Chief Chat— A single out of range excursion of temperature in a vaccine storage unit can be very expensive. Many providers are housing $30,000 - $80,000 or more of vaccine in their refrigerator at any given time. As you are aware, all excursions must be investigated to determine the cause and the viability of the vaccine. In some cases, the excursion is unavoidable due to a sudden unforeseeable equipment failure or power outage, while others are avoidable due to proper procedures or monitoring not being followed. If the excursion is avoidable, the provider must be held accountable for replacement of the lost vaccine.

We encourage all providers to carry insurance that covers the replacement of the vaccine, but ultimately, this is the providers choice. We suggest that all providers should first determine if your vaccine is covered by an insurance policy and secondly you should determine if the limits of your policy are set high enough to cover the vaccine you are typically carrying in your storage units. We recently had a provider with a loss of vaccine that discovered after the fact that they did indeed have coverage, but the policy was set to cover a much smaller amount of vaccine than they were carrying because the practice had grown significantly and no one had considered the need to raise the limits of coverage.

The Advisory Committee on Immunization Practices (ACIP) met in Atlanta on February 21–22. During the meeting, votes were taken on the reintroduction of live attenuated influenza vaccine (LAIV, FluMist; MedImmune/AstraZeneca), the use of a new hepatitis B vaccine (Heplisav-B; Dynavax), guidance on the use of hepatitis A vaccine for post-exposure prophylaxis and for infants prior to international travel, and a new framework to clarify ACIP review of evidence in developing recommendations. Please refer to page 5-6 of this issue of What’s Happening Wednesday for a summary of these votes shared by the Immunization Action Coalition.

The American Pharmacists Association (APhA) has developed a new 1-page chart (What You Should Know…Zoster Vaccines) to illustrate the differences between the two zoster vaccines (Shingrix [RZV]; GSK and Zostavax [ZVL]; Merck). The document provides information at a glance about storage (freezer vs. refrigerator), vaccine type, route of administration (IM vs. SC), dosing intervals, age indications, contraindications, adverse effects, and concomitant administration.

Have a great week and thank you for all you do each day to immunize Kansans!

Phil Griffin, Deputy Director, Bureau of Disease Control and Prevention
VFC Question of the Week—

Q: Our clinic participates in mock inclement weather drills. I thought it would be a good idea to have a mock temperature excursion exercise. I have the Temperature Excursion Worksheet, but I just want to make sure I know all the steps we need to complete in case of a temperature excursion.

A: A mock drill is a great idea! By participating through a mock drill, staff will gain a better understanding of the steps to be taken in the event of a real temperature excursion.

Summary of Vaccine for Children (VFC) Provider Response to a Temperature Excursion:

If the vaccine storage unit is not functioning properly or not maintaining recommended temperatures, the vaccine should be moved to the clinic’s designated emergency location. If the unit is functioning properly and the temperatures are in range you should follow the steps on the Temperature Excursion Worksheet, found on the Kansas Immunization Program’s Storage and Handling webpage http://www.kdheks.gov/immunize/storage.htm.

1) Quarantine the vaccine. Mark the vaccines or storage unit as “Do Not Use” so all staff know the vaccines have been out of range and should not be used. Do NOT administer vaccines until you have received approval to resume vaccinating from the Regional Immunization Consultant.

2) Continue to store the vaccine in the recommended temperature range. Do NOT assume the vaccine is non-viable until the vaccine manufacturers have been contacted for recommendations on vaccine viability.

3) Contact your Regional Immunization Consultant or Consultant On-Call and alert them to the excursion upon discovery.

4) Upload the data logger into KS WebIZ and complete the associated failure reports.

5) Contact vaccine manufacturers. Be sure to provide the total cumulative time the vaccine has been out of range. They will need the highest and lowest temperatures that the vaccine has been exposed to during the temperature excursion. Be sure to include information on any other excursion the vaccine has been exposed to in the past. Ask the manufacturers to provide their recommendations in writing via email or fax.

6) The Regional Immunization Consultant or Consultant On-Call will need the following information:
   A. Completed Temperature Excursion Worksheet
   B. Copy of all vaccine manufacturer recommendations
   C. Copy of the .txt and .pdf data logger files
   D. Copy of the paper temperature logs
   E. Current list of on hand vaccine inventory from KS WebIZ

7) The Regional Immunization Consultant or Consultant On-Call may request additional information as the temperature excursion is being reviewed. Do not resume vaccinating with VFC vaccine until approved by the Regional Immunization Consultant or Consultant On-Call.
New Electronic Health Record Implementation Toolkit Available-

We are pleased to announce the launch of the Electronic Health Record Implementation Toolkit now available on our website. The toolkit is available through the resources tab on the left side of our website. While this toolkit was originally designed for use by Local Health Departments (LHDs), it may also be useful to other public sector clinics as well as private sector clinics who are involved in administration of vaccines.

