



The Buzz



KDHE Immunization Program Monthly Newsletter

VOLUME 1, ISSUE 2

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Visit us on the Web:

www.kdheks.gov/immunize

If you have vaccine you would like to transfer, please send the information to:

jbuffington@kdhe.state.ks.us

Kansas 2008 Immunization Conference

Sept. 3-4, 2008

Hyatt Regency Wichita

Pre-conference courses
Sept. 2

Registration-
coming soon!

Upcoming Events

If you would like to have your event listed, please contact [Joshua Buffington](mailto:Joshua.Buffington@kdheks.gov) with the details of your event.

Kansas Reaches 1 Million Patients in Immunization Registry

By Joe Blubaugh, Communications Director, KDHE Office of Communications

The Kansas Department of Health and Environment (KDHE) announced at a news conference Jan. 16 that the Kansas Immunization Registry Project, known as KWebIZ, recently enrolled its one-millionth patient since its inception in August 2005.

"We are celebrating a remarkable accomplishment," stated Roderick L. Bremby, Secretary of KDHE. "Immunization registries have proven value in preventing disease and saving time for healthcare providers and patients who need immunizations."

Bremby said that the one-millionth patient is a newborn baby girl in western Kansas who recently received her hepatitis B vaccination.

Mothers of babies born in Kansas can have a portion of their child's birth certificate entered into KWebIZ, including documentation of the birth dose of hepatitis B vaccine. More than 97 percent of all Kansas newborns now

have an immunization registry record created through this method.

KWebIZ reached one million patients in just over two years. The registry went online in August 2005 and has 148 immunization providers in the state using the system.

All immunizations for Medicaid clients are also included in the registry, "helping to assure that records are not lost, children are not vaccinated unnecessarily and funds for immunization services are maximized," said Bremby.

In addition, Bremby stated that KWebIZ will allow the state to better assess immunization coverage, target resources to areas most in need and improve management of disease outbreaks. KDHE is also developing systems to access immunization data directly through schools and WIC clinics to further ensure good immunization coverage, according to Bremby.

Dealing with Expiring Vaccine

By Joshua Buffington, Assistant Director, KIP

The Kansas Immunization Program would like to offer up a solution to those of you that may have short-dated vaccine that you would like to redistribute.

With "E-points" we were able to keep you updated on a weekly basis on who had short-dated vaccine. Since we are now using a monthly publication, as our communication tool, it would not be an effective tool for this type

of communication.

However you can still get the notice out to all of your fellow VFC providers. We will begin accepting notices of short dated vaccine via [e-mail](mailto:KIP@kdheks.gov) or phone on Feb. 1.

We will post all short dated vaccine and the contact information to our Web page. The KIP will then put out a statewide e-mail when there are updates to the list.

The Buzz-Interactive

One thing you may notice as you scroll through this issue of "The Buzz" is highlighted areas that you can click which take you to a Web site. If your computer is accessing the internet, it will take you to an associated page, article or even send an e-mail. So enjoy the new *Interactive-Buzz*.

Please Welcome

I wanted to take this opportunity to welcome new staff to the Kansas Immunization Program family.

As of Jan. 28, we welcomed Martha Froetscher, Paula Roberts, and Karma Reedy to the program.

Martha will serve as our north central Immunization Nurse Consultant and will be based out of Topeka. Paula will serve as our southeast INC and will be based out of Chanute.

Karma will serve on the Immunization Registry team to assist with training to providers throughout the state. Karma will be based out of Topeka.

This does not eliminate the need to monitor your ordering and usage.

If you have questions, feel free to contact us at (785) 296-5591 or [e-mail us](mailto:KIP@kdheks.gov). Visit us at: kdheks.gov/immunize.

*If you are unable to use the doses you received through redistribution, you will not be charged for the waste.

VFC Corner



"We would like to wish you a great 2008 and we look forward to working with you."

The Kansas INCs

For more information contact us at (785) 296-5591 or click on:



By Patti Kracht, Immunization Nurse Consultant, NE Region, KIP

Living in Kansas can be a challenge. We all know that Kansas severe weather is not isolated to winter. The other seasons bring their own challenges as well. From ice storms and flooding to tornados, Kansans live and work through it all.

