



How Unvaccinated People Put the Rest of Us at Risk

By Karen Lewis, M.D., Medical Director for AIPO

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Summary of Reportable Vaccine-Preventable Diseases

With the invention of vaccines, there has been an amazing decrease in vaccine-preventable diseases in the United States.¹ However, with the control of many vaccines-preventable diseases, people have forgotten what it is like to see their loved ones be paralyzed by polio, suffocated by diphtheria, or killed by measles. They don't feel at risk from these diseases because they don't see them anymore. We have been so successful at controlling vaccine-preventable diseases that people no longer feel at risk and do not understand the importance of vaccines.

An increasing number of people are more worried about disputed side effects of vaccines than about the known dangers of vaccine-preventable diseases. This is reflected in the statistics that the Arizona Department of Health Services keeps on children attending childcare centers and schools in Arizona. State law allows parents who do not want their child vaccinated to ask to be exempted from childcare or school vaccine requirements based on religious or philosophical belief reasons. Childcare and school vaccine exemptions for religious or philosophical reasons have doubled in Arizona in the last decade (see table on Pg 2). Although most Arizona children are well-vaccinated, those who choose not to not get vaccinated put the rest of us at risk.

For example, in a highly vaccinated population in San Diego, a measles

outbreak was fueled by children who were intentionally unvaccinated.² A Colorado study showed that children who had vaccine exemptions were 22 times as likely to get measles, and 6 times more likely to get whooping cough than vaccinated children.³ A nationwide study showed that more people were infected with whooping cough in states where there was easier granting of vaccine exemptions and in states that allowed for personal belief vaccine exemptions.⁴

As a community, how can we protect ourselves from the dangers of vaccine-preventable diseases that are easily spread by unimmunized people? How can we respect the rights of parents to choose not to have their children vaccinated, while protecting the rights of the rest of us to not get infected with vaccine-preventable diseases?

Although it is frustrating that people who choose not to be vaccinated put the rest of us at risk, there are personal decisions and public health policies that can give us protection from diseases that could be spread by unvaccinated people. Personal decisions can include the following:

- 1) Make sure that you, your children, and your family members get all of the recommended vaccines for their ages.
- 2) Surround vulnerable people with fully immunized family members and caretakers. Some people may not be able to be fully protected by vaccines due to age or other medi-

cal conditions. These include infants, the elderly, pregnant women, and people with a weak immune system. They are at high risk for getting vaccine-preventable diseases if they are exposed. However, if their family members and caretakers are all vaccinated, they will be more protected.

3) Know if your children's playmates are fully vaccinated. This way you can be fully informed so that you can decide whether to let your children play with unimmunized children.