The Health Information Technology field is complex. Equally complex are the national guidelines and tools for reviewing, selecting, and implementing Electronic Health Records (EHR). Many of the tools in existence, while excellent resources, are unnecessarily complex for the needs of Kansas LHDs (see note below). Because of this, it was determined that some of these tools could be simplified to help enhance the understanding of the fundamental issues surrounding EHR implementation.

This toolkit was not created to be the only source of information for LHDs. The purpose of this toolkit is to provide an overview of important elements of EHR selection and implementation to help LHDs assess, plan, and avoid known pitfalls. It is recommended that any LHD looking to implement an EHR proceed with an understanding that this toolkit does not cover all of the necessary details, but will provide a thoughtful step by step overview of the process. Further research should be conducted and consultation with experts is still needed. For example, legal assistance in the evaluation of Requests for Proposals and EHR contracts. Some additional resources are provided at the end of this document.

Get Ready for National Infant Immunization Week 2018-

VICNetwork will host a webinar Wednesday, March 7, 2018 at 11 AM CT. During this planning webinar, participants will learn about National Infant Immunization Week (NIIW) planning tools, digital communication resources, and CDC activities planned for the week. The Houston Health Department will also share lessons learned from NIIW 2017, including outreach to pregnant women about infant immunization, as well as plans for this year. Registration is open online now.

2017-18 Influenza-like Illness Surveillance– Remains High

The Influenza-like Illness Surveillance Network (ILINet) sites are monitoring patients for influenza-like illness (ILI) – symptoms include a fever (≥ 100 degrees F) and the presence of a cough and/or sore throat. ILINet sites also submit up to two specimens for testing at the Kansas Health and Environmental Laboratories (KHEL). These specimens help monitor what types of influenza are present in Kansas. During the week ending February 24th, ILINet sites reported 10.4% of visits were due to influenza-like illness. All data is subject to change. KHEL has detected A/H3 in 29 specimens, A/H1 in seven specimens, A (not subtyped) in one specimen, and influenza B in eight specimens. Sixty-three influenza outbreaks have been reported to KDHE this season. As a reminder, outbreaks of any disease are reportable and should be reported to the epidemiology hotline at (877) 427-7317. Stay updated on influenza activity at http://www.kdheks.gov/flu/surveillance.htm).
Every Child By Two Releases State of the ImmUnion Report-

Every Child By Two (ECBT) has released the second annual State of the ImmUnion report. It examines the nation’s defenses against vaccine-preventable diseases and how the country can be stronger and more resilient in the face of emerging health threats. Immunization is an important tool in preventing disease in millions of Americans across the lifespan.
Immunization Action Coalition (IAC) Provided a Summary About Votes Taken at Recent ACIP Meeting (Published in the IAC Express #1352)

The Advisory Committee on Immunization Practices (ACIP) met in Atlanta on February 21–22. During the meeting, votes were taken on the reintroduction of live attenuated influenza vaccine (LAIV, FluMist; MedImmune/AstraZeneca), the use of a new hepatitis B vaccine (Heplisav-B; Dynavax), guidance on the use of hepatitis A vaccine for post-exposure prophylaxis and for infants prior to international travel, and a new framework to clarify ACIP review of evidence in developing recommendations. In addition, ACIP discussed new age indications for Fluarix (GSK) vaccine, dose-sparing strategies for use of anthrax vaccine when vaccine demand exceeds supply, safety data for human papillomavirus (HPV) vaccine, and the epidemiology of HPV infection in males. The Committee also received updates on preliminary data on the direct and indirect effects of PCV13 (Prevnar; Pfizer) vaccination among adults ≥65, vaccines for the prevention and treatment of healthcare-associated infections, the epidemiology of meningococcal disease among college students, and activities being conducted by the Japanese encephalitis vaccine workgroup.

