

The Vaccinator

A Newsletter of the Communicable Disease Reporting System (CDRS)
Spring 2010

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Changes to the Child and Teen Immunizations Schedule in 2010

Polio

- The last dose in the inactivated poliovirus vaccine series is now recommended to be administered on or after the fourth birthday and at least 6 months after the previous dose.
- If 4 doses are administered before age 4 years, an additional (fifth) dose should be administered at age 4 through 6 years.

Combination Vaccines

The use of a combination vaccine generally is preferred by the Advisory Committee on Immunization Practices (ACIP) over separate injections of its equivalent component vaccines.

For the Measles-Mumps-Rubella-Varicella combination (MMRV), specific guidance exists:

- For 1st doses for children aged 12 months to 3 years, either MMRV or separate MMR & VAR vaccines are acceptable
- For 1st doses for children aged 4 to 12 years and for 2nd doses for children aged 4 years or older, MMRV is recommended
- Considerations should include provider assessment, patient preference, and the potential for adverse events.

Hepatitis A

New changes allow vaccination of children older than 23 months for whom immunity against hepatitis A is desired.

Meningococcal

Revaccination with conjugate vaccine is now recommended for children who remain at increased risk for meningococcal disease

- After 3 years (if the first dose was administered at age 2 through 6 years)
- After 5 years (if the first dose was administered at age 7 years or older)

Human papillomavirus (HPV)

- Availability of and recommendations for GSK Cervarix 2-antigen HPV vaccine
- A permissive recommendation for administration of Merck Gardasil 4-antigen HPV vaccine to males aged 9 through 26 years to reduce the likelihood of acquiring genital warts

Grab a copy of the schedule here: <http://bit.ly/child-iz-schedule>.

For more detail about changes to the pediatric schedule and information about changes to the adult schedule, visit <http://www.immunize.org/nt/>.

Source: www.immunize.org/askexperts, Columbus Public Health, and Franklin County Board of Health.



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Changes at Columbus Public Health Immunization Program

Columbus Public Health is increasing the focus on immunizations for children and high-risk adults.

CHILDREN

The federal Vaccines for Children (VFC) program provides vaccines for eligible children. No eligible child will be denied, regardless of ability to pay. VFC eligibility criteria are: 1) Medicaid, 2) Uninsured, 3) Underinsured (vaccines not allowed in coverage), 4) Native American / Alaskan Native.

All domestic vaccines (not for travel) are available to children who are VFC-eligible. Ineligible children can still get all these vaccines at VFC prices except Rotavirus, Hepatitis A, and HPV. Rotavirus vaccine can be purchased for ineligible children for \$80 per dose. HAV and HPV are not available to VFC-ineligible children.

ADULTS

Adult vaccines **available** include those provided by ODH for eligible high-risk patients:

- Td
- Tdap
- Pneumovax

Adult vaccines **not available** at Columbus Public Health include:

- Rabies vaccinations
- Vaccinations for immigration/refugees
- Travel vaccinations
- Some post high school or employment vaccinations for individuals 19 years and older

Check the Columbus Public Health website for more information and for a list of other local providers for adult vaccines: <http://publichealth.columbus.gov/immunizations.aspx>.

Franklin County Board of Health will continue to offer limited adult vaccinations. Appropriate fees will be charged. Contact the Franklin County Immunization Clinic at 462-3635 for available times, locations and fees.

Flu vaccines for adults and children will continue to be available in season according to financial and risk-based eligibility guidelines for that season.

Columbus and Franklin County Communicable Disease Reporting

It is the responsibility of health care practitioners and laboratories to report cases of communicable disease to the local health department as stated by the Ohio Revised Code 3701.

The Columbus and Franklin County Communicable Disease Reporting System (CDRS) is the combined system for all of Franklin County. This means no more trying to figure out which health department to report a communicable disease case!