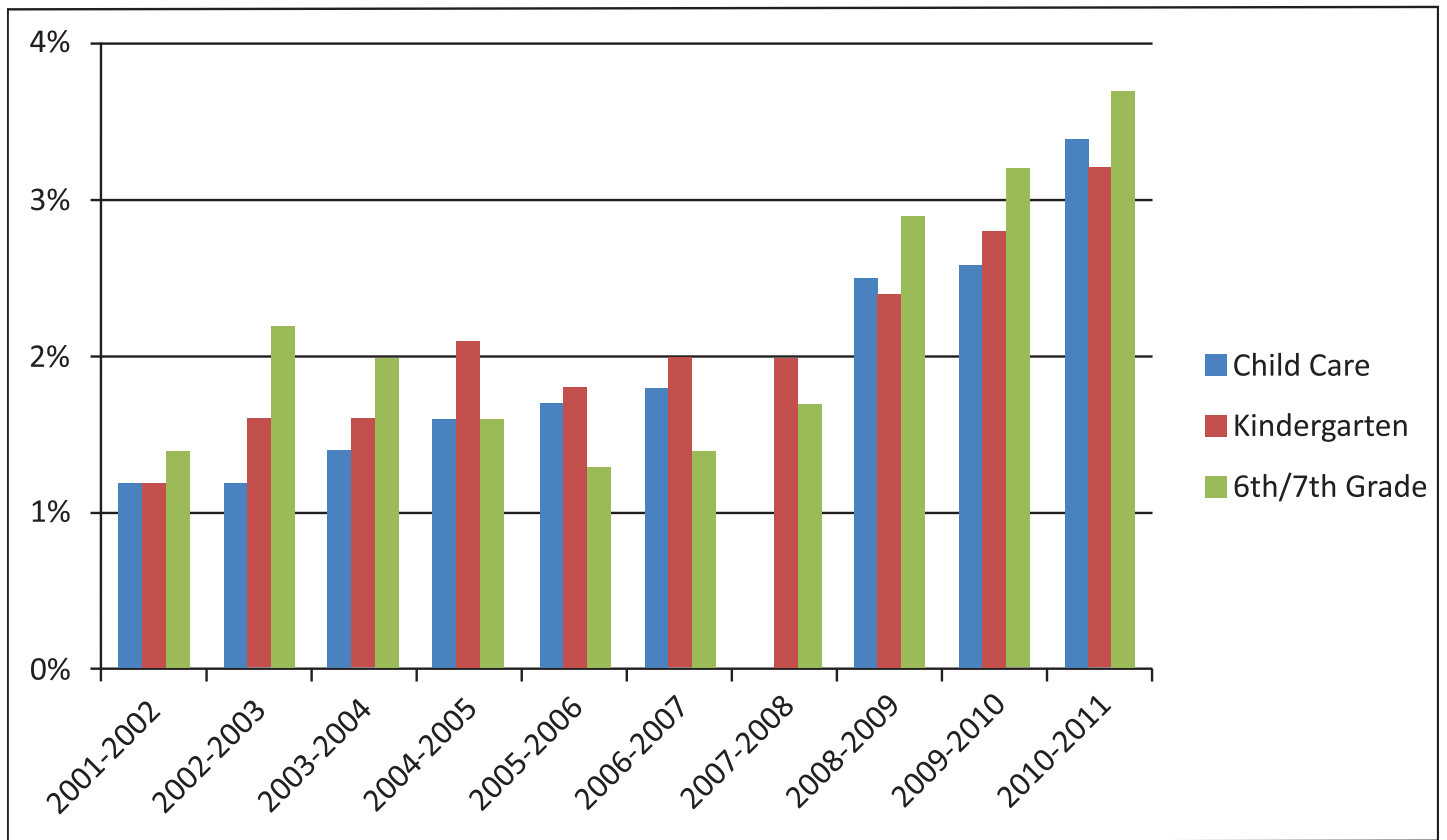
Public health policies that protect the community from unvaccinated people include the following:

- 1) Make sure that child care and school vaccine exemptions are not casually given.
- 2) Support enforcement of the existing Arizona laws that exclude unvaccinated children from child care centers and schools during a vaccine-preventable disease outbreak.
- 3) Support the public health authorities if they need to isolate or quarantine unimmunized people who have been exposed to, or infected with vaccine-preventable diseases.

Vaccines protect all of us from the ravages of vaccine-preventable diseases by not only protecting the individual, but by stopping the spread of disease so that the rest of us are protected. Protect yourself. Protect others. Get vaccinated and spread the word about the importance of vaccination in protecting all of us.

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Personal or Religious Belief Vaccine Exemptions in Arizona for 6th/7th Grade, Kindergarten, and Childcare, 2001-2011



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Guidance on Exemption Requests for Schools and Childcare Centers

By Jennifer Ralston-King, Assessment Coordinator for AIPO

There are many reasons why a parent or guardian may request an immunization exemption for a child. Some parents have deep fears about vaccine safety, while others may have lost or misplaced the child’s immunization record. Schools and childcare centers often have questions about their responsibilities when a parent requests an exemption.

Arizona law does not allow for “convenience” exemptions when a parent misplaces an immunization record or does not want to make an appointment for a child to be vaccinated. The Arizona Immunization Information System (ASIIS) is available to assist schools in locating past immunization records and the county health departments are good resources for parents who need to locate immunization services.

Schools and childcare centers are responsible for ensuring the health and safety of all enrolled students by following immunization requirements. The Referral Notice of Inadequate

Immunization, posted at <http://www.azdhs.gov/phs/immun/pdf/ReferralNotice2008.pdf>, should be used to notify the parent/guardian of a child who is missing required vaccine doses. It contains a statement regarding the availability of lawful exemptions. It is not recommended that exemption forms be included in enrollment packets.

