

The BUZZ



Vaccine Preventable Disease—Why We Do What We Do



ON A MISSION—Rodney and Jerri-Lynn are on a mission to save children from whooping cough, which took the life of their four-week-old daughter Haleigh, pictured. The disease is at its highest level since the 1950s.

Rodney Throgmorton loves to share the story of his daughter Haleigh's birth and how he delivered her at home because she arrived too quickly for the family to make it to the nearest hospital, 45 minutes away.

But a few weeks after Haleigh was born in 2003, Rodney came down with what he thought was a cold and cough he caught from his parents. Then Haleigh also began to cough. The doctors tested the family for pertussis—commonly known as whooping cough— but the highly inaccurate test yielded a false negative result.

Soon, Haleigh's coughing episodes became severe. Rodney and his wife Jerri-Lynn remember Haleigh coughing so hard she turned blue. It was so bad that Haleigh was hospitalized and given oxygen. When she didn't improve after 4 days, Haleigh was moved to the ICU and placed on a ventilator. After further testing and a second opinion, doctors concluded that Haleigh did have pertussis, a vaccine-preventable disease.

After Haleigh had been in the ICU for four days and showed no signs of recovery, Rodney asked for permission for the family to visit her and say goodbye. After the visit, Haleigh's condition worsened and, around midnight, she died. A few days after Haleigh's death, Rodney, his mother and his father were also diagnosed with pertussis.

"Haleigh was too young to receive the vaccine," Rodney says, "It would have saved her life."

The pertussis vaccine, given in conjunction with vaccines against diphtheria and tetanus, is known as DTaP. It is recommended by the Centers for Disease Control and Prevention for children 6 weeks and older. Families who want to protect their infants from these diseases should receive Tdap, a booster vaccine for ages 11 to 64 years old that helps maximize immunity against tetanus, diphtheria and pertussis.

Rodney and Jerri-Lynn understand that it is difficult to watch a child receive shots, but they know that the alternative is much worse. They advise all parents to be sure their children are vaccinated, as well as themselves in the case of pertussis.

"It's tough as a parent to see your child in pain because of getting a shot, but it passes," Rodney says. "To see him or her on a respirator, that's really tough. But to have to plan a funeral for your child...that's the worst thing in the world."

Courtesy Texas Children's Hospital Center For Vaccine Awareness & Research

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WELCOME NEW PROVIDERS!

VFC PROVIDERS

E.C. Tyree Medical- Wichita

KSWEBIZ PROVIDERS

Marion CHD-HL7 Interface
Osborne CHD- HL7 Interface
Highland Medical Clinic- Highland
Downtown Clinic- Frankfort

HEP B HOSPITALS

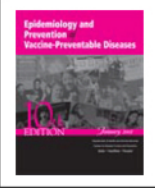
Gove County Medical Center

KSWebIZ coming on in April

E.C. Tyree Medical- Wichita
Pediatric Associates- Topeka
Wesley Pediatrics- Wichita
Pawnee CHD- HL7 Interface
Junction City Youth Clinic- HL7
Reno CHD- HL7 Interface

Schools coming on in April
Emporia & surrounding districts

Order CDC'S PINK BOOK



According to the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention (CDC), more than 20% of children are not fully protected against vaccine-preventable diseases.

The CDC's Pink Book (Epidemiology and Prevention of Vaccine-Preventable Diseases) is an essential resource

for all public health and health care professionals who provide immunizations. The all-new 11th Edition contains information on:

- Principles of Vaccination
- General Recommendations on Immunization
- Immunization Strategies for Healthcare Practices and Providers
- Vaccine Safety
- Vaccine Schedules and Recommendations
- Vaccine Storage and Handling
- Vaccine Administration

For additional information about the Pink Book, or to order online, go to:

http://bookstore.phf.org/product_info.php?products_id=552

Order it by phone at (877) 252-1200 (for U.S. calls) or (301) 645-7773 (for international calls); by fax at (301) 843-0159

University of Florida Provider Survey

Researchers at the University of South Florida, Johns Hopkins University, and the University of Cincinnati received a grant from the National Institutes of Health to study providers' HPV vaccine recommendations. Within the next month, healthcare providers in our state may receive a survey regarding their opinions, experiences, and practices regarding HPV vaccination. Information collected in this survey will be shared with state immunization program managers. If providers have any questions about the study, please contact the study coordinator, Teri Malo. She can be reached by telephone at (813) 745-8705, or by e-mail: Teri.Malo@moffitt.org.



