



VFC Vaccine Supply Update

David Oliver
Vaccine Supply Manager

The VFC Program revised the Vaccine Inventory/Preference Form in March 2011. The following revisions have been made to the form:

1. **Removal of Tripedia DTaP (Sanofi) as a vaccine preference.** Tripedia is being discontinued by the manufacturer. Beginning April 2011, VFC Providers with Tripedia as their brand preference will automatically receive Daptacel DTaP (Sanofi) in their next shipment. Providers wishing to receive another brand should indicate their preference on the Vaccine Inventory/Preference Form.

2. **Hib vaccine doses for catch-up have been added to the vaccine preference section.** The VFC Program will determine the amount of Hib vaccine to send for Hib catch-up.

All sections of the VFC Inventory/Preference Form should be accurately completed. Below are some helpful tips on completing the inventory form:

1. Always make sure the demographic information is accurate and complete, such as the VFC Provider PIN, facility name, delivery instructions, address, phone number, fax number, etc. Incomplete or inaccurate information may result in errors or delays of your next shipment.

2. Ensure the correct amount of VFC vaccine doses in your VFC vaccine inventory are recorded in the "Total Number of Doses on Hand" columns
3. **Always double check the vaccine brand preferences you select before submitting your VFC Inventory/Preference Form.** What is selected is what you will receive. The VFC Program will not replace any vaccines that were selected in error.

A copy of the revised VFC Inventory/Preference Form is provided with the newsletter. Please discard any previous forms.

Immunization Updates and New ACIP Recommendations

The Centers for Disease Control and Prevention (CDC) recently published two Morbidity and Mortality Weekly Reports (MMWR) addressing recommendations made by the Advisory Committee on Immunization Practices (ACIP).

On January 14, 2011 the MMWR published "Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis (Tdap)".

Timing of Tdap

Can be administered regardless of interval since the last tetanus diphtheria-toxoid containing vaccine.

Adults Aged 65 years and Older

Those who have or anticipate having close contact with an infant aged less than 12

months should receive a single dose of Tdap.

Other adults ages 65 years and older may be given a single dose of Tdap.

Children Aged 7 through 10 Years

Those not fully vaccinated against pertussis and for whom no contraindication to pertussis vaccine exists should receive a single dose of Tdap.

Those never vaccinated against tetanus, diphtheria, or pertussis or who have unknown vaccination status should receive a series of three vaccinations containing tetanus and diphtheria toxoids. The first of these three doses should be Tdap.

On January 28, 2011 the MMWR published "Updated Recommendations for Use of Meningococcal Conjugate Vaccines".

Recommendation for Routine Vaccination of Persons Aged 11 Through 18 Years

Routine vaccination of persons with quadrivalent meningococcal conjugate vaccine at age 11 or 12 years, with a booster dose at age 16 years.

Recommendation for Persons Aged 2 Through 54 Years with Reduced Immune Response

A 2-dose primary series administered 2 months apart for persons aged 2 through 54 years with persistent complement component deficiency and functional or anatomic asplenia, and for adolescents with human immunodeficiency virus (HIV)

Please consult each issue for specific guidance regarding recommendations, www.cdc.gov/vaccines/pubs/ACIP-list.htm.

The Chief's Corner.....Staying In Touch



Deena Speights-Napata, MA
Deputy Program Manager/VFC
Chief

THE NEW VFC CONTACT CENTER

The VFC program begins 2011 with a renewed focus on customer satisfaction and service delivery. Our commitment to the more than 800 Maryland VFC providers and 24 local health departments has never been stronger, as we continue to provide customized technical assistance through individual site visits and improved phone accessibility.

To this end the VFC Program has implemented a fundamental change in the process used for communication with our providers. On March 1, 2011 the new VFC Contact Center began full operation.

The Center will be available to address all VFC vaccine related issues, including storage and handling and vaccine delivery and allocation issues. Our team of vaccine specialists and program administrators can be reached through the Contact Center.