When a parent requests an exemption, the school or childcare center staff should follow these steps:

- Listen carefully and respectfully to the parent’s concerns
- Assure the parent that factual information about vaccines and the diseases vaccines prevent is available from ADHS and at <http://www.immunize.org/vaccines/>.
- Use the most current versions of the school and childcare exemption forms. They are posted on this webpage: http://www.azdhs.gov/phs/immun/idr_forms.htm

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Guidance on Exemption Requests for Schools and Childcare Centers

- Provide objective information about exemptions that are lawful in Arizona:
 - Medical exemptions must contain the health care provider's written statement explaining why the child must not be vaccinated, and the provider's signature.
 - Laboratory evidence of immunity exemptions must contain the provider's written statement and signature, as well as a copy of the lab results showing that the child is immune to specific disease(s).
 - Religious beliefs exemptions must be completed by parents of children in childcare, preschool and Head Start settings if the child is being raised in a religion that does not believe in immunizations. "Personal" exemptions are not available in these pre-school settings.
 - Personal beliefs exemptions are allowable in kindergarten through 12th grade. The exemption must be completed by the parent/guardian.
- Inform the parent that outbreaks of vaccine-preventable diseases do occur in Arizona and help the parent to understand that unvaccinated children will need to stay home from school/childcare if an outbreak is declared.
- Check all exemption forms carefully to ensure that the parent has selected all of the vaccine types included in the exemption. Do not accept medical exemptions unless they include the health care provider's statement and signature.

Please contact the Arizona Immunization Program Office, 602-364-3632, for further information about immunizations and exemptions.

New Meningococcal Vaccine Recommendations

By Karen Lewis, M.D.,

Medical Director for AIPO

Several new meningococcal vaccine recommendations have been made by the Centers for Disease Control and Prevention (CDC) over the last year. These include a second meningococcal booster dose for adolescents and many high-risk patients.

There are three meningococcal vaccines licensed in the United States. One is a quadrivalent meningococcal polysaccharide vaccine (MPSV4), Menomune[®] by Sanofi Pasteur. Menomune[®] is licensed for people 56 years old and above. The other two are quadrivalent meningococcal conjugate vaccines (MCV4), Menveo[®] by Novartis is licensed for ages 2 years-55 years, and Menactra[®] by Sanofi Pasteur is licensed for ages 9 months-55 years. *Either* of the two MCV4 formulations is preferred over MPSV4 vaccine in people younger than 56 years old. When an MCV4 booster dose is indicated, *either* of the two MCV4 formulations can be given, regardless of the vaccine brand used for the previous dose or doses.

People who are at high risk for meningococcal disease include those with persistent complement component deficiency, functional or anatomical asplenia, HIV infection, microbiologists routinely working with *Neisseria meningitidis*, and travelers to or residents of countries where meningococcal disease is hyperendemic or epidemic.

Spacing of meningococcal vaccines varies depending on age, whether the patient is in a high-risk group for meningococcal disease, and whether the patient has on-going risk for or exposure to *N. meningitidis*.

Most patients who are at high-risk for invasive meningococcal disease are now recommended to receive a *two dose primary series* of meningococcal vaccine, with booster doses at specified intervals if they remain at risk.

High-risk children 9-23 months need a *two dose primary series* of MCV4 at least 3 months apart. High-risk children who are 2 years and older also need a *two dose primary series* with 2 months in between doses.

For high-risk children, if they were *younger than 7 years old* when they received their first MCV4 dose, and if they remain at risk for meningococcal disease, a booster dose of MCV4 should be given in 3 years, followed by a booster of MCV4 every 5 years as long as they remain at risk. High-risk children who received their first dose of MCV4 at *7 years of age and above*, and remain at increased risk for meningococcal disease, should receive a booster MCV4 every 5 years.

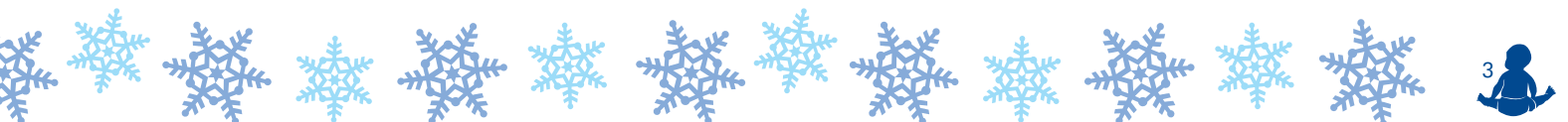
Short-term travelers to areas where there is higher risk of meningococcal disease (such as to sub-Saharan Africa) usually only need one dose of meningococcal vaccine unless they are under 2 years of age. Adults or children 2 years and older, and who are not otherwise at high risk for meningococcal disease, will only need *one* dose of meningococcal vaccine. However, infants 9-23 months of age who are traveling to areas with higher meningococcal disease risk should get *two doses* of MCV4, 3 months apart.