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For current information about reportable infectious diseases, check out the following websites:

- Columbus Public Health: www.publichealth.columbus.gov
- Franklin County Board of Health: http://www.franklincountyohio.gov/board_of_health/
- Columbus and Franklin County Communicable Disease Reporting System (CDRS): www.cdrsinfo.com

This newsletter is provided to you through a grant from the Ohio Department of Health



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Tdap/Td Added to List of Requirements – 7th Grade

ODH has added Tdap/Td to the list of immunization requirements for 7th graders for 2010, so there are many 6th graders who will need the vaccine before next fall. Remember to stock up on Tdap and to take advantage of sick visits as opportunities to catch pre-teens up on their immunizations!

If your practice is planning an outreach to your pre-teen patients, please contact us and let us know about your plans—we want to support and coordinate with your efforts as much as possible. A sample flyer which can be posted in exam and waiting rooms is enclosed. Or print color copies from

<http://publichealth.columbus.gov/immunizations.aspx> under the Resources and Links section.

- In Columbus & Worthington, contact Jim Baker at: jwbaker@columbus.gov
- In Franklin County (but not Columbus & Worthington) contact Milu Nguyen at 614-462-6674.

Tdap Frequently Asked Questions

What are the recommendations for the use of Tdap vaccine in pre-teens and teens?

- 1-time Tdap for children aged 11-12 years if 5 years have elapsed since last DTaP, boost every 10 years with Td.
- 1-time Tdap for any teen who has not received previous Tdap.
- High risk groups: 1) patients in contact with infants younger than age 12 months and/or 2) healthcare workers with direct patient contact.

Patients 11 years old and older who have never received tetanus and diphtheria toxoid-containing vaccine should receive a series of 3 vaccinations: 1 dose of Tdap, then Td at least 4 weeks later, and a second dose of Td 6–12 months after the previous dose. Tdap can substitute for Td for any one of the 3 doses in the series.

Should I make an effort to give teens a Tdap dose, even if they've had a dose of Td at age 11-12 years?

ODH is recommending a Tdap for any teen who has not received a Td or Tdap within the last 5 years. For that teen a dose of Tdap will be recommended once the 5-year interval is past. A 5-year interval between Td and Tdap is encouraged to reduce the risk of local and systemic adverse reactions, but ACIP did not set a minimum interval between Td and Tdap.

What is the difference between the two Tdap products - Boostrix® and Adacel®?

Boostrix® (GlaxoSmithKline) is licensed for persons ages 10-64 years, and Adacel® (Sanofi Pasteur) is licensed for persons ages 11-64 years. Both are approved for one dose only. The two vaccines also contain a different number of pertussis antigens and different concentrations of pertussis antigen and diphtheria toxoid.

A 13-year-old patient was given DT (pediatric) as a preschooler after she had experienced excessive crying following a dose of DTP. Now, we are wondering if we can give her Tdap since we know she may not be protected against pertussis.

Yes. Many of the precautions to DTaP (e.g., temperature of 105°F or higher, collapse or shock-like state, persistent crying lasting 3 hours or longer, seizure with or without fever) do not apply to Tdap. This issue is discussed in CDC's Tdap recommendations, available at <http://bit.ly/bb2xqd>, or see the CDC Guide to Vaccine Contraindications and Precautions: <http://bit.ly/9fEpo1>

What if we mistakenly gave Tdap to a child ages 7-9 years?

Use of Tdap in children ages 7-9 years is considered off-label and is not recommended; however, the dose can be counted and does not need to be repeated with Td.

Someone in our clinic gave DTaP to a 50-year-old instead of Tdap. How should this be handled?

The DTaP recipient received the appropriate amount of tetanus toxoid and MORE diphtheria toxoid and pertussis antigen than is recommended. Count the dose, but take measures to prevent this error in the future.

Storage: All Tdap products must be stored at 35° to 46°F (2° to 8°C). They should not be exposed to freezing temperatures.

For current information about reportable infectious diseases, check out the following websites:

- Columbus Public Health: www.publichealth.columbus.gov
- Franklin County Board of Health: http://www.franklincountyohio.gov/board_of_health/
- Columbus and Franklin County Communicable Disease Reporting System (CDRS): www.cdrsinfo.com

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Will your child be going to 7th grade this fall?

New vaccines are required for
7th graders starting in 2010.

Ask your doctor about vaccines
to protect your pre-teen.



**Avoid the back-to-school rush next fall
and make an appointment for your child's
pre-teen checkup today!**