



Colorado Children's
Immunization Coalition

Immunization Update:

What's New in 2013?

Thursday, August 15, 2013

11:30 a.m. – 12:30 p.m.

Presented by:

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Colorado Department of Public Health and Environment

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Immunization (IZ) Schedules 2013

- Two pediatric schedules merged into one
 - <http://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-schedule.pdf>
 - Wording added to represent number of doses
 - MCV4 bar changed to reflect licensure of Hib-MenCY vaccine
 - Influenza abbreviations updated to include quadrivalent vaccine
 - Changes in recommendations for MCV4, Tdap, pneumococcal and influenza vaccines

Figure 1. Recommended immunization schedule for persons aged 0 through 18 years – 2014. FOR USE WITH FULL RECOMMENDED SCHEDULE. SEE THE FULL SCHEDULE IN FIGURE 2.

For those who fall behind or visit late, provide catch-up vaccination at the earliest opportunity as indicated by the green bar in figure 1. To determine minimum vaccination intervals, see the 'Vaccination intervals' section.

This activity is approved by the Advisory Committee on Immunization Practices (<http://www.hrsa.gov/immunization/activities/acip/index.html>), the American Academy of Pediatrics (<http://www.aap.org>), the American Academy of Family Physicians (<http://www.aafp.org>), and the National Medical Association (<http://www.nma.org>).

NOTE: The above recommendations must be used along with the framework of this schedule.

Footnotes — Recommended immunization schedule for persons aged 0 through 18 years—United States, 2013.

For further guidance on the use of the vaccines mentioned below, see: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>.

1. **HerpV II (HepB) vaccine. (Minimum age 6 weeks)**
Household vaccination:
 ✓ Administer monovalent HepB vaccine to all newborns before hospital discharge.
 ✓ Patients born to hepatitis B surface antigen (HBsAg)-positive mothers administer HepB vaccine and 0.5 mL of hepatitis B immune gamma globulin (HBIG) within 12 hours of birth. These interventions do not reduce HBsAg antibody titers during the 1 to 2 months after completion of the 1st vaccination age 2 through 18 months (probably due to the new vaccination).
 ✓ If the newborn is born to a mother who is HBsAg-positive, administer HepB vaccine and 0.5 mL of hepatitis B immune gamma globulin (HBIG) within 12 hours of birth. If the newborn is born to an HBsAg-positive mother, administer HepB vaccine and 0.5 mL of hepatitis B immune gamma globulin (HBIG) within 12 hours of birth. If the newborn is born to an HBsAg-positive mother weighing ≥ 2000 grams, administer HBIG within 12 hours of birth (age 1 week).
Losses following the pert dose:
 ✓ The second dose should be administered at age 1 to 2 months. Monovalent HepB vaccine should be used for this dose administered before age 6 weeks.
 ✓ Infants who did not receive a first dose should receive 2 doses of a HepB-containing vaccine on a schedule of 0 to 1 month apart, and the second dose should be administered at age 2 months.
 ✓ If minimum immunogenicity is not achieved after 2 doses, administer a third dose at least 4 weeks after the second dose. If the third dose is not immunogenic, administer a fourth dose at least 4 weeks after the third dose.
 ✓ Administration of a total of 3 doses of HepB vaccine is recommended when a combination vaccine containing HepB is administered after the birth dose.
Catchup vaccination:
 ✓ Unvaccinated children should complete a 3-dose series.
 ✓ A 4th dose is given approximately 4 to 6 months after the 3rd dose. Remember: HBIG is licensed for use in children ages 0 to 11 months old.
 ✓ For other catchup doses, see Figure 7.
 2. **Rotavirus (RV) vaccine. (Minimum age 5 weeks for both RV-1 [Rotarix] and RV-5 [Rotavirus])**
Household vaccination:
 ✓ Administer 2 doses of RV vaccine to all children in the household.
 1. If RV-1 is used, administer 2 doses spaced at 2 and 4 months of age.
 2. If RV-5 is used, administer 2 dose spaced at ages 4 and 8 months.
 3. If both RV-1 and RV-5 vaccines are present, administer 1 dose of each in the series; a total of 3 doses of RV vaccine should be administered.
Catch-up vaccination:
 ✓ The minimum age for the first dose in the series is 14 weeks of age.
 ✓ Vaccination should not be initiated for infants ages 15 weeks old or older.
 ✓ The minimum age for the first two doses is 8 months of age.
 ✓ If RV-1/ Rotarix is administered in the first and second doses, the 3rd dose is not indicated.
 ✓ For other catchup doses, see Figure 7.
 3. **Digital oral and nasal rotavirus (Rotarix) (RV) vaccine. (Minimum age 5 weeks)**
Household vaccination:
 ✓ Administer 2 doses of RV vaccine at 2 and 4 months of age.
 ✓ If the first 2 doses were RV-5 (RotaTeq) or ComVax, and were administered at age 11 months or younger, the third dose should be administered at age 17 through 18 months and spaced at least 4 weeks apart.
 ✓ If the first 2 doses were administered at age 7 through 11 months, administer the second dose at least 4 weeks apart and the third dose at 12 through 15 months regardless of the first 2 doses (RotaTeq or ComVax).
 ✓ For unvaccinated children aged 15 months or older, administer 1 dose.

