occur in both the healthy and those with underlying health conditions, most varicella-related deaths occur in immunocompetent children and adults.

Occasionally, vaccine recipients may develop breakthrough infection when exposed to VZV following vaccination. In most cases, breakthrough infection is significantly milder with less than 50 lesions, most of which tend to be maculopapular rather than vesicular. In addition, fever tends to be absent in breakthrough infection.

The main route of varicella transmission is thought to occur through contact with infected respiratory secretions, but may also occur by respiratory contact with airborne droplets, direct contact, or inhalation of aerosols from vesicular fluid of skin lesions. The incubation period is 14-16 days after exposure (range 10-21 days). Persons with varicella are most contagious from 1 to 2 days before rash onset to shortly after onset of rash, but remain contagious until all lesions crust over. Varicella is thought to be less contagious than measles but more

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Order Your Private Supply of Influenza Vaccine for 2008- 2009 Influenza Season

Cherry Boardman, RN, MSN, Vaccine Center Manager

It is never too early to plan for the next influenza season. February and March are good months to evaluate your influenza vaccine supply needs and to order the vaccine that you will need for the 2008 - 2009 influenza season. There are now five manufacturers of influenza vaccine serving the Unites States and the vaccine comes in multiple presentations (single-dose vials, single-dose syringes, multi-dose vials, and sprayers). You are more likely to receive the type of influenza that you desire, if you order early.

In March, the Vaccines for Children (VFC) program will submit a statewide order for influenza vaccine. By July 2008, VFC providers will receive further information about the influenza vaccine that will be available to order for the 2008 - 2009 season.

Announcements...

The CDC satellite broadcast series Epidemiology and Prevention of Vaccine-Preventable Diseases has been presented annually since 1995. Because of escalating costs and limited availability of the CDC broadcast facility, beginning in 2008 the series will no longer be presented as a live broadcast but will be available on DVD and by internet. The 2008 series is expected to be available in late spring. Check http://www.cdc.gov/vaccines/ed/broadcasts.htm#2008

SUMMARY OF REPORTABLE VACCINE-PREVENTABLE DISEASES

January 1 - January 31, 2008 [1,2]

	Jan 1 - Jan 31 2008	Jan - Dec 2007	Jan - Dec 5 Year Median
Measles	0	0	0
Mumps	0	3	1
Rubella (Congenital Rubella Syndrome)	0 (0)	0 (0)	0 (0)
Pertussis (confirmed)	3 (0)	183 (18)	508 (149)
Haemophilus influenzae, serotype b invasive disease (<5 years of age)	0 (0)	5 (2)	4 (3)
Meningococcal infection, invasive	0	12	33
Streptococcus pneumoniae, invasive	161	934	726
Hepatitis A	11	177	267
Hepatitis B, acute	13	247	287
Hepatitis B, non-acute	122	1090	1074

[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

15th Annual Arizona Immunization Conference
April 22 and 23, 2008 – A two-day conference held on Tuesday and Wednesday
Black Canyon Conference Center
9440 N. 25th Avenue, Phoenix, AZ 85021

3rd Adolescent & Adult Vaccine Symposium
September 25, 2008
See www.azdhs.gov/phs/immun/index.htm for updates!

TAPI 12th Annual Award and Recognition Banquet
April 23, 2008
Call 602-288-7567 for information

Varicella Cont. from page 2

contagious than mumps or rubella.

Although antiviral treatment is not recommended for routine use in otherwise healthy children with varicella, treatment with oral acyclovir should be considered for otherwise healthy persons at increased risk of severe illness, such as persons 12 years of age or older, persons with chronic cutaneous or pulmonary disorders, persons receiving long-term salicylate therapy, and persons receiving short, intermittent, or aerosolized courses of corticosteroids.

Varicella vaccine (Varivax, Merck) was licensed in the United States in 1995 for persons 12 months of age and older. Since the licensure of the vaccine, national data shows that varicella incidence has decreased significantly, and the number of hospitalizations and deaths from varicella has declined more than 90% since 1996. Although a single vaccine dose was originally recommended (to be administered from 12-15 months of age), the Advisory Committee on Immunization Practices (ACIP) voted in June, 2006, to recommend a second dose of varicella vaccine to the routine childhood immunization schedule, to be administered from 4-6 years of age. In 2005, the Food and Drug Administration (FDA) licensed Measles-Mumps-Rubella-Varicella (MMRV) combination vaccine for use in persons 12 months through 12 years of age.

