



DPHHS Immunization Program

Newsletter

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www.immunization.mt.gov

Immunization News

What is Cocooning?

Cocooning is a popular catch phrase being used in the immunization world. The traditional meaning of cocoon is a protective environment that promotes thriving, growth, and safety from the dangers of the outside world.

In the immunization circle "Cocooning" is used to describe a program to immunize parents of newborns with Tdap and influenza essentially to protect or "cocoon" a newborn baby from whooping cough until they are old enough to be vaccinated against the disease.

Cocooning can also include other family members and caregivers closest to the newborn. The term could also be used for protecting older children or fragile elderly who cannot be immunized, who may not develop adequate immunity or who have immune deficiencies.

The concept of cocooning is important to convey to new parents. New parents are extremely protective of their newborn and are usually very eager to do everything they can to keep their baby safe.

Parents, grandparents, teenage siblings, aunts, uncles, day care providers, and health care providers should all receive Tdap, a vaccine that protects against tetanus, diphtheria and pertussis. All persons who have close contact with the infant and less than 65 years of age should receive Tdap vaccine. This vaccine can be given to the new mom immediately postpartum. Tdap should be given to all those who come in contact with the infant at least 1 month before coming in contact with the infant, if 2 or more years have elapsed since their last Td. However shorter intervals can be used if deemed necessary (pertussis outbreak in community). The dose of Tdap replaces the next routine dose of Td.

Part 2 of Adult Immunization Practices

In January's newsletter we gave you the first part of a six part series discussing Standards for Adult Immunization Practices. For a recap of the first 3 standards listed in the last newsletter were 1. Make Adult vaccination services readily available, 2. Barriers to receiving vaccines are identified and minimized, and 3. Patient "out of pocket" vaccination costs are minimized. In the paragraphs below talk about standards 4 and 5.

Through the widespread routine use of vaccines, many potentially fatal and or debilitating diseases have been eradicated or controlled. However, roughly 50,000 U.S. adults die each year from vaccine-preventable diseases or their complications (Centers for Medicare and Medicaid Services). All personnel that work in a medical office are in a position to educate patients about the need for immunization across the life span to protect personal and community health.

Standard 4 and 5 deal with assessing patients' vaccination status. According to Standard 4, healthcare professionals should review and document the vaccination status of all new patients during initial office visit and then on an annual basis. When you evaluate patients for vaccine needs remember the acronym HALO. H = health conditions (pregnant, chronic diseases, STDs, HIV) A = age, L = lifestyle (foreign born, MSM, IDU, multiple sex partners), and O = occupation (college students, HCW, parent or caregiver to a young child). This information should be recorded in the patients' file. During influenza season the patient's pneumococcal immunization status should also be reviewed. Pneumococcal and influenza can be given at the same time.

Standard 5 states healthcare workers assess the patient for valid contraindications to immunizations. Failure to differentiate between valid and invalid contraindications is a miss opportunity to vaccinate. The patient should be asked about prior adverse events in connection with vaccines and about any underlying medical conditions or circumstances that might require the delay or withholding of a vaccine. When in doubt healthcare professionals should refer to current ACIP recommendations that can be located at www.cdc.gov/nip.

Each year, thousands of adults in the U.S. die from vaccine preventable diseases. Inadequate vaccine coverage among adults, show the need for renewed efforts to educate patients about vaccinating across the lifespan. As healthcare workers we are responsible for protecting our communities by staying up-to-date on our own immunizations and making sure that our patients do so as well.

Immunization Program News **Continuing of H1N1 Campaign**

DPHHS is still moving forward with the H1N1 Campaign. Jurisdictions are working diligently to get everyone in their communities vaccinated against the H1N1. Some of the counties are setting up clinics at the mall, going to sporting events, and making a second round at the schools. We are encouraging everyone to remain focused on getting the high risk groups vaccinated, which included pregnant women, persons who live with or provide care for infants, health care workers and emergency medical services personnel, children 6 months to 4 years of age, and persons aged 25-64 years who have medical conditions that put them at higher risk for influenza related complications. Also, don't forget to get those kids aged 9 and younger who need a second dose of H1N1. The Immunization Program recently sent a report to all jurisdictions regarding kids who need a second dose H1N1. It is important that they receive this second dose in order to develop proper immunity against this virus.

H1N1 Vaccine Disposal

H1N1 vaccine should not be disposed of unless it is spoiled or expired. LAIV manufactured by MedImmune is a live virus and should be autoclaved or incinerated before disposal. If your H1N1 vaccine has a needle attached, it should be disposed into a sharps container. Any recalled Sanofi H1N1 vaccine may be disposed of on site or returned to:

Sanofi Pasteur Inc.
C/O Capital Returns
6101 North 64th Street
Milwaukee, WI 53218

All unused VFC vaccine including seasonal influenza should be returned to McKesson. Contact the Immunization Section for a return label.

Vaccine Information Statements (VIS)

Now is a good time to review your Vaccine Information Statements to make sure that you are using the most current version and throw out your old copies. Some of the VISs were updated in 2009. The Immunization Program has encouraged all VFC providers to sign up for the free e-mail alert through the CDC website to make it easier for you to be current on all VISs. Visit

<http://www.cdc.gov/vaccines/Pubs/vis/default.htm> to see if your clinic is up to date on all of the VISs and sign up for the free e-mail alert if you haven't already.

Remember, the legal mandate, as stated in the National Childhood Vaccine Injury Act, is that providers must:

- Give the appropriate VIS to the recipient or to the recipient's parent or legal representative with each dose of vaccine,
- Give it prior to administration of the vaccine,

- Give it each time the vaccine is given (not just with the first dose), and
- Record certain information in the patient's permanent medical record.

For more basic information about VISs and provider responsibilities visit

<http://www.cdc.gov/vaccines/Pubs/vis/vis-facts.htm#provider>.

Immunization Regional Workshops

The "Save the Date" cards went out this month and there is a copy of it posted on our website at www.immunization.mt.gov. The workshops will be very informative and you will not want to miss it. We will be talking about NIS rates, childhood immunizations, VFC, new vaccines, WIZRD, Adult and Adolescent Immunizations, Hep B, etc. This conference is intended for Physicians, Physicians' Assistants, Nurse Practitioners, Clinic Nurses, Indian, Tribal, and County Public Health providers. The workshop is one day and starts at 8:30am and goes till 4pm, including a working lunch. Registration forms and a draft agenda will be sent to you soon. Everyone attending the workshop will need to pre-register. The following cities and date are:

- **Great Falls at Hampton Inn—April 29 (Thursday)**
- **Miles City at Holy Rosary Hospital—May 4 (Tuesday)**
- **Billings at Mansfield Education Center—May 5 (Wednesday)**
- **Missoula at Wingate by Wyndham—May 11 (Tuesday)**
- **Butte at Fairmont Hot Springs—May 12 (Wednesday)**

WIZRD Update on the ETAP Process

The Montana Immunization Program has been continuing to work with the CDC and Public Health Informatics Institute to plan for an enhanced immunization registry (WIZRD). Since December, the program has been participating in a Gap Analysis and Alternative Assessment to help identify what the next step in the process will be. The program will be hosting a stakeholder meeting in late February to communicate the progress of the project and solidify goals.

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