New IZ Recommendations

- Tdap
 - One dose for children age 7-10 with an incomplete DTaP series (no current recommendation for an additional dose at age 11-12)
 - One dose for pregnant woman including teens during EACH pregnancy – ideally at 27-36 weeks (if woman has one dose of Tdap and the additional dose is not given during the pregnancy, no recommendation to give an additional dose after delivery)

New IZ Recommendations

- HIB not routinely recommended for anyone older than five, but some high risk patients 5 and older should be given one dose
- PCV13 should be given to unvaccinated high risk children 6-18
- Some high risk children 2 years and older need both PCV13 and PPSV23. The PCV13 should be given first, with PPSV23 following at least 8 weeks later

New IZ Recommendations

- Meningococcal conjugate vaccines (MCV)
 - Minimum ages differ
 - Hib-MenCY minimum age is 6 weeks
 - Routine age (high risk children) 2, 4, 6 and 12-15 mo
 - Asplenia, complement deficiency, immune deficiency
 - Menactra minimum age is 9 months
 - Travelers, unvaccinated high risk children
 - Menveo minimum age is 2 years
 - Travelers, unvaccinated high risk children

Two dose now recommended for adolescents

13-14 Influenza

- Several new vaccines and abbreviations
 - TIV has been replaced by IIV (inactivated influenza vaccine)
 - RIV is recombinant hemagglutinin influenza vaccine
 - LAIV is live, attenuated influenza vaccine

13-14 Flu Vaccines

Vaccine	Company	Age Indication	Route	Abreviation
Afluria®	CSL Limited	≥ 9 years	IM	IIV3
Fluarix®	GlaxoSmithKline	≥ 3 years	IM	IIV3
Flucelvax®\$\$\$	Novartis Vaccines	≥ 18 years	IM	IIV3
FluLaval®	ID Biomedical	≥ 18 years	IM	IIV3
Fluvirin®	Novartis Vaccines	≥ 4 years	IM	IIV3
Fluzone®	Sanofi Pasteur	≥ 6 months	IM	IIV3
Fluzone® Intradermal§	Sanofi Pasteur	18-64 years	ID	IIV3
Fluzone® High-Dose**	Sanofi Pasteur	≥ 65 years	IM	IIV3
Fluarix® Quadrivalent	GlaxoSmithKline	≥ 3 years	IM	IIV4
FluBlok®	Protein Sciences	18-49 years	IM	RIV3
FluMist® Quadrivalent††	Med Immune	2 - 49 years	IN	LAIV4

Other News

- ACIP will expand the “Preventing and Managing Adverse Reactions” section of the 2016 General Recommendations
 - Majority of questions to CDC in this area
- Syncope still most commonly reported after HPV4 given to adolescents
 - Adherence to a 15-minute observation period is recommended
- Use of acetaminophen before or at vaccine administration is no longer encouraged. It can still be used to treat pain or fever if they occur.