Adolescents who do not have a medical condition that puts them at high risk for meningococcal disease should receive their first dose of meningococcal conjugate vaccine (MCV4) at 11-12 years of age with a booster dose at 16 years old.



For more details, see the **Vaccine for Children resolution from June 22, 2011** at <http://www.cdc.gov/vaccines/programs/vfc/downloads/resolutions/06-11mening-mcv.pdf>

and **Morbidity and Mortality Weekly Report (MMWR) January 28, 2011** at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6003a3.htm?s_cid=mm6003a3_w



Updates from the Arizona Immunization Program Vaccine Center

By Cherry Boardman, RN, MSN
Vaccine Center Manager, AIPO

Decrease in 317 Vaccine Funding in 2012

Arizona received a 24% decrease in our discretionary 317 funding for 2012. This is on top of the 15% funding decrease we received in 2011. This funding pays for all newborns to be vaccinated in birthing hospitals; insured children to be vaccinated at county health department sites and a few other public sites; and for children with high-deductible insurance to be vaccinated until the deductible is met in all VFC provider sites. This funding also paid to allow persons over 18 years to complete their vaccine series if they started it before they turned 19 years. Needless to say, we need to make changes to who can be vaccinated with 317 funded vaccines.

Children with Deductibles

Until now, the Arizona Vaccine Center has been able to allow VFC providers to vaccinate children who have health insurance with a deductible. These children are considered insured and NOT underinsured. We no longer have sufficient federal and state funding to cover these insured children.

Effective January 1, 2012 most providers must use their privately purchased vaccine to vaccinate these children. Birthing hospitals, county health departments and other preapproved public providers may continue to vaccinate insured children with or without deductibles. We request that VFC providers continue vaccinating these children in their clinics and not refer these children to the public clinics as limited funding is available to vaccinate these children in public clinics.

Vaccinating Persons 19 Years of Age and Older

Effective January 1, 2012, the Arizona Vaccine Center can no longer provide vaccine to any person 19 years of age and older. We no longer have sufficient federal and state funding to 1) provide county health departments with vaccine to vaccinate persons 19 years of age and older who are attending Arizona public schools and 2) to allow all providers to vaccinate persons 19 years of age and older to complete a vaccine series which began when the person was less than 19 years of age. Persons 19 years of age and older will need to use their own resources for immunizations beginning in January, 2012.

Who Can Be Considered Underinsured – Code 4

1. All Arizona VFC providers currently have delegated authority through a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC) to vaccinate the following types of underinsured children with federal VFC vaccine provided by the Arizona Vaccine Center.
 - a. Children with private health insurance that does not cover the cost of vaccine
 - b. Children who have an annual monetary cap set by their private health insurance. After they reach the cap, they are eligible for the VFC Program.
 - c. Children with private insurance that covers some vaccines but not others. The child may receive VFC vaccine if the insurance company does not pay anything for a vaccine.
2. Co-payments or deductibles for private insurance do not make a child eligible for federal VFC or Arizona Vaccine Center vaccine. These children are considered insured and not underinsured.

2012 Annual VFC Re-enrollment Forms

The 2012 annual VFC re-enrollment were mailed to VFC providers in October. Re-enrollment forms were to be returned the Vaccine Center office by December 1, 2011. The VFC Program cannot ship vaccine to providers after December 31, 2011 if the provider has not re-enrolled in the program