Debbie Baker



Erica Hutton



Shelly Pfeffer

Debbie, Erica and Shelly have over 33.5 years of combined experience with the KIP program, helping to keep the program running from day to day!

WASTED VACCINE RETURN FORMS-

Please remember to send us a copy of this form for ANY wasted (spoiled, expired vaccines) even if it is not required to send that vaccine back to McKesson. We need it for our records. This needs to be sent in as soon as the vaccine is wasted, and also include it on your Monthly Immunization Report. This form can be found on our website-<http://kdheks.gov/immunize/forms.htm>. Please call Erica at 785-296-5592 with any questions.

The ABC's of VFC



http://www.kdheks.gov/immunize/vfc_program.html

VACCINE REDISTRIBUTION: Please email [Mike Parsons](mailto:Mike.Parsons@kdheks.gov) with any vaccines that you wish to add to the [Vaccine Redistribution website](http://www.kdheks.gov/immunize/vfc_program.html). Please include the following information in your email: **Provider Name, VFC PIN number, phone number, email, vaccine type, vaccine manufacturer, number of doses and expiration date.** Mike will update the list and post to our website as well as send out each week in "What's Happening Wednesday!" We will attempt to assist you in relocating vaccines with approaching expiration dates. We cannot guarantee we will be able to find you a location and would appreciate a three month notice. Vaccines that expire within 30 days of contact will not be considered. Please plan ahead!



Reporting of Infectious Disease in Kansas

Kansas Administrative Regulation 28-1-2 designates diseases as infectious or contagious in their nature, and states that cases or suspect cases should be reported to the local health authority or to the Kansas Department of Health and Environment. This regulation is in accordance with Kansas Statute 65-118 and Kansas Statute 65-128 and amendments.

K.A.R. 28-1-2 also indicates that certain vaccine-preventable diseases should be reported by telephone to KDHE within 4 hours: measles (rubeola), mumps, pertussis (whooping cough) poliomyelitis and rubella.

The list of these diseases, along with the reporting form may be found at the following website:

http://www.kdheks.gov/epi/download/KANSAS_NOTIFIABLE_DISEASE_FORM.pdf

Suspect cases and patients whose laboratory results are pending should be reported immediately to the local health department or to the Kansas Epidemiology Hotline at 1-877-427-7317 (available 24 hours-a-day, seven days a week). Do not wait to report until test results are available.

Do the same precautions that apply to DTaP also apply to Tdap?

No, 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 the Tdap ACIP recommendations, available at www.cdc.gov/vaccines/pubs/acip-list.htm



National Infant Immunization Week
Love them. Protect them. Immunize them.
April 25-May 2, 2009



NATIONAL INFANT IMMUNIZATION WEEK COMING SOON- *National Immunization Week* (NIIW) will be celebrated April 25-May 2, 2009 in conjunction with *Vaccination Week in the Americas* (VWA). The theme for NIIW is "Love them. Protect them. Immunize Them." Visit [the NIIW Events Webpage](http://www.kdheks.gov/immunize/niiw) for planning and evaluation resources, public relations materials, and communication campaign materials. Add your local activity to the [National Calendar of NIIW Events](http://www.kdheks.gov/immunize/niiw).



NIIW STORIES WANTED- Please remember to document and take photos of any NIIW events held in your area and submit to Mike Parsons for the May Edition of the BUZZ Newsletter, thanks! We want to hear from you!



Too many Vaccines? What you should Know!

Today, young children receive vaccines to protect them against 14 different diseases. Because some vaccines require more than one dose, children can receive as many as 26 inoculations by 2 years of age and up to five shots at one time. For this reason, some parents now ask their doctors to space out, separate or withhold vaccines. The concern that too many vaccines might overwhelm a baby's immune system is understandable, but the evidence that they don't is reassuring.