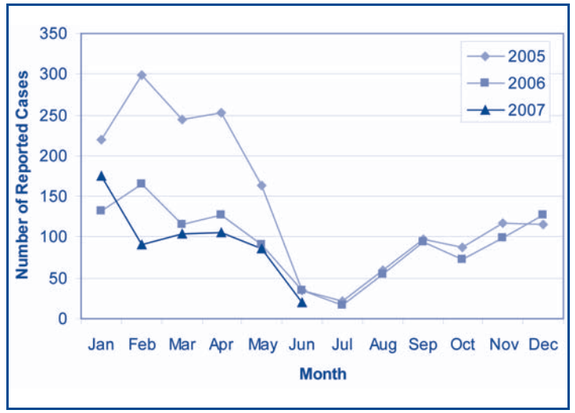
Each case of varicella is required to be reported to its respective county health department by health care providers, schools, childcare establishments, and shelters. As the epidemiology of varicella changes and morbidity continues to decline as a result of immunization efforts, the Arizona Department of Health Services (ADHS) emphasizes the importance of reporting each individual case. It should also be noted that in Arizona, cases of varicella should be reported even if they have not been diagnosed by a health care provider -- parental diagnosis is sufficient. Prompt reporting of cases allows for the timely implementation of control measures, which may include: 1. exclusion of cases from childcare, school, or work setting until they are fever-free for 24 hours and all blisters are scabbed over and dry; 2. vaccination of susceptible contacts within 96 hours (and possibly up to 120 hours) of exposure to prevent secondary spread; 3. in a school outbreak situation, implementation of a 2nd dose vaccination and primary vaccination of those without any vaccine history; and 4. for cases in a school, notification of parents with an alert letter.

Shingles, or herpes zoster, is caused by a reactivation of the VZV virus, which establishes latency in the dorsal root ganglia during varicella infection. Symptoms of shingles include pain, tingling or itching of the skin followed by a blister-like rash (typically on one side of the body, often on the face or trunk), fever, headache, chills, and upset stomach. Postherpetic neuralgia (pain that persists after resolution of the zoster rash) may occur, and can last from weeks to months. Several antiviral drugs are used in the treatment of shingles: acyclovir, valacyclovir, and famciclovir. In 2006, FDA licensed herpes zoster vaccine (Zostavax, Merck), a live virus vaccine for use in persons 60 years and older to prevent shingles. The vaccine is given subcutaneously, and a single dose is recommended. The vaccine can be used in persons regardless of history of shingles and/or varicella infection.

Currently, Arizona school students who do not have history of varicella illness and are attending child care, preschool, Head Start, kindergarten, and grades 1, 2, 3, 4 and 7, 8, 9, and 10, are required to have proof of varicella immunization. For children who received varicella vaccine from 1-12 years of age, only one dose of varicella vaccine is required, but for children who received varicella vaccine at 13 years of age or older, receipt of two doses is required. Arizona is in the midst of a varicella vaccine implementation schedule so that by the school year 2010-2011, children in all grades will be required to have proof of varicella immunization.

For questions regarding varicella or herpes zoster disease, please contact your local health department or the Infectious Disease Epidemiology Investigations Section, Arizona Department of Health Services, at (602) 364-3676. For questions about varicella or herpes zoster vaccines, please contact your local health department or the Arizona Immunization Program Office, at (602) 364-3630.

Figure 1: Varicella Trends in Arizona, 2005-2007



References:

American Academy of Pediatrics. Varicella-Zoster Infections. In Pickering L, Baker C, Long S, McMillan J, eds. *Red Book: 2006 Report of the Committee on Infectious Diseases.* 27th ed. Elk Grove Village, IL 60007-1098

American Public Health Association. Chickenpox/Herpes Zoster. In Heymann D., ed. *Control of Communicable Diseases Manual,* 18th Edition. Washington DC: American Public Health Association, 2004.

Centers for Disease Control and Prevention. Shingles In-Short. *Vaccines and Preventable Diseases.* June 6, 2007. Available at http://www.cdc.gov/vaccines/vpd-vac/shingles/in-short-adult.htm. Accessed January 15, 2008.

Centers for Disease Control and Prevention. Varicella. In Atkinson W, Hamborsky J, McIntyre L, Wolfe S, eds. *Epidemiology and Prevention of Vaccine-Preventable Diseases.* 10th Edition. Washington DC: Public Health Foundation, 2007.