Reduce Frequency of VFC Vaccine Orders

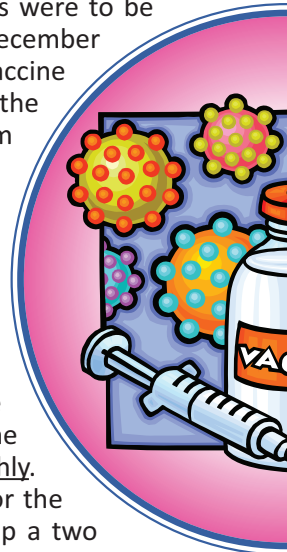
We have seen an increase in the frequency of submitting VFC vaccine orders. Some providers are submitting small vaccine orders two to three times per month. Shipping vaccine is expensive and Arizona must decrease the number of orders submitted for shipment. Effective immediately, providers may submit vaccine orders no more frequently than monthly. Please order all vaccines you may need for the month at one time. Providers should keep a two month supply of vaccine on hand so that you do not run out of vaccine in-between orders. If you have an unexpected demand occur, call the Vaccine Center for permission to order more than once in a month. As of November 1, 2011, vaccine orders submitted more than one time in a month are being canceled.

2011-12 VFC Influenza Vaccine

The Arizona VFC Program received 95% of the influenza vaccine that was ordered for the 2011/12 influenza season by 10/4/11. This is the earliest that we have ever received this quantity of flu vaccine. If you need influenza vaccine, please reorder. There is ample influenza vaccine remaining to order.

Haemophilus influenzae type b (Hib)

ACIP recommends Hib vaccine for all children 6 weeks through 4 years of age. Children starting the vaccine series late may not need the entire 3 dose (PevaxHIB®) or 4 dose (ActHIB®) series. **The number of doses required depends on the child's age.** We are aware that some providers may be confused about guidelines and they do not vaccinate against Hib if a child has reached 3-4 years of age. However, ACIP recommends that all children 15-59 months of age need at least 1 dose if not previously vaccinated. The VFC resolution for Hib can be found at <http://www.cdc.gov/vaccines/programs/vfc/downloads/resolutions/0608hib.pdf>



Hiberix®

Hiberix® is licensed for only the booster dose of the Hib series. Providers should administer this vaccine only as a booster dose in children 15 months through 4 years of age.

Human Papilloma Virus (HPV) Vaccines

There has been confusion regarding the two HPV vaccines that are now offered through the VFC Program. GSK's HPV2 vaccine Cervarix® can only be administered to females. Merck's HPV4 vaccine Gardasil® can be administered to both males and females. ACIP recommends HPV for all females 11-18 years of age. ACIP states that females 9-10 years of age may receive the vaccine (permissive recommendation). Since HPV for females 9-10 and males is allowed rather than recommended, the VFC Program requests that HPV be administered to females 9-10 only if a parent requests the vaccine. ACIP now recommends

HPV vaccine for males 11-12 years of age and catch up between 13 and 18 years of age. Providers will be notified in the coming months when the recommendations are officially adopted by the VFC program.

ACIP Tdap Recommendation

ACIP now recommends that Tdap be administered to children 7 through 18 years of age who have received tetanus and diphtheria containing vaccines (DT or Td) instead of DTP/DTaP for some or all doses of the childhood series; have received fewer than 5 doses of DTP/DTaP or 4 doses if the fourth dose was administered at age 4 years or older; or have never been vaccinated against tetanus, diphtheria, or pertussis (no doses of pediatric DTP/DTaP/DT or Td). The preferred schedule is a single Tdap dose,

followed by a dose of Td four weeks after the first dose and a second dose of Td 6-12 months later. If not administered as the first dose, Tdap can be substituted for any of the other Td doses in the series.

ACIP Meningococcal Recommendation

- Administer MCV4 at age 11-12 years with a booster dose at age 16 years.
- Administer a dose at age 13-18 years if not previously vaccinated at 11-12 years.
- If a person receives the first dose at 13-15 years, administer a booster dose at age 16-18 years.
- Administer 2 doses at least 8 weeks apart for children ages 2-10 years with persistent complement component deficiency and asplenia, and 1 dose every 5 years thereafter.
- Persons with HIV infection who are vaccinated with MCV4 should receive 2 doses at least 8 weeks apart.

Documenting Combination Vaccines on the Immunization Record Given to the Patient

If a combination vaccine is administered to a patient, document the vaccine on all vaccine types of the patient's record. For instance, when administering Kinrix®, document the vaccination on both the DTaP and the polio section of the record. Complete documentation will prevent schools and other providers from needing to call you to clarify which vaccination was given to the child.