Please read below to find your assigned VFC Contact Center phone number. Providers will receive a response the same day their call is received Monday

through Friday, and within 48 hours for calls received on Saturday or Sunday. VFC site visits will continue to occur every other year for all VFC sites. Sites experiencing storage and handling violations or sites needing technical assistance with tracking patients or identifying missed opportunities will receive individualized attention from the VFC staff.

The new VFC Contact Center will enhance our vaccine delivery system and afford us the opportunity to respond to the demands of an expanding health care system. Let us know what you think, and by all means, stay in touch!

THE NEW VFC CONTACT CENTER

The Maryland VFC Program is pleased to introduce the VFC Contact Center. The VFC Contact Center will serve as the new central point for addressing your VFC-related questions. Since 2001 VFC Consultants have served as the primary responders to VFC Provider questions. Unfortunately the VFC Consultant positions were eliminated as a result of a change in federal priorities.

2011 VFC/AFIX provider site visits will now be conducted by three VFC Site Reviewers, Mark Johnson, Scott Romanoski and Karyn Williams. VFC Site Reviewers will have

responsibility for conducting VFC/AFIX provider site visits throughout the state. VFC Providers should expect to receive an official VFC/AFIX provider site visit every other year.

The new VFC Contact Center will provide a full range of support for VFC Providers including answering questions related to VFC vaccine supply, vaccine delivery, vaccine allocations and other related issues. VFC Providers can reach the VFC Contact Center, by telephone, email or fax. Hours of operation will be 8:00 a.m. to 5:00 p.m., Monday through Friday except for holidays.

VFC Contact Center
201 W. Preston St.
Suite 318
Baltimore, MD 21201
IZInfo@dhmh.state.md.us
410-333-5893 fax

To improve customer service and ensure timely responses VFC Providers in each jurisdiction have been assigned a phone number to reach the VFC Contact Center. Please review the list below to find your assigned VFC Contact Center phone number.

VFC CONTACT CENTER ASSIGNED PHONE NUMBERS

410-404-4128		410-299-5647	410-274-6240
Allegany	Kent	Frederick	Baltimore City
Anne Arundel	Queen Anne's	Montgomery	Baltimore County
Calvert	St. Mary's	Prince George's	Harford
Caroline	Somerset		Howard
Carroll	Talbot		
Cecil	Washington		
Charles	Wicomico		
Dorchester	Worcester		
Garrett			

Maryland Immunization Registry: ImmuNet Update

Keith Childress
Immunization Registry Coordinator

All enrolled ImmuNet providers will transition to the new and improved ImmuNet registry in April. Be sure to regularly check the ImmuNet homepage (www.mdimmunet.org) for more information. Please view the training videos which can be accessed from the new homepage prior to logging in. You should also print a User Guide from the "forms" section found at the top of the new ImmuNet system.

For providers who use any kind of electronic system to record patient immunizations, you can now begin submitting data to ImmuNet

electronically rather than doing manual entry. For those of you with an Electronic Health Record (EHR) system in your office, the ImmuNet registry can work with your EHR vendor to set up a real-time interface that will allow automatic data submissions from your EHR to ImmuNet. For more information on the file specifications for electronic data exchange, please visit the "forms" section of the new ImmuNet.

The new ImmuNet offers:

- Higher speeds
- Alternatives to manual data entry
- Customizable reports
- Simple functions for adding users and resetting passwords
- Easy data clean up and

corrections

- Compliance with federal requirement for meaningful use

Multiple training options are available to get you ready to use the new ImmuNet:

- Training videos on the ImmuNet website
- User help tools on each screen
- A printable user guide
- Hands-on training webinars
- The ImmuNet Help Desk is available Monday through Friday

ImmuNet Help Desk:
mdimmunet@dhhm.state.md.us or
410-767-6606

Maryland 2011 Childhood & Adolescent Immunization Schedules

Included in this newsletter is the *Maryland 2011 Recommended Childhood & Adolescent Immunization Schedule*.