Live Attenuated Influenza Vaccine (LAIV)
ACIP voted to reinstate live attenuated influenza vaccine (LAIV, FluMist; MedImmune/AstraZeneca) as an option in the list of recommended influenza vaccines for the 2018–2019 influenza season. ACIP had withdrawn its recommendation for use of LAIV during the last two influenza seasons due to data indicating greatly decreased efficacy of the H1N1 component of the live vaccine. The reinstatement decision was reached after the Committee reviewed extensive data provided by the manufacturer and CDC’s examination of LAIV use in other countries. MedImmune/AstraZeneca provided information on its efforts to identify reasons for the vaccine’s reduced effectiveness. The company’s studies evaluating the shedding and antibody responses of the H1N1 strain in children 2–4 years of age demonstrated the vaccine performed significantly better following inclusion of a new H1N1 component strain (A/Slovenia). Study participants developed increased antibody levels and exhibited increased viral shedding, an indicator of improved vaccine virus replication.

In making this vote, the Committee chose not to offer a preferential statement for inactivated influenza vaccine (IIV). Rather, all approved vaccines will be listed as viable options for the prevention of influenza infection.

ACIP also approved the addition of LAIV to the Vaccines For Children (VFC) program for eligible children.

Because LAIV has continued to be used in Canada and the European Union during the last two years, it is anticipated the manufacturer should be able to ramp up production quickly. The company will announce details about vaccine supply in the future. However, vaccine availability may be limited during the 2018–2019 season because many providers, including state health department VFC programs, have already completed vaccine orders for the upcoming season. In addition, it already is too late for CDC to add a contract permitting health department purchase of LAIV during the 2018–2019 season.

New Hepatitis B Vaccine
ACIP voted to include Heplisav-B (Dynavax), a recombinant hepatitis B vaccine, in the list of recommended vaccines to use against hepatitis B virus infection. Heplisav-B received FDA approval in November 2017. This vaccine, which is approved for use in adults ≥18 years of age, is recommended as a 2-dose schedule, with a minimum interval of 1 month between doses. This shortened and simplified dosage schedule is anticipated to improve hepatitis B vaccine coverage. Heplisav-B is not interchangeable with the 3-dose vaccines currently on the market; if it is given in combination with a 3-dose vaccine, a total of 3 doses of hepatitis B vaccine are needed for series completion. ACIP will review additional data to determine if improved seroconversion and vaccine uptake warrant providing the vaccine with a preferential recommendation; however, currently all hepatitis B vaccines are considered equivalent for provider use.
Hepatitis A Vaccine and IG

The Committee voted on two questions related to hepatitis A vaccine use for post-exposure prophylaxis (PEP) and for infants prior to international travel.

ACIP voted to approve use of hepatitis A vaccine for post-exposure prophylaxis (PEP) in all persons ≥12 months of age. This guidance is focused on vaccine use in outbreaks settings. Previously, immune globulin (IG) was recommended for exposed persons. However, IG use is challenging, as it is not routinely stocked in many medical settings. This can cause delays in providing appropriate PEP. In addition, the amount of hepatitis A antibody found in IG has declined in recent years as fewer people are exposed to the disease. The new recommendation allows providers to leverage the benefits provided by hepatitis A vaccine’s availability for more timely PEP. ACIP voted to recommend use of hepatitis A vaccine alone in persons ≤40 years of age who do not have immunocompromising conditions. For persons >40, vaccine may be used in conjunction with IG, at the provider’s discretion. Additional guidance for who should receive IG will be made in consultation with public health and will consider issues such as the patient’s age, health status, and type of exposure.

ACIP also voted to approve use of hepatitis A vaccine (rather than IG) in infants 6–11 months of age when traveling outside the U.S. when protection against hepatitis A virus infection is recommended. IG previously had been recommended for these infants. However, this caused problems related to potential interference when administered simultaneously with live MMR vaccine, which also is recommended for these infants prior to international travel. Use of hepatitis A vaccine rather than IG eliminates this problem. Just as with MMR, these infants should receive appropriate vaccine doses after reaching 12 months of age, i.e., the hepatitis A vaccine administered at 6–11 months of age does not count toward completion of the recommended vaccine series. In an additional vote, ACIP approved inclusion of vaccine in the VFC program to fulfill this recommendation.

All recommendations approved by ACIP are provisional until they are approved by the CDC director and published in MMWR. Presentation slides from the February meeting should be posted on the ACIP website in the next 4–6 weeks.
Aggregate Inventory Training

The Aggregate Inventory Training occurs every Monday from 1p-2p, and the first Friday of every month from 10:30a-11:30a. This call will go over the basics of the On Hand, Reconciliation submission, Vaccine Ordering and Return windows in KSWebIZ for Aggregate Users. Bring questions and examples of issues that your clinic is having with the end of the month reporting.