During the last year, the Kansas Immunization Program received many calls concerning outages and vaccine wastage. This included times when providers were unable to get to the office to move their supply, according to their written plans, due to closed or flooded roads or even ice and downed trees. Others were more successful and able to move the supply as needed. But you must remember to consider your safety when trying to drive and transport vaccine in adverse conditions.

All of this comes down to having a written plan in place for these events. The Kansas Immunization Program has a [sample plan](#) that may be utilized for this purpose to help you develop your own. Betty Grindol from SC Kansas suggests putting your plan in a plastic sleeve and posting it on your vaccine storage unit so that it is easily found in a crisis and not tucked away in a folder. As we come to your clinic in 2008, we will be asking to see a written copy of the storage and handling policies developed for your clinic.

Another lesson to be learned from last year's weather events is the importance of insurance coverage for the contents of the vaccine storage units. It is easy to build up a large amount of vaccine in your storage unit and then forget what it is really worth. I challenge you to put a dollar figure to your number of doses during your next inventory count and then ask yourself, is it worth the waste? How many children could have had a dose of that vaccine if it were wasted? It all adds up.

KSWebIZ

"The Kansas Immunization Registry, referred to as KSWebIZ, is a no-cost, web-based birth to death database that maintains state-wide immunization records. Providers either enter into the system directly, or they exchange via HL7 batch updates or two-way exchange."

KSWebIZ Enhanced Technical Assistance Project

By Kristin Shore, User Support Coordinator, KIP

During the fall, the Kansas Immunization Registry, (KSWebIZ) became the 7th state to pilot a technical assistance project funded thru CDC in collaboration with the Public Health Informatics Institute (PHII). The purpose of this project is to provide additional planning and support for states with larger populations that are below the national average for children enrolled in a state registry. The National Objective of 2010 is for state registries to reach the goal of having at least 95% of children with the age 0-6 in an Immunization Registry.

The project participants include the KDHE Immunization Registry Staff along with CDC/NCIRD and PHII staff. These members include Dr. Alan Hinman, Senior Public Health Scientist; Bill Brand, Senior Public Health Advisor; Gary Urquhart, Acting Chief, IISSB; Carl Phillips, Public Health Analyst, Immunization Information Systems Support Branch; and Jack Nemecek, Project Officer (CDC), Program Operations Branch.

Since the project convened in November, KDHE staff has already gained valuable knowledge from two on-site visits. Due this year is the update of the Kansas Immunization Registry's marketing and business plans. The members of this team will be collaboratively working to assist with this process.

In addition, the KDHE Immunization Program looks forward to publishing statistics on the number of children in KSWebIZ this March, which will be included in the Annual Immunization Report due to CDC. A large increase in the percentage of children in the registry under the age of 6 with 2 or more immunizations has already been projected. This is in large part due to the import of Medicaid data. Project participants are very happy with the progress that has been made to date and enthusiastic about the direction that KDHE is moving.

Want to learn more about the Kansas Immunization Registry? Log on to <http://www.kdheks.gov/immunize/webiz.html>



Updated Immunization Schedules

From the Center for Disease Control's monthly immunization update

[The Recommended Immunization Schedules for Persons 0-18](#) and the catch-up immunization schedule for 2008 have just been approved by the [Advisory Committee on Immunization Practices](#), [American Academy of Family Physicians](#), and [American Academy of Pediatrics](#).

The childhood schedule expands the recommendation for the nasal spray influenza vaccine, FluMist, to include healthy children from 2 to 5 years of age who are healthy and don't have a history of asthma or wheezing. The vaccine, which contains a weakened form of the live virus and is sprayed in the nose, had previously been limited to healthy children 5 years of age and older and healthy adults up to age 50.

Meningococcal Conjugate Vaccine (MCV4) is now recommended for routine vaccination for children 11 – 12 years of age and of adolescents 13-18 years of age who have not been previously vaccinated and other people at increased risk of meningococcal disease, including college freshmen living in dorms and military recruits.