Updates from the Arizona Immunization Program Vaccine Center

By Cherry Boardman, RN, MSN, Vaccine Center Manager

Merck & Co. initiated a voluntary recall in December 2007 for the following lots of PedvaxHIB® [Haemophilus b Conjugate Vaccine (Meningococcal Protein Conjugate)] and COMVAX® [Haemophilus b Conjugate (Meningococcal Protein Conjugate) and Hepatitis B (Recombinant) Vaccine]. No other lots of PedvaxHIB® or COMVAX® and no other Merck products are affected by this recall.

The following lot numbers have been recalled:

Product Description	Lot #	Exp. Date
PedvaxHIB®	0677U	11 January 2010
PedvaxHIB®	0820U	12 January 2010
PedvaxHIB®	0995U	16 January 2010
PedvaxHIB®	1164U	18 January 2010
PedvaxHIB®	0259U	17 October 2009
PedvaxHIB®	0435U	18 October 2009
PedvaxHIB®	0436U	19 October 2009
PedvaxHIB®	0437U	19 October 2009
PedvaxHIB®	0819U	09 January 2010
PedvaxHIB®	1167U	10 January 2010
COMVAX®	0376U	05 January 2010
COMVAX®	0377U	08 January 2010

Merck anticipates that they will resume shipping PedvaxHib® in the third quarter of 2008. CDC has published interim administration guidelines to ensure that we have ample PedvaxHib® to vaccinate children at increased risk as follows:

- Defer administering the routine Hib vaccine booster administered at age 12-15 months except for specified high-risk groups.
- Certain children at increased risk for Hib disease, including children with asplenia, sickle cell disease, human immunodeficiency virus infection, and certain other immunodeficiency syndromes, and malignant neoplasms should continue to receive the full routinely recommended schedule including the 12-15 month booster dose.
- American Indians/Alaskan Native (AI/AN) children should also continue to receive the full routinely recommended schedule including the 12-15 month booster dose. Providers who currently use PedvaxHib® and COMVAX® to serve predominantly AI/AN children in AI/AN communities should continue to use only PedvaxHib® and COMVAX® vaccines.

Merck has contracted with Stericycle, Inc. to receive and process the returned vaccine. Stericycle is contacting all VFC providers that have received the affected lot numbers to provide return instructions. If Stericycle has not contacted your office about the return of the recalled vaccine, please call our office at (602) 364-3642.

All VFC providers must fax a Return & Adjustment form to the Vaccine Center at (602) 364-3276 to document the return of the vaccine to Stericycle. Otherwise, the provider may inadvertently be charged for the recalled vaccine.

More information about the recall may be found at: http://www.cdc.gov/vaccines/recs/recalls/hib-recall-faqs-12-12-07.htm

Varicella Vaccine

Merck has resumed normal shipping timelines for Varicella vaccine. Providers should receive their order of Varicella vaccine within two to four weeks. Providers may resume administering the booster dose of Varicella if they have not already done so. Providers may recall patients for the booster dose of Varicella if the immunization was previously deferred.

A reminder: Only one dose of Varicella vaccine is required for school attendance through 12 years of age. Children who receive the first dose of Varicella vaccine on or after age 13 need to receive two doses of Varicella.

Hepatitis A Vaccine

Merck hepatitis A vaccine (Vaqta ®) is not available to order. It is anticipated that Merck will resume shipment of Vaqta ® by the end of the first quarter 2008. 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 announced by Merck. Remember to order enough MMR and Varicella vaccine to vaccinate your patients in the absence of MMRV.

Influenza Vaccine

CDC recommends immunizing patients throughout flu season. The VFC program has approximately 5,000 doses of 0.25 mL preservative-free flu vaccine in syringes for children 6 months through 35 months remaining that can still be ordered.

Changes in Returning Expired/Wasted VFC Vaccines

All expired or wasted VFC vaccines should now be returned to McKesson rather than to the Vaccine Center. Your return must receive approval from the Vaccine Center before you can return the vaccines to McKesson. The approval must be marked on your Return/Adjustment form before you can return the vaccine to McKesson.

Follow these steps when returning **non-viable vaccines:**

1) Fax your Return/Adjustment (R&A) form to the Vaccine Center Office at 602-364-3276.
2) Your R&A will be reviewed for correct adjustment codes and accurate vaccine information.
3) You will receive your R&A back within a week from the Vaccine Center with a stamped approval and the instructions on how to mail your vaccines back to McKesson.
4) You will need to always keep one container from McKesson to return vaccine.
5) McKesson will not accept viable vaccine.

Returning Viable Vaccine:

1) Fax your Return/Adjustment (R&A) form into the Vaccine Center Office at 602-364-3276
2) 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: A 3 month notice prior to the vaccine expiration date is required to return viable vaccine.