Each year, CDC reviews the recommended immunization schedules for persons aged zero through 18 years. Maryland schedules summarize the recommendations for currently licensed vaccines for children aged 18 years and younger. Maryland's immunization schedule modifies the CDC schedule to take advantage of the "Done By One" optimized childhood immunization schedule. Maryland's "Done By One" immunization schedule:

- Is much simpler: the majority of needed shots are given at 2, 4, 6, and 12 months!
- Protects kids at the earliest possible age.

- Discourages the practice of deferring shots which, results in missed opportunities to vaccinate.

Changes to the Maryland 2011 Recommended Childhood Immunization Schedule include the following:

- Guidance has been added for the hepatitis B vaccine schedule for children who did not receive a birth dose.
- Information on use of 13-valent pneumococcal conjugate vaccine has been added.
- Use of tetanus and diphtheria toxoids, and acellular pertussis (Tdap) vaccine among children aged 7 through 10 years who are incompletely vaccinated against pertussis is addressed, and reference to a specified interval between

tetanus and diphtheria toxoids (Td) and Tdap vaccination has been removed.

- Footnotes for the use of human papillomavirus (HPV) vaccine have been condensed.
- Routine 2-dose schedule of quadrivalent meningococcal conjugate vaccine (MCV4) for certain persons at high risk for meningococcal disease, and recommendations for a booster dose of MCV4 have been added.
- Guidance for use of *Haemophilus influenzae* type b (Hib) vaccine in persons aged 5 years and older in the catch-up schedule has been condensed.

The child, adolescent, and catch-up schedules can be found on the Maryland DHMH website, www.edcp.org (Immunization)

Maryland Partnership for Prevention

MPP to Award Up to \$15,000 in Grants for Employee Vaccination Programs

In May 2011, the Maryland Partnership for Prevention (MPP) will launch its most ambitious and exciting effort to protect patients in inpatient and outpatient setting from vaccine-preventable diseases. **The Maryland Healthcare Personnel Best Practices Challenge (BPC) is a three-phase initiative that offers grants, educational resources, and technical assistance to healthcare employers to assist with employee**

vaccination campaigns. Facilities and offices can earn up to \$15,000 in grant awards for programs to increase vaccination rates among staff and volunteers.

The first phase of the BPC will award grants for up to \$5,000 in two categories: (1) facilities and offices that have achieved success in promoting and administering vaccinations among healthcare personnel and (2) facilities and offices that need funding assistance to implement a promising program.

Phase II will consist of the provision of technical assistance and other resources to support facilities in implementing a campaign that may later be deemed a Best Practice. The final phase will entail assessment of participants' successes in implementing healthcare personnel vaccination campaigns. The top three projects will receive grants for up to \$10,000 to continue employee vaccination efforts.

For more information about the Maryland Healthcare Personnel BPC or MPP, call 410-902-4677.

Maryland Vaccine-Preventable Diseases Surveillance Summary

Jennifer Lam, MPH
Epidemiologist

The Maryland Department of Health and Mental Hygiene (DHMH) Center for Immunization has completed a review of vaccine-preventable diseases reported in 2010[†]. With the help of healthcare providers throughout Maryland, DHMH and local health departments conducted 518 case investigations of diphtheria, hepatitis A, perinatal hepatitis B, measles, mumps, pertussis, polio, rubella, tetanus and varicella last year. **In total, 204 of these investigations resulted in the identification of a reportable vaccine-preventable disease, a 12% decrease from the 233 cases identified and reported in 2009.**

In 2010, the case rates of all vaccine-preventable diseases monitored by the Center for Immunization were lower than national case rates. Pertussis

continues to be the most commonly reported illness in Maryland (68.6% of cases reported), followed by hepatitis A (11.8 %) and varicella (12.7%). In 2010, there were no cases of diphtheria, measles, polio or rubella reported. A 50% decrease in hepatitis A cases was observed from 2009 to 2010, which is consistent with a decrease (of 24%) in cases reported nationally in 2010, as compared to 2009.

Although several states experienced a surge in pertussis activity in 2010, including localized outbreaks in some areas, Maryland did not experience a rise in pertussis cases reported.[‡] The Maryland pertussis case rate (2.42 cases/100,000 pop) in 2010 remained below the national case rate (6.90 cases/100,000 pop), and there were no outbreaks reported.