This recommendation modifies and simplifies the previous recommendation for routine vaccination with MCV4 of children at 11-12 years of age, adolescents before high school entry (approximately 15 years of age), and other people at increased risk.

The new schedule also updates recommendations for use of pneumococcal vaccine. Healthy children 24 through 59 months of age who are incompletely vaccinated should receive one dose of PCV4. More information about the schedule can be found in the [full article](#) in CDC's Morbidity and Mortality Weekly Report (MMWR).

Helpful hints from Debbie, Judy and Shelly

EXPIRED/WASTED VACCINE-It has been recently brought to our attention that Varicella vaccine is shipped directly from Merck, providers should not be returning expired/wasted Varicella vaccine to McKesson. In the future, return your expired/wasted Varicella vaccine *only* to the Kansas Immunization Program. Make sure to include the [Wasted Vaccine Return](#) Form in the box. For all other expired/wasted vaccines, please continue to return to McKesson in their shipping containers with postage-paid label. If you do not have a postage paid label, contact [Debbie Baker](#). The Kansas Immunization Program will continue to allow \$500 vaccine wastage for VFC providers in 2008.

VACCINE AVAILABILITY-Currently, DTaP-Hib (TriHibit) and Hep B-Hib (Comvax) are not a choice in the VACMAN system. If ordered, substitution will be made with same brand DTaP, Hib (ActHib), Hep B individually. Hib (Pedvax) is not available. According to our Merck representative, Hep A (Vaqta) and Hib (Pedvax) may not be available until last quarter of 2008 (Oct-Dec). If ordered, substitution will be made with Hep A (Havrix) and Hib (ActHib).

GUIDANCE FOR MENACTRA VACCINE-We have received a response from CDC regarding the use of Menactra vaccine for high risk children aged 2-10. At this point, even though ACIP recommendations have changed, the funding is not available from CDC to support the expanded use of VFC vaccine for this population. As soon as that changes, we will communicate that information to all VFC providers.

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“Debbie, Judy and Shelly have more than 48 years of combined Kansas Immunization Program experience”

Interim Recommendations for Hib Vaccine


Immunization Update

January 2008

immunization works!



From the Center for Disease Control's monthly immunization update

In December, Merck & Co., Inc. announced a voluntary recall of certain lots of two *Haemophilus influenzae* type b (Hib) conjugate vaccines, PedvaxHIB® (monovalent Hib vaccine) and Comvax® (Hib/hepatitis B vaccine). Providers should return unused vaccine from these recalled lots using [procedures outlined on the Merck website](#). Consult the [CDC FAQs about Hib Recall](#) for additional information about the affected lots. Merck has suspended production of its Hib conjugate vaccines and does not expect to resume distribution of these vaccines until the fourth quarter of 2008. The recall of PedvaxHIB and Comvax and suspension of production are expected to result in short-term disruption to the Hib vaccine supply in the United States. As a result, CDC, in consultation with the [Advisory Committee on Immunization Practices](#), [American Academy of Family Physicians](#), and [American Academy of Pediatrics](#), has issued the following recommendations:

- Defer administering the routine Hib vaccine booster administered at age 12-15 months except for specified high-risk groups.
- Certain children at increased risk for Hib disease, including children with asplenia, sickle cell disease, human immunodeficiency virus infection, and certain other immunodeficiency syndromes, and malignant neoplasms should continue to receive the full routinely recommended schedule including the 12-15 month booster dose.
- American Indian/Alaska Native (AI/AN) children should also continue to receive the full routinely recommended schedule including the 12-15 month booster dose. Providers who currently use PRP-OMP-containing Hib vaccines (PedvaxHib and Comvax) to serve predominantly AI/AN children in AI/AN communities should continue to use only PRP-OMP-containing Hib vaccines. Providers should register and track children for whom the booster dose is deferred to facilitate recalling them for vaccination when supply improves.

More information can be found in the [full article](#) in CDC's Morbidity and Mortality Weekly report. Providers are also encouraged to share a new fact sheet, [Q&As for Parents about the Recall of Hib Vaccine](#), with parents who have questions about the recall.



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