*Please note: this call is for KSWebIZ Aggregate (HL-7) Users Only!*

Register now for the date that works best for you!
https://attendee.gotowebinar.com/rt/659870511102500354

Direct Entry Inventory Training

The Direct Entry Inventory Training occurs every Tuesday from 1p-2p, and the first Friday of every month from 12p-1p. This call will go over the basics of the On Hand screen, Reconciliation submission, and Vaccine Ordering and Return windows in KSWebIZ. Bring questions and examples of issues that your clinic is having with the end of the month reporting.

*Please note: this call is for KSWebIZ Direct Entry Users Only!*

Register now for the date that works best for you!
https://attendee.gotowebinar.com/rt/4121654947304535298

New User Training

The New User Training occurs every Thursday from 2p-3p, and the second Friday of every month from 12p-1p. This basic training is for new KSWebIZ users, or people who would like a simplified refresher training on how to use KSWebIZ. We will be going over log-in, adding history, administering vaccinations, printing consents and pink cards. If you are a new user, please take the time to sit in on this training!

*Please note: this call is for KSWebIZ Direct Users Only!*

Register now for the date that works best for you!
https://attendee.gotowebinar.com/rt/1572841858584797442

School Module Training

The School Module Training occurs on the third Friday of every month from 9a-10a. This basic training is for new KSWebIZ school module users, or people who would like a simplified refresher training on how to use the KSWebIZ School Module. We will be going over log-in, adding history, education, and printing reports. Please take the time to sit in on this training!

*Please note: this call is for KSWebIZ School Module Users Only!*

Register now for the date that works best for you!
https://attendee.gotowebinar.com/rt/8422671756415350273

Reports Training

The Reports Training occurs the fourth Friday of every month from 12p-1p. This training is for KSWebIZ users who are wanting to learn more about the KSWebIZ Reports module. We will be going over the most often used reporting sections and how to generate reports within these sections. We hope you have time to sit in on this training!

*Please note: this call is for KSWebIZ Direct Users Only!*

Register now for the date that works best for you!
https://attendee.gotowebinar.com/rt/568840407867357186

Pharmacy Training

The Pharmacy Training occurs every Monday from 10a-11a and every Wednesday from 12p-1p. This training is for KSWebIZ pharmacy users that are new or would like a simplified refresher training on how to report immunizations to the state registry in compliance with statute KSA65-1635a. The training will consist of, logging-in, searching a patient, updating patient demographics, and adding immunizations. Please take the time to attend this training!

*Please note: this call is for KSWebIZ Direct Entry Pharmacy Users Only!*

Register now for the date that works best for you!
https://attendee.gotowebinar.com/rt/7882741178298559746
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**Vaccine Redistribution**

Please email any additions or changes to be made on the Vaccine Redistribution lists with subject matter “Redistribution” to kdhe.vaccine@ks.gov or call toll free at 1-877-296-0464. Vaccine Redistribution information and lists.

**REMINDEERS:** Providers may place the excess doses on the KIP Redistribution list if:
1) The vaccine has a minimum of 90 days and a maximum of 365 days before the vaccine's expiration date.
2) The ordering provider is responsible for any doses which expire on the redistribution list that have not been accepted for transfer to another VFC provider.
3) Providers accepting vaccine from the redistribution list are responsible for using the doses once they are transferred. KIP encourages providers to accept only doses they can administer before the expiration date.
4) The transferring and receiving provider will document these doses on their monthly reconciliation reports as transferred vaccines.
5) Once vaccine is transferred please contact KIP to let us know so we can adjust the redistribution list by either deleting the line or by reducing the amount of doses.
6) All vaccines must be in full boxes.
7) The KIP Regional Immunization Consultant who is on call must be contacted prior to transferring vaccine.
8) Providers are responsible for keeping KIP notified if there is a change in amount of doses available for redistribution.
9) When placing an order, you may be contacted if the vaccine you are trying to order is on the redistribution list.
10) Varicella and Proquad will not be posted on the VFC or Private Vaccine Redistribution List. Frozen Varivax vaccines are very intolerant to out of range temperatures. To prevent potential vaccine waste the KIP requests that Varivax containing vaccines not be transferred to other providers.
For questions regarding transporting vaccine call 877-296-0464 to request assistance.