Upcoming Changes to Vaccine Ordering

CDC is implementing a new electronic vaccine ordering system within the next year. Arizona providers will continue to order vaccine through the Vaccine Order Management System (VOMS) application in the Arizona State Immunization Information System (ASIS). Within the next year, VOMS will link with the CDC ordering system and AIPO will work with CDC to implement their new ordering system. AIPO will inform Arizona providers of any changes to the current system that are needed for interfacing with the CDC system.

Reminders

VFC Eligibility Categories and Reporting

All VFC providers are required to screen children for VFC eligibility before administering VFC vaccine to the child. Screening for eligibility must be completed each time that a child comes for vaccinations. Reporting the eligibility data to the Arizona Vaccine Center is important for many reasons. 1) It shows that the provider is complying with the federal VFC Program guidelines. 2) Reported data is used to ensure that the Arizona Vaccine Center forecasts provider vaccine need appropriately so that we have enough vaccine available for VFC eligible children. 3) The data is used to ensure that the appropriate funding source is used to purchase vaccine. Without this data, the Arizona Vaccine Center cannot adequately meet the vaccine needs of Arizona children and providers.

A revised VFC Eligibility and KidsCare Reporting form was mailed to providers in June in the annual flu order mailing. Fax this form along with your temperature logs to the Vaccine Center monthly. If you did not receive the revised form, it is located on our website at http://www.azdhs.gov/phs/immun/act_aipo.htm.

NIST Traceable Certified Thermometers

CDC requires monitoring of refrigerator and freezer temperatures where VFC vaccine is stored with thermometers that have been calibrated according to NIST standards. All VFC providers must use NIST traceable thermometers to record and document their refrigerator and freezer temperatures.

Immunization Logs

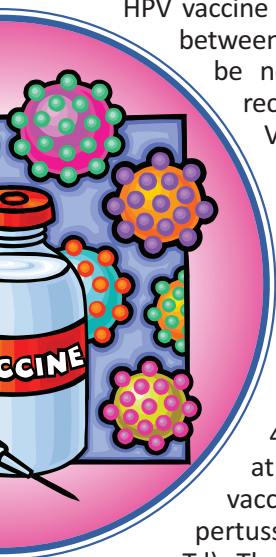
The Arizona Vaccine Center has not required providers to submit immunization logs for over three years. Please do not fax or mail the logs to our office. Transcribe the number of children seen from the logs to the VFC Eligibility and KidsCare reporting form then fax only this form to our office. Providers must keep the logs at their site for three years to meet federal VFC Program requirements.

2011 ACIP Recommended Immunization Schedules

Providers can obtain the most current immunization schedules for children and adolescents at <http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm#hcp>.

VFC Program Forms on ADHS Website

Many of the VFC Program forms are posted on the ADHS website. Some of the forms available are Patient Immunization Log, Wasted/Expired Vaccine Return Form, Vaccine Transfer Form, Forms Request, Temperature Log, Vaccine Availability, Packing, & CPT Codes, and other forms. The new 2011 Arizona VFC Operations Guide will soon be posted. The forms may be found at http://www.azdhs.gov/phs/immun/act_aipo.htm.



Influenza Vaccination Recommendations for the 2011-2012 Season

By Karen Lewis, M.D.,
Medical Director for AIPO

No longer do we have to remember what age groups need influenza vaccination. Annual influenza vaccination is now recommended for EVERYONE 6 months old and above. Even with universal influenza vaccination, it is still important to focus outreach efforts on those who are at highest risk for influenza complications: the elderly, pregnant women, infants and young children, the immunocompromised, and patients with chronic disease.

The influenza vaccine strains for 2011-2012 are identical with those contained in 2010-2011 vaccine. However, people who were vaccinated last year should still be vaccinated again this year, because it is impossible to determine on an individual basis which vaccine recipients from last year are still protected.

Providers should offer influenza vaccine as soon as it becomes available, and continue to offer vaccine to unimmunized patients throughout the entire influenza season. Influenza in Arizona often continues to circulate into March and April.

There are a variety of influenza vaccine formulations to choose from. Trivalent influenza vaccines (TIV) are usually given as intramuscular shots. However, a new TIV formulation by Sanofi Pasteur named Fluzone® Intradermal (licensed for adults ages 18-64 years old) uses a tiny needle and is given by the *intradermal* route.

Another new formulation is called Fluzone®

High-Dose (Sanofi Pasteur). It is a TIV with four times the antigen content of other adult TIV, and it is licensed for persons 65 years and older. The Centers for Disease Control and Prevention (CDC) indicates *no preference* for either Fluzone® High-Dose or other TIV preparations.

