

IMMUNIZATION PROGRAM UPDATE

By the Nebraska DHHS Immunization Program

June 2015

Prevention of Vaccine Loss & Waste...Free is not really “Free”

Vaccine loss is both costly and preventable. There are many reasons for vaccine loss, including heat and/or light exposure, inappropriate freezing, broken vials and syringes, poor reconstitution practices, suspected contamination, not drawing up doses immediately prior to administration, missing inventory, and theft. However, the most significant cause of vaccine loss is attributed to poor vaccine management (e.g., loss due to expiration, and loss due to cold chain failures). Frequently Asked Questions...

Q: What is vaccine accountability?

A: Each clinic is responsible for being accountable for the vaccine provided and that is demonstrated by properly completing the required monthly transaction summary. Each clinic needs to keep track of exactly how many doses were administered and wasted then modify their inventory on hand accordingly. To know how many doses were administered, some clinics use a paper line listing and some clinics use their electronic medical record (EMR) or financial department.

Q: What if my NESIIS inventory doesn't match what is in the storage units?

A: After you subtract the actual number of doses you administered and any waste if applicable for the month, your NESIIS inventory should match what is in your storage unit. If there is a discrepancy, make sure you accepted your shipments and investigate. Call NDHHS for help early. Justifying exact vaccine activity is important.

Q: How much vaccine stock should I have?

A: You should have a 1-2 month supply of vaccine on hand and order when you have a 1 month supply left to ensure your next order will arrive in time. Do not over-order. Look at past orders, returns, and usage. Account for seasonal patterns such as influenza.

NEW VIS & 2015

Immunization

Schedule!

Be sure to check the CDC website for Healthcare Professionals to see the 2015 Immunization Schedules and all the new VISs that have been updated in the past few months!

Check monthly or get on the email list.

www.cdc.gov/vaccines/hcp.htm

Use the ACIP recommended intervals. Minimal intervals should not be routine.



In This Issue:

- Vaccine Storage and Handling (S/H), also Unannounced S/H Visits
- Vaccine Age Reminders: ProQuad® and KINRIX®
- The 13th edition (2015) of CDC Pink Book is now available.
- Vaccine Documentation: What is required and what is best practice?
- NEW: Return and Waste Process and reminder on Borrowing Reports



Tips to Decrease Vaccine Loss...

- * Store MMR in the freezer as it can be refrigerated or frozen but does not tolerate getting too warm!
- * Don't stockpile vaccine, keep 1-2 months on hand.
- * Rotate stock to avoid expiration.

Vaccine Age Range Reminders

MMRV (ProQuad®) is only to be given to children aged 12 months -12 years. For children aged 12-23 months remember to educate the parent regarding the increased risk of fever and febrile seizures when compared to MMR and Varivax given separately.

KINRIX® is only to be given to children aged 4 years through 6 years of age. Contains DTaP and IPV. Used for the 5th dose of DTaP and 4th dose of IPV.

VACCINE STORAGE & HANDLING

Why is storing vaccine properly so important?

In recent years, instances of improper vaccine storage have been reported. An estimated 17%--37% of providers expose vaccines to improper storage temperatures, and refrigerator temperatures are more commonly kept too cold than too warm. Freezing temperatures can irreversibly reduce the potency of vaccines required to be stored at 35°F--46°F (2°C--8°C). - CDC MMWR 2003 Contact the NDHHS Immunization Program for more references if wanted.

Why is a certified calibrated thermometer so important?

All temperature monitoring devices, through normal use, drift over time, which affects their accuracy. Calibrated temperature monitoring devices are required for providers who receive VFC vaccines or other vaccines purchased with public funds. - CDC 13th Ed. Pink Book. Calibration testing is to be performed every 1 to 2 years from the last calibration testing date.

Thermometers provided by the NDHHS Immunization Program all came with a certificate of calibration. The clinic is responsible for ensuring they remain current. An example of certificate requirements can be found at <http://eziz.org/assets/docs/IMM-1119.pdf> or pages 27-29 of the 2015 Nebraska Immunization Provider Manual.

REMINDER: Ensure the storage unit doors are fully closed and that bins of vaccine are immediately put away in the storage unit.

Temperature Excursions

Always follow the protocol on pages 34-35 of your 2015 NE Immunization Program Provider Manual. Remember to correct the situation, call the manufacturers, and then call NDHHS immediately!

UNANNOUNCED STORAGE & HANDLING VISITS

Per CDC requirements, some clinics will receive an unannounced storage and handling visit which focuses on assessing the storage units and storage of vaccine. In 2016, more storage and handling visits will be required. We thank you for your cooperation.