Vaccine Administration

- Draw up vaccines immediately prior to administration – use correct route & site
- Never mix vaccines unless they are produced to do so
- Never administer a vaccine after the expiration date
- Record vaccine lot numbers for each injection
- If errors occur, take immediate corrective action

Vaccine Timing and Spacing

- All vaccines have minimum ages, and minimum intervals between doses
- Administering all vaccines the child is eligible for is safe, and the best way to ensure the child remains UTD
- Good documentation is critical
- Use of CIIS provides both data and documentation of important immunizations

Contraindications & Precautions

- Contraindication – a condition that increases the chance of a serious, adverse reaction
- Precaution – a condition that may increase risk of a serious side effect or render the vaccine less effective. Weigh risk vs benefit
- SCREEN all patients before administering each dose of vaccine

Storage & Handling

- Understand and follow the recommendations for storage of each vaccine
- Inspect vaccine upon receipt, and assure the cold chain
- Rotate vaccines to use vaccines that expire soonest, and ensure no vaccine is given after it expires
- Have written policies so all staff know how to correctly store vaccines, and what to do in the case of an emergency or break in the cold chain

Communication

- Screen each patient before immunization
- Provide a VIS for each vaccine and for each dose
- Make a clear recommendation
- Be ready to answer questions and provide resources
- Most parents vaccinate, but appreciate hearing that they are doing a good thing

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Vaccines for Children (VFC) Update: What's New in 2013



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Colorado Department
of Public Health
and Environment

Immunization Section

VFC Update



- **Vaccines for Children Program:**
 - Uses federal purchasing power to provide low or no-cost immunizations to eligible children
 - **VFC Eligible:** 18 years or younger who are:
 - ✖ On Medicaid, uninsured, or are American Indian/Alaskan Native
 - ✖ Underinsured can get VFC vaccine at FQHCs/RHCs or local public health agencies
- **2012 – over 1 million doses valued at \$43 million**

About the VFC Program



- **VFC is a Federal Entitlement Program**
 - Requirements to participate in the program
 - Aligns with immunization standards and best practices.
 - Follow ACIP schedule appropriate timing and spacing
 - Vaccine administration and documentation including VIS use – use CIIS
 - Screen for contraindications and precautions
 - Storage and Handling – new requirements/recommendations

VFC Storage Requirement



REQUIREMENT:

- **Dormitory style refrigerators are not allowed, not even for temporary storage.**

Storage Recommendations



RECOMMENDATIONS: (these often become requirements)

- Stand alone refrigerator and freezer units are recommended.
- Combination household units – only use the refrigerator unit and do not store vaccines on the top shelf or bottom.

What kind of refrigerator should I use?

Household, consumer-grade units

Freezerless



Dual-zone



Pharmaceutical-grade units

Under-the-counter



Full-sized



Dual-zone unit is acceptable for refrigerated vaccine storage only – do not use freezer compartment

Acceptable Freezers



Chest Freezer



**Undercounter
Freezer**



**Countertop
Freezer**

VFC Handling Requirement



REQUIREMENT:

- Use calibrated thermometers to measure temperatures in refrigerator and freezer units

New VFC Handling Recommendation



RECOMMENDATIONS:

- **Digital thermometer with probe in glycol**
 - Better estimates vaccine temperature instead of ambient air temperature.
- **Continuous temperature monitoring**
 - Data loggers that record temperatures over time.
 - Provides detailed information on the length of time vaccine was at out of range temperatures.

New VFC Handling Recommendation



- Immunization Section awarded 2 year grant to implement new recommendations in Colorado
 - Looking for providers to test different loggers
 - If interested please contact...
- Debra Zambrano, VFC Clinical Coordinator
 - 303-692-2258



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**Questions for Lynn about
immunizations or what's new in 2013 ?**

**Questions for Deb about
the Vaccines for Children Program?**

Please type questions into your chat box!



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Thank you for attending
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