Nevertheless, DHMH continues to conduct increased surveillance of pertussis activity state-wide, with a

primary goal of preventing pertussis in infants who are too young to be fully vaccinated. In 2010, 140 pertussis cases were reported, 10.7% (15 cases) of which were in infants at or under the age of 1 year; in 2009, 12.2% of cases (18 cases) occurred in infants. Healthcare providers can help keep Maryland's pertussis rates low by encouraging DTaP and Tdap vaccination, especially for individuals who have close contact with infants.

Vaccination remains the most effective method of disease prevention and can help prevent or mitigate disease outbreaks. Please ensure that patients and medical personnel are up-to-date on all recommended vaccinations. The latest immunization recommendations can be viewed on the Maryland 2011 Recommended Immunization Schedules.

[†]Data in 2010 reporting year are provisional.

[‡]CDC: <http://www.cdc.gov/pertussis/>

Table 1: Reported Investigations and Cases of Vaccine-Preventable Diseases: 2009 and 2010

Condition/Disease	Maryland [¶]						United States ^{¶¶}			
	2009			2010 [†]			2009		2010	
	Number of Investigations Reported	Number of Cases Reported*	Case Rate [‡]	Number of Investigations Reported	Number of Cases Reported *	Case Rate [‡]	Number of Cases Reported	Case Rate [‡]	Number of Cases Reported*	Case Rate [‡]
Diphtheria	2	0	0.00	2	0	0.00	0	0.00	0	0.00
Hepatitis A	164	47	0.82	74	24	0.42	1,918	0.62	1,504	0.49
Hepatitis B (perinatal)	2	0	0.00	3	2	0.03	N	N	N	N
Measles	31	5	0.09	7	0	0.00	71	0.02	61	0.02
Mumps	33	8	0.14	35	11	0.19	1,991	0.65	2,528	0.82
Pertussis	323	148	2.60	364	140	2.42	16,858	5.49	21,291	6.90
Polio	1	0	0.00	1	0	0.00	1	0.00	0	0.00
Rubella	2	0	0.00	1	0	0.00	3	0.00	6	0.00
Tetanus	0	0	0.00	1	1	0.02	18	0.01	8	0.00
Varicella (Chickenpox)	27	25	0.44	30	26	0.45	20,480	6.67	16,207	5.25
Total	585	233		518	204		41,340		41,605	

*Confirmed and probable cases according to CDC case definition: http://www.cdc.gov/ncphi/diss/nndss/casedef/case_definitions.htm

[†]Data for 2010 reporting year are provisional and subject to change.

[‡]Case rate per 100,000 population. Denominators for computing case rates were obtained from U.S. Census Bureau

[¶]Source: National Electronic Disease Surveillance System (NEDSS), data as of 2/3/2011

^{¶¶}Source: CDC. MMWR January 7, 2011; 59(52);1704-1717 (provisional data)

N-data not available

Table 2: Reported Investigations and Cases of Pertussis in Maryland by age: 2009 and 2010[¶]

Condition/Disease	2009			2010 [†]		
	Number of Investigations Reported	Number of Cases Reported* ^{¶¶}	Case Rate [‡]	Number of Investigations Reported	Number of Cases Reported *	Case Rate [‡]
Pertussis (infants ≤1 year old)	36	18	0.32	48	15	0.26
Pertussis (2-17 years old)	181	78	1.37	210	85	1.47
Pertussis (≥18 years old)	106	52	0.91	106	40	0.69
Total	323	148		364	140	

*Confirmed and probable cases according to CDC case definition: http://www.cdc.gov/ncphi/diss/nndss/casedef/case_definitions.htm

[†]Data for 2010 reporting year are provisional and subject to change.

[‡]Case rate per 100,000 population. Denominators for computing case rates were obtained from U.S. Census Bureau

[¶]Source: National Electronic Disease Surveillance System (NEDSS), data as of 2/3/2011

^{¶¶} one pertussis investigation had unknown age, was not a case