Q. What are the active components in vaccines? A. Vaccines contain parts of viruses or bacteria that induce protective immune responses. These active ingredients are called immunological components. Vaccines that protect against bacterial diseases are made from either inactivated bacterial proteins (e.g., diphtheria, tetanus and whooping cough [pertussis]) or bacterial sugars called polysaccharides (e.g., *Haemophilus influenzae* type b [Hib] and pneumococcus). Each of these bacterial proteins or polysaccharides is considered an immunological component, meaning that each evokes a distinct immune response. Vaccines that protect against viral diseases (e.g., measles, mumps, rubella, polio, rotavirus, hepatitis A, hepatitis B, chickenpox and influenza) are made of viral proteins. Just like bacterial proteins, viral proteins induce an immune response.

Q. Do children encounter more immunological components from vaccines today than they did 30 years ago? A. No. Although children receive more vaccines now than ever before, most people would probably be surprised to learn that the number of immunological components in vaccines has dramatically decreased. Thirty years ago, children received seven vaccines, which protected against measles, mumps, rubella, diphtheria, tetanus, pertussis and polio. The total number of bacterial and viral proteins contained in these seven vaccines was a little more than 3,000. Today, children receive 14 different vaccines, but the total number of immunological components in these vaccines is only about 150. This dramatic reduction is the result of scientific advances that have allowed for purer, safer vaccines.

Q. Can too many vaccines overwhelm an infant's immune system? A. No. Compared to the immunological challenges that infants handle every day, the challenge from the immunological components in vaccines is minuscule. Babies begin dealing with immunological challenges at birth. The mother's womb is a sterile environment, free from viruses, bacteria, parasites and fungi. But after babies pass through the birth canal and enter the world, they are immediately colonized with trillions of bacteria, which means that they carry the bacteria on their bodies but aren't infected by them. These bacteria live on the skin, nose, throat and intestines. To make sure that colonizing bacteria don't invade the bloodstream and cause harm, babies constantly make antibodies against them. Colonizing bacteria aren't the only issue. Because the food that we eat and the dust that we breathe contain bacteria, immunological challenges from the environment are unending. Viruses are also a problem. Children in the first few years of life are constantly exposed to a variety of different viruses that cause runny noses, cough, congestion, fever, or diarrhea. Given that infants are colonized with trillions of bacteria, that each bacterium contains between 2,000 and 6,000 immunological components and that infants are infected with numerous viruses, the challenge from the 150 immunological components in vaccines is minuscule compared to what infants manage every day.

Q. How many vaccines can children effectively handle at one time? A. A lot more than they're getting now. The purpose of vaccines is to prompt a child's body to make antibodies, which work by preventing bacteria and viruses from reproducing themselves and causing disease. So, how many different antibodies can babies make? The best answer to this question came from a Nobel Prize-winning immunologist at the Massachusetts Institute of Technology named Susumu Tonegawa, who first figured out how people make antibodies. Tonegawa discovered that antibodies are made by rearranging and recombining many different genes, and found that people can make about 10 billion different antibodies. Given the number of antibody-producing cells in a child's bloodstream, and the number of immunological components contained in vaccines, it is reasonable to conclude that babies could effectively make antibodies to about 100,000 vaccines at one time. Although this number sounds overwhelming, remember that every day children are defending themselves against a far greater number of immunological challenges in their environment.

Q. How do we know that multiple vaccines can be given safely? A. The FDA requires extensive safety testing before vaccines are licensed. Before a new vaccine can be licensed by the Food and Drug Administration (FDA), it must first be tested by something called 'concomitant use studies.' Concomitant use studies require new vaccines to be tested with existing vaccines. These studies are performed to make sure the new vaccine doesn't affect the safety or effectiveness of existing vaccines given at the same time, and vice versa. Because concomitant use studies have been required for decades, many studies have been performed showing that children can be inoculated with multiple vaccines safely.

