

# IMMUNIZATION PROGRAM UPDATE

By the Nebraska DHHS Immunization Program

June 2016

## AVOID VACCINE EXPIRATIONS

- (1) Order when a 4-6 week supply remains.
- (2) Review prior Transaction Summaries in NESIS for past vaccine use patterns.
- (3) Remember, the following vaccines are available in 5 dose increments or less, whereas most other vaccines come in packs of 10

5 Dose Box	10 Dose Box
Adacel	Boostrix
Pentacel	Pediarix
ActHIB	PedvaxHIB
Menactra	
Menveo	
Single Dose	10 Dose Box
Bexsero	Trumenba

- (4) If unable to use Kinrix and ProQuad prior to box expiration, consider using separate DTaP and IPV or separate MMR and Varicella if in stock.

### Vaccine Reminder

Varivax is a frozen vaccine that is shipped separately. The manufacturer **does not** include temperature cards given the 90 hour cold chain while being shipped.



Under no circumstances should VFC vaccine be used for patients 19 years and older that require school immunizations. These clients are to be given vaccine from an Adult Immunization Program (AIP) provider.

Please contact your regional nurse for referral information if do not know of an AIP clinic in your area.

Doses Administered (-)	Doses Returned (-)	Doses Wasted (-)
		-5.0
		-9.0
-1.0		
-1.0		
	-5.0	
-2.0		
-1.0		
-3.0		
-8.0	-5.0	-14.0

Any month that a clinic has Return or Waste listed in the monthly Transaction Summary, a NESIIS report must be generated. The report for each is generated in the same location in NESIIS where the monthly Transaction Summary is created. Users just change the button to reflect "Doses Returned" or "Doses Wasted". Put in the same date range as the monthly Transaction Summary and click "Generate Report". Send the Waste report along with the corresponding Transaction Summary. Send the Return report along with any unopened expired or spoiled vaccine to the Lincoln office at least every 3 months. Refer to the Returned & Wasted Vaccine Process in the appendix of the VFC manual for a chart with more information. Remember to remove expired vaccine from the storage unit once it expires.

**Transaction Summary Report Criteria**

Site(s):

Report Date Range: From  To

Funding Source: Both  Public Only  Private Only

Report Type: Transaction Summary  Doses Returned  Doses Wasted

**Doses Wasted Detail Summary by Provider**

For Dates Between 03/01/2016 and 03/24/2016

Public and Private Only

Funding	Broken Vial or Syringe	Lost or unaccounted for vaccine	Open vial but all doses not administered	Other	Vaccine drawn but not administered	Total Doses Wasted
PUBLIC				-5.0		-5.0
PUBLIC			-9.0			-9.0
<b>Totals:</b>			-9.0	-5.0		-14.0

**Doses Returned Detail Summary for One Site**

For Dates Between 03/01/2016 and 03/24/2016

Public and Private Only

Failure to store properly upon receipt to store	Mechanical failure	Natural disaster/power outage	Other	Recall	Refrig. too cold	Refrig. too warm	Doses Expired	Vaccine spoiled in transit	Total Doses Returned
							-5.0		-5.0
							-5.0		-5.0

# Impact of Vaccines in the 20<sup>th</sup> & 21<sup>st</sup> Centuries

## Comparison of 20<sup>th</sup> Century Annual Morbidity & Current Morbidity

Disease	20 <sup>th</sup> Century Annual Morbidity*	2013 Reported Cases†	% Decrease
Smallpox	29,005	0	100%
Diphtheria	21,053	0	100%
Pertussis	200,752	28,639	86%
Tetanus	580	26	96%
Polio (paralytic)	16,316	1	>99%
Measles	530,217	187	>99%
Mumps	162,344	584	>99%
Rubella	47,745	9	>99%
CRS	152	1	99%
<i>Haemophilus influenzae</i>	20,000 (est.)	31‡	>99%

**Sources:**

- \* JAMA. 2007;296(18):2155-2163
- † CDC. *MMWR* August 15, 2014;63(32):702-715. (MMWR 2013 final data)
- ‡ *Haemophilus influenzae* type b (Hib) <5 years of age. An additional 10 cases of Hib are estimated to have occurred among the 185 reports of HI (<5 years of age) with unknown serotype.

## Comparison of Pre-Vaccine Era Estimated Annual Morbidity with Current Estimate

Disease	Pre-Vaccine Era Annual Estimate	2013 Estimate (unless otherwise specified)	% Decrease
Hepatitis A	117,333*	2,890†	98%
Hepatitis B (acute)	66,232*	18,800†	72%
Pneumococcus (invasive)			
All ages	63,067*	33,500‡	47%
<5 years of age	16,069*	1,900‡	88%
Rotavirus (hospitalizations <3 years of age)	62,500‡	12,500**	80%
Varicella	4,085,120*	167,490††	96%

**Sources:**

- \* JAMA. 2007;296(18):2155-2163
- † CDC. Viral Hepatitis Surveillance – United States, 2011
- ‡ CDC. Active Bacterial Core surveillance Provisional Report; *S. pneumoniae* 2013.
- § CDC. Unpublished, Active Bacterial Core surveillance
- ± CDC. *MMWR*. February 6, 2009 / 58(RR02): 1-25
- \*\* New Vaccine Surveillance Network 2013 data (unpublished); U.S. rotavirus disease now has biennial pattern
- †† CDC. Varicella Program 2013 data (unpublished)

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## RESOURCE CORNER

Access a new easy-to-follow flowchart that provides guidance on routine MCV4 immunization in adolescents 11-18 years of age.

[www.give2mcv4.org](http://www.give2mcv4.org)

You Call the Shots modules have been updated.

<http://www.cdc.gov/vaccines/ed/youcalltheshots.html>



### NESIIS TIPS

- Locate orders under “Manage Transfers”
- Remember to accept inbound transfers
- **DO NOT** enter public vaccine manually



### VFC Program Compliance

Per CDC requirements, all VFC providers must have a Vaccine Management Plan. Consider reinforcing the contents of your clinic plan at your next staff meeting. Staff could participate in a practice drill, do a check to ensure water bottles and ice packs are in the storage unit to help transport if needed, and the like.

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