Always Encourage Patients to Get All the ACIP Recommended Vaccines

What the State of NE law requires for school entry falls short of what is fully recommended to help protect our children and community. Always remember to recommend all ACIP recommended vaccines.

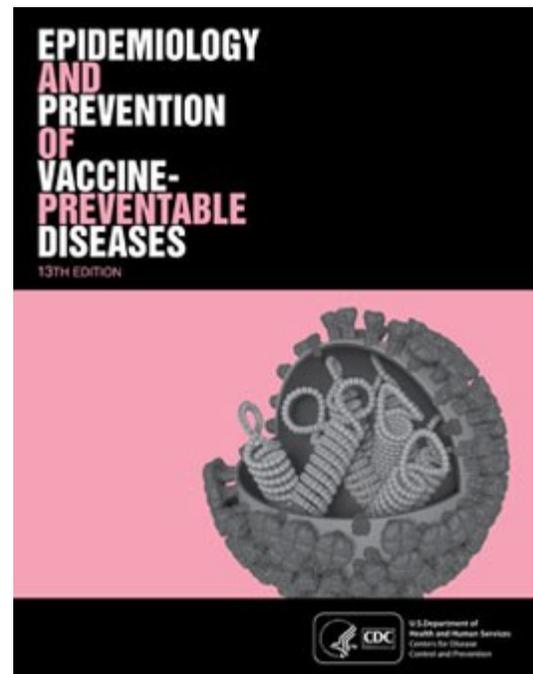
Using the term “optional vaccine” is not good as it implies that the vaccine is not needed. All ACIP vaccines are recommended to help protect and prevent the spread of vaccine preventable diseases.

On that note, remember that we live in a global community. Assess for recent travel when clients present especially when they are sick (i.e. travel from a country with EBOLA) and also assess for future travel plans. The CDC Yellow Book for Travelers is a great reference. If you don't carry the travel vaccines refer them to a travel clinic or refer them to the NDHHS Immunization Program.

CDC's The Pink Book 13th Edition (2015) can be downloaded free online!

The NDHHS Immunization Program is proud to be able to provide a complementary book for your clinic. The shipment should come soon.

Also check out CDC's You Call the Shots modules for free CEUs on VFC, vaccine concepts, and storage & handling topics.



**VACCINE DOCUMENTATION:
What is required and what is best practice?**

The National Childhood Vaccine Injury Act (NCVIA) requires healthcare providers who administer vaccines to ensure the permanent record indicates:

- 1) date of administration
- 2) vaccine manufacturer
- 3) vaccine lot number
- 4) name and title of the person who administered the vaccine and the address of the facility where the permanent record will reside
- 5) vaccine information statement (VIS)
 - a. date printed on the VIS
 - b. date VIS given to patient or parent/guardian

Best practice documentation guidelines for medications also include the vaccine type, route, dosage, and site. Accurate documentation can help prevent administration errors and curtail the number and costs of excess vaccine doses administered. The patient or parent/guardian should be provided with an immunization record that includes the vaccines administered, including the dates of administration. It is also important to document when parents refuse vaccines.

Hint: Make sure paper records or EHRs require all necessary NCVIA documentation.

<http://www.cdc.gov/vaccines/pubs/pinkbook/vac-admin.html>

NEW Return and Waste Process

See the attached flyers mailed with this newsletter for instructions on how to return vaccine and how to account for wasted vaccine. Now, the only paper form is the Borrowing Report, please use the 2015 version that was mailed at the start of the year with the 2015 VFC Manual.

Borrowing Reports

Borrowing of vaccine between private and public inventories can be compared to an accountant who is paying the company's bills from the wrong company's account. Borrowing must be rare and be justified as noted on the required borrowing reports such as when PPSV23 is used from private stock for a VFC child while the VFC program is shipping another dose to replace the private stock. This is acceptable, but please order your dose of PPSV23 early if you know you need it. However, the vast majority of borrowing is occurring due to "accidental use" such as staff pulling from the wrong stock. Staff need to screen for eligibility each visit, communicate to the staff so they know which stock to use and the staff needs to chart VFC eligibility appropriately. This will greatly reduce the amount of borrowing. All borrowing must be fully documented on the signed report and sent to the NDHHS Immunization Program once the doses are replaced, dose for dose.

**"To cure is the voice of the past.
To prevent, the divine whisper of today."
- British Medical Journal, 1903**

Helpful CDC Resources

2015 ACIP Recommended Immunization Schedules
<http://www.cdc.gov/vaccines/schedules/hcp/index.html>

NEW updated Vaccine Information Statements (VISs)
<http://www.cdc.gov/vaccines/hcp/vis/current-vis.html>

Vaccine Storage and Handling
<http://www.cdc.gov/vaccines/recs/storage/default.htm>

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