2008 Enrollment Forms

The 2008 VFC re-enrollment period has ended. Providers that did not re-enroll in the program for 2008 are not eligible to receive VFC vaccine. These providers with be contacted to make arrangements to return the VFC vaccine that they have stored in their offices. If a provider wishes to continue participation in the VFC program and have not returned their forms to the Vaccine Center, please contact our office to discuss continued participation as soon as possible.

Bats, Rabies & Children: Intersecting at a School near You!

By Elisabeth Lawaczeck, DVM, State Public Health Veterinarian

Most people associate rabies with dogs. However, bats are the most important source of rabies exposure to both humans and domestic mammals in the United States and often pose the greatest challenges in assessing exposure. In the United States, immunization of dogs and cats and good animal control measures have dramatically reduced the number of rabies cases in companion animals. Since 1985, only five dogs and eight cats in Arizona, most in rural areas, have been laboratory confirmed as infected with rabies.

In Arizona, bats, skunks, and foxes are the three reservoir species for rabies. Each year, 12 - 18% of bats submitted to the Arizona State Health Laboratory are positive for rabies. Every year in Arizona, several incidents of children finding rabid bats on school grounds occur, usually leading to rabies vaccination of multiple children. Public health officials may recommend rabies vaccination of a child even if a child does not report being bitten by the bat, depending on the type of contact and the age of the child. If the bat crawled on the child's skin, direct contact occurred with the front side of the bat's head, or if a child is too young to clearly communicate the type of contact, rabies vaccination of the child is usually recommended.

In order to educate school children, teachers, nurses, and administrators, the Arizona Department of Health Services (ADHS) has intensified outreach to schools on this issue. An educational video is being developed for schools and a poster contest for children on rabies prevention was held this past fall. Prizes for the children included a pizza party, admission tickets to the Phoenix Zoo, and World Rabies Day memorabilia.
The top three posters and several honorable mention posters can be viewed at:
http://azdhs.gov/phs/oids/vector/rabies/postcontwinner.htm .

For more information on rabies, please visit the ADHS rabies home page at www.azdhs.gov/phs/oids/vector/rabies. If you need assistance on rabies risk assessment or recommendations on rabies PEP for a patient, please call your county health department or ADHS at (602) 364-4562.

By 7th grade student
Mountain Vista School
in Queen Creek

Pat Dowd, Principal
480-677-4400

By 2nd grade student
From Mrs. Yan's class

Desert View Academy
2363 Kennedy Lane
Yuma, AZ 85364
928-314-1102

Uses and Benefits of ASIIS, cont. from page 1

ASIIS is a powerful tool, but only if it is used to record any and all immunizations given to the child. Incomplete records often result in a child being re-immunized or lacking necessary immunizations to maintain their overall health and well being.

It is our goal to make the registry a point of collection for all immunizations given to a person, regardless of their age. Therefore, collection does not stop when a child turns 18. For more information regarding the proposed legislation, SB 1098, that will allow the collection of immunization information for adults, log on to www.azleg.gov.

Arizona State Statute A.R.S. § 36-135 requires immunizations given to children to be reported to the Arizona Department of Health Services Immunization Program. This information does not necessarily have to be entered by the provider via our web application, but we highly recommend it. We also accept hard-copy forms for data entry and are able to upload data transmissions of billing and other data sources.

We offer training sessions on a regular basis at our main office, and we also accommodate those outside of the metropolitan Phoenix area by providing regional training sessions. **Check our website at www.asiis.state.az.us or call our office at (602) 364-3899 or toll free at 1-877-491-5741 for more information.**

In the News...

Emerging Infectious Diseases Journal, February 2008 issue (Vol. 14, No. 2)
Cost-effectiveness of Human Papillomavirus Vaccination, United States
http://www.cdc.gov/vaccines/news/news-pubs.htm

MMWR, January 25, 2008 Vol. 57 / No. 03
QuickStats: Percentage of Nursing Home Facilities Using Certain Strategies to Encourage Influenza Vaccination of Their Employees,* by Strategy Used - National Nursing Home Survey, United States, 2004 ; ACIP Votes to Expand the Recommendation for FluMist...
http://www.cdc.gov/vaccines/news/news-pubs.htm

Time of the Year

By Esther Jimenez, Health Educator

"Be Wise.....Immunize!" • 15th Annual Arizona Immunization Conference • April 22 and 23, 2008

The Arizona Department of Health Services Immunization Program Office (AIPO) and The Arizona Partnership for Immunization (TAPI) are sponsoring the 15th Annual Arizona Immunization Conference. The two-day conference, titled "Be Wise.....Immunize!" will be held on Tuesday, April 22 and Wednesday, April 23, 2008 at the BCCC, located at 9440 N. 25th Avenue in Phoenix, AZ.