Then, there is the intranasally administered live attenuated influenza vaccine (LAIV) FluMist® (MedImmune) that can be given to healthy, non-pregnant persons ages 2 through 49 years old. Taking into account the ages for which each type of influenza vaccine is licensed, the CDC indicates *no preference* for either LAIV or TIV.

A new recommendation this season deals with egg-allergic people. Egg allergy alone is no longer considered a contraindication to influenza vaccine. Persons who have experienced only hives following egg exposure may receive influenza vaccine, but should receive TIV (not LAIV). The vaccine should be administered by a health-care provider who is familiar with the potential manifestations of egg allergy. These influenza vaccine recipients should be observed for at least 30 minutes after vaccination for signs of a reaction.

However, persons who have severe reactions to egg (examples are hypotension, respiratory distress, angioedema, or who required epinephrine or other emergency medical intervention, especially soon after

vaccination) are more likely to have a serious systemic or anaphylactic reaction upon re-exposure to egg proteins. A prior severe allergic reaction to influenza vaccine, regardless of the component suspected to be responsible for the reaction, is still a contraindication to receipt of influenza vaccine.

Finally, influenza vaccine dosing is age dependent. Adults and children 9 years and above need only one dose of vaccine every year. For this influenza season, children up through 8 years of age who received one or more doses of seasonal influenza vaccine during the 2010-2011 season only need one dose of 2011-2012 seasonal vaccine.

However, children ages 6 months-8 years who have never had seasonal influenza vaccine need two doses of influenza vaccine at least 4 weeks apart *during their first season of vaccination* to optimize immune response. Children ages 6 months-8 years whose previous seasonal influenza vaccine history is unknown should be assumed not to have received vaccine in the 2010-2011 season and will need two doses of influenza vaccine at least 4 weeks apart.

More information on influenza vaccination can be found in the August 26, 2011 issue and the August 6, 2010 issue of *Morbidity and Mortality Weekly Report* (MMWR) http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6033a3.htm?s_cid=mm6033a3_w.



PEDIATRIC INFLUENZA DEATHS IN ARIZONA

By Karen Lewis, M.D., Medical Director for AIPO

The death due to influenza of a healthy Arizona child in August 2011 is a reminder that influenza can be a deadly disease, even in people with no underlying health problems. As of 2006, Arizona health care providers are required to report pediatric deaths associated with influenza to their county health departments. In nonpandemic years, pediatric deaths associated with influenza in Arizona have ranged from 2-5 a year (see table). Annual influenza vaccine is recommended for everyone 6 months and older.

Influenza-associated Pediatric Deaths	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	Source
AZ	2	2	12	13	5	ADHS
US	78	88	133	282	116	CDC

Data as of 9/17/2011



ASIIS Updates

By Lisa Rasmussen,
ASIIS Project Leader, AIPO

Vaccine ordering

It has been almost a year since we began the migration to automated VFC vaccine ordering through our VOMS (Vaccine Ordering Management System) module in ASIIS. As of early October 2011, over 5,000 orders have been placed by more than 780 separate provider sites. Small sites that order very little vaccine are the only VFC providers that have yet to use this process to order their vaccine.

Orders that were submitted through VOMS can easily be added to your vaccine inventory in ASIIS. From the Create/View Order screen, you will see your listing of Inbound Orders. Simply select the order that was received, and enter the data on the screen. This can be one screen that is cumbersome to complete, so be aware of the 10-15 minute timeout that will cause your session to be logged out. We suggest that you have all your information available to complete this screen prior to beginning data entry. Haven't received a vaccine in the order? You can continue using this process. Simply indicate the Receipt Quantity as 0, and the Rejected Quantity as the amount ordered. Then choose Shipment is incomplete as the Reason for Rejecting. This will then create a new order number that will be held in your queue until you receive that vaccine.

There will be many changes coming in the future regarding your vaccine ordering process, including a more detailed inventory reporting requirement. Now is a good time to work to reconcile your inventory for your VFC vaccines, and make sure that the proper lot number is attached to all VFC vaccines that your

practice administrators. If you need some assistance in bringing your online inventory up to date, be sure to contact the ASIIS hotline at (602) 364-3899 or toll free at 877-491-5741 and the ASIIS staff can help you.