Q. What is the harm of separating, spacing out or withholding vaccines? A. Delaying vaccines can be risky. The desire by some parents to separate, space out or withhold vaccines is understandable. This choice, however, is not necessarily without consequence. First, delaying vaccines only increases the time during which children are susceptible to certain diseases, some of which are still fairly common. Chickenpox, whooping cough (pertussis), influenza and pneumococcus still cause hospitalizations and deaths in previously healthy children every year. And before the chickenpox vaccine, every year about 70 children died from the disease. Second, spacing out or separating vaccines will require children to visit the doctor more often for shots. Researchers have found that children experience similar amounts of stress, as measured by secretion of a hormone called cortisol, whether they are getting one or two shots at the same visit. This study suggests that although children are clearly stressed by receiving a shot, two shots aren't more stressful than one. For this reason, more visits to the doctor created by separating or spacing out vaccines will actually increase the trauma of getting shots.



Just Lookin' Around!



Community Health Ctr of SEK – Pittsburg (6323)- are now using KSWebIZ on the road! Nancy Evans coordinates with the school nurses throughout the SEK area and sets up outreach clinics in order to find those children who may not regularly go in to get their immunizations. She has set up clinics in Galena, Uniontown, and Riverton, to name a few. In this process, Nancy coordinates with the school nurses, gets the information about the students, captures VFC eligibility and then goes out to conduct the clinic; the clinics include quite a few kindergarten round ups. They have recently started taking KSWebIZ on the road with them to ensure correct information (lot number, site, etc) is captured for each patient at the time the vaccines are administered. Summer Blackard has been traveling with Nancy and has been instrumental in ensuring that accurate data is input into KSWebIZ. This process has shown reduced error rates between the outreach clinics and when the information is input into KSWebIZ. A large clinic is scheduled for May 13, where a team of six which includes two doctors will be traveling to Uniontown to do physicals as well as vaccinations for the new recommendations. This outreach clinic is proving to be a successful collaboration between clinics, school nurses and KSWebIZ.



Stats as of March 31, 2009
 Number of Providers Live = 211
 Private = 128
 Public = 83 (52 direct entry, 31 interface)
 Number of Patients = 1,411,883
Number of Vaccinations = 10,049,056



KSWebIZ Project Manager, Nichole Lambrecht, receives the Center of Excellence Honorable Mention Award on behalf of the Kansas Immunization Registry (KSWebIZ) from the American Immunization Registry Association (AIRA) at the 2009 National Immunization Conference. KDHE conducted a data quality self-assessment for KSWebIZ and presented several results and new reports that were developed to monitor and improve data quality. This process serves as a model for Immunization Information Systems (IIS) across the country. Congratulations also goes out to the KSWebIZ Team for reaching over 10 million vaccinations recorded in KSWebIZ this past month, a huge accomplishment since the launch of KSWebIZ just 3.75 years ago! The team consists of Nichole Lambrecht, Michael McPherson, Susan Dickman, Timothy Budge, Kristin Shore and Linda Wright.

Kansas Immunization Program Staff

<u>Sue Bowden</u>	<u>Title</u>
<u>Martha Froetschner</u>	Director
<u>Debbie Baker</u>	VFC Manager
<u>Patti Kracht</u>	Vaccine & Fiscal Manager
<u>Mike Parsons</u>	Education/AFIX Manager
<u>Shelly Pfeffer</u>	Outreach Coordinator
<u>Erica Hutton</u>	Administrative Assistant
<u>Lynn Anderson</u>	Administrative Specialist
<u>Betty Grindol</u>	Nurse Consultant
<u>Nichole Lambrecht</u>	Nurse Consultant
<u>Mike McPherson</u>	Registry Project Manager
<u>Susan Dickman</u>	Registry Interface Consultant
<u>Tim Budge</u>	Registry Trainer
<u>Kristin Shore</u>	Registry Trainer
	Registry Support Coordinator

Kansas Immunization Program

1000 SW Jackson, Suite 210
 Topeka, Kansas 66612-1274
 (785) 296-5591, FAX (785) 296-6510
 To report Vaccine Preventable Diseases, call toll free
 1-877-427-7317 or Fax 1-877-427-7318



KSWebIZ Helpdesk

T: 877-296-0464
 F: 785-291-3142
immregistry@kdheks.gov