William Atkinson, M.D., MPH, Medical Epidemiologist from the Centers for Disease Control and Prevention National Immunization Program will be the keynote speaker. His presentation, "Vaccine News and Previews - Part One" will be presented on Tuesday the 22nd, and "Part Two" on Wednesday the 23rd.

Over fifteen professionals are scheduled to present at workshops which include: Vaccine Ordering Management System (VOMS), "How Super Bugs Slither around Anti-biotics", Hepatitis in the Asian Community, "Face to Meningitis - A Parents Perspective", "Vaccine Jeopardy - Test your Knowledge", Vaccine Storage and Handling, US-Mexico Vaccine Equivalency Chart, Immunization Requirements for School and Child Care, ASIIS, ABC's of Hepatitis, Vaccine and International Travel, Adolescent Vaccine Preventable Diseases, Assessing Childhood Immunization Coverage Rates with CoCASA, and ASIIS Catch-up Schedule, Reminder/Recall and other Advance Techniques.

In celebration of National Infant Immunization Week (NIIW) and Vaccination Week in the Americas (VWA), the conference committee has convened to incorporate topics in partnership with the Centers for Disease Control and Prevention (CDC), Pan American Health Organization (PAHO), and Arizona Border Health.

See www.azdhs.gov/phs/immun/index.htm for updates and/or to download the Registration Form and conference agendas. For more information, contact Clare Crosby at (602) 364-3896.

Vaccines for Children (VFC) Myth Buster

By Cherry Boardman, RN, MSN, Vaccine Center Manager

The Immunization Program staff often hears misunderstandings or myths about vaccines and the VFC program in general. The following are myths that have been circulating and responses to these myths. We encourage anyone with questions about vaccines, or the VFC program, to call our office at 602-364-3642. We will be happy to answer your questions.

Myth: You can tell if vaccine has been stored at temperatures that are too cold because you will see frozen particles in the vaccine?

Fact: No, microscopic changes that cannot be seen, occur in vaccine that has been exposed to temperatures at or below 32°F or 0°C. This exposure results in decreased vaccine potency.

Myth: I can administer VFC refrigerated vaccine that has been stored at or below 32°F or 0°C?

Fact: No, providers cannot administer refrigerated vaccine that has been stored at or below 32°F or 0°C. The Vaccine Center staff will remove any refrigerated VFC vaccine that has been recorded on temperature logs as stored at or below 32°F or 0°C. Providers will need to revaccinate all VFC children who have received the improperly stored vaccine. Providers may need to reimburse the VFC program for the cost of the vaccine that was stored improperly.

Myth: Refrigerator/freezer temperatures do not need to be checked twice daily.

Fact: False, vaccines must be maintained at specific temperatures to maintain viability of the vaccine. It is a VFC program requirement that refrigerator/freezer temperatures storing VFC vaccines must be checked twice daily each day that the provider office is open.

Myth: VFC providers only need to check the child's eligibility to receive VFC vaccine during the initial office visit.

Fact: No, providers must check the child's eligibility to receive VFC vaccine during each office visit that the child will receive vaccinations before the child can be vaccinated with VFC vaccine.

Myth: Diphtheria-Tetanus (DT) vaccine and Pneumococcal Polysaccride (PPV23) are not vaccines that are available through the VFC Program.

Fact: False, both DT and PPV23 can be ordered through the VFC program. Sizable amounts of DT was lost each year through expiration. Therefore, providers were asked to contact the Vaccine Center if they needed to vaccinate a child with DT. Upon provider request, DT will be shipped or delivered within a day or two to the provider. PPV23 is available to order in 5 dose vials for high risk children 2 through 18 years of age.

Myth: A new school rule was implemented requiring children who are entering 6th grade and who are 11 years of age to receive Tdap and MCV4.

Fact: Yes, the proposed new school rules requiring children who are entering 6th grade and who are 11 years of age to receive Tdap and MCV4 will be implemented September 1, 2008.

Myth: Varicella vaccine can be stored in the refrigerator in dry form for up to 72 hours before it is used.

Fact: No, varicella vaccine must be stored in the freezer until it is to be used to vaccinate a child. Once the diluent has been added, the immunization must be administered within 30 minutes.

If you have any myths regarding vaccines or the VFC Program, please let us know by calling 602-364-3642 or by emailing Cherry Boardman at boardmc@azdhs.gov. We will address subsequent myths in following newsletters.