EMR's and Interfaces and Meaningful Use

Do you use an EMR (Electronic Medical Record) or EHR (Electronic Health Record) system in your office? Do you need to meet Meaningful Use Stage 1 Public Health Menu Set criteria? Would you like to be able to have your EMR system report directly to ASIIS, reducing the need for double reporting of the same information? Please visit our ASIIS Interoperability web page at <https://app.azdhs.gov/phs/asiis/ehrinteroperability> or select the link from the ASIIS home page for more information. This page will provide you with contact information; guides and specifications regarding messages; a checklist to see if you are ready; a means to submit test data and a test for the Immunization reporting criteria; a list of EHR vendors that we are working with and other valuable information. Please keep in mind that due to limited staff and resources we may not be able to complete your interface quickly, but we will do our best to serve all of our customers.

ASIIS Changes

We continue to work with our users, our software vendor and our Immunization partners to improve the look, feel, and functionality of ASIIS. We welcome any comments regarding our system, be it the new wider screens, the speed and availability of ASIIS or any improvements that you might suggest. Our hotline is available 8 – 5 Monday through Friday, except for state holidays. (602) 364-3899 or toll free at 877-491-5741

*Thank You and
Happy Holidays!*

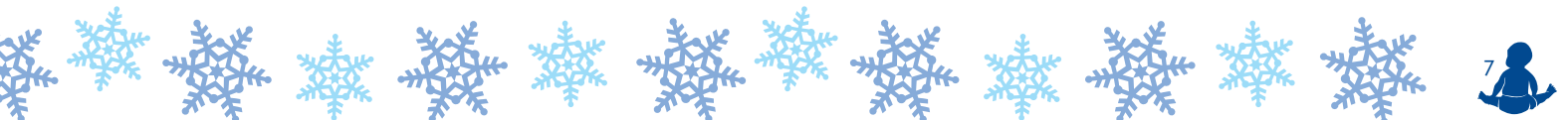
Summary of Reportable Vaccine-Preventable Diseases

January - October 2011 ^{1,2}

	Jan-Oct, 2011	Jan-Oct, 2010	Jan-Oct, 5-Year Median
Measles	2	1	0
Mumps	0	5	4
Rubella (Congenital Rubella Syndrome)	0 (0)	1 (0)	0 (0)
Pertussis (confirmed)	608 (87)	394 (65)	215 (5)
<i>Haemophilus influenzae</i> , serotype b invasive disease (<5 years of age)	1 (1)	3 (1)	3 (2)
Meningococcal infection, invasive	11	11	11
<i>Streptococcus pneumoniae</i> , invasive	643	658	733
Hepatitis A	16	57	96
Hepatitis B, acute	158	124	149
Hepatitis B, chronic	721	853	935

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.



Immunications

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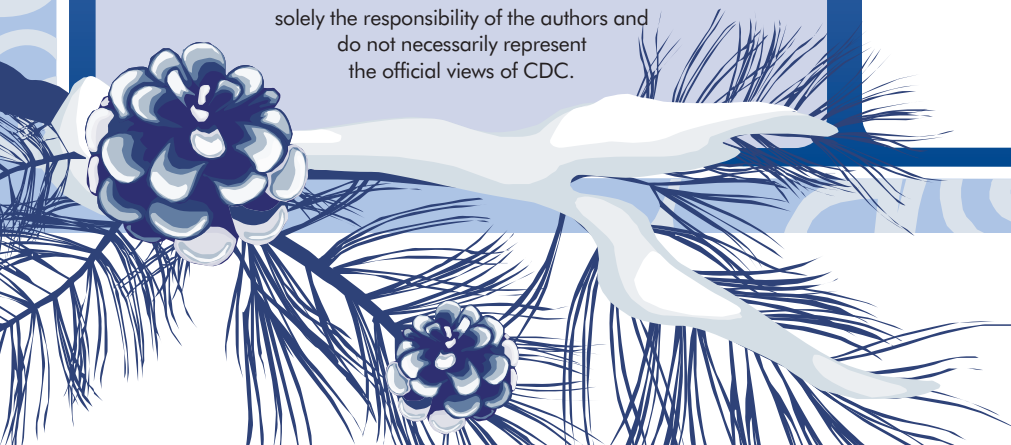
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