## VFC Customer Satisfaction Surveys

We received more than 550 responses to our Vaccines for Children (VFC) Customer Satisfaction Survey mailing and are in the process of analyzing the results. Thank you to all who responded. Your feedback will enable us to evaluate and improve the VFC program in Ohio. A summary of the results will be mailed to all VFC providers.

## Fall and Winter Vaccine Shipping

Flu season has become predictably unpredictable. The Ohio Department of Health Immunization Program began the first shipment of influenza vaccine on Oct. 23 and the final shipment on Nov. 13. The large quantity of special shipments for influenza vaccine could result in delayed shipments for routine vaccine orders. Holidays may also contribute to further delays. Please plan ahead when placing vaccine orders during influenza season, as shipping times may extend beyond our normal shipping timeline of 7-10 days. The Immunization Warehouse may be contacted with questions regarding vaccine orders and shipping at (614) 752-1352.

## Happy Trails

The Ohio Department of Health Immunization Program thanks Tony Payton and Jon Sommer for their many decades of dedication to public health. Tony Payton served in the ODH Immunization Program for more than 30 years, most recently as the Immunization Program manager. Jon Sommer served as an ODH immunization consultant in northeast Ohio for 34 years. We wish Tony and Jon both happy and healthy retirements.

## Ask the Expert — Questions & Answers

**Q** Medicaid eligibles with private insurance: Are they VFC eligible?

**A** All children enrolled in Ohio Medicaid plans (e.g., Medicaid managed care plans, Medicaid fee for service plans) are eligible to receive Vaccines for Children (VFC) vaccine. This is true even of children who have private insurance, for whom Medicaid is the secondary payer. Medicaid providers can handle this situation in one of two ways:

For a Medicaid-eligible child whose private insurance covers immunizations, vaccine from private stock may be used and the cost for vaccine and administration would be billed to the private insurance company. If the insurance company denies payment, substitute VFC vaccine (through recording on the VFC accountability sheet) and bill the administration fee to the child's Medicaid plan.

**OR**

A Medicaid-eligible child may receive VFC vaccine and the administration fee would be billed to the private insurance company. If the insurance company denies payment of the administration fee, bill the administration fee to the child's Medicaid plan.

Although choosing either of these options is permissible, the Ohio Department of Health Immunization Program recommends you choose one of these options and establish a consistent policy for your office. This will help to ensure that erroneous billing for vaccine received free through VFC does not occur. Please contact your immunization consultant with questions at (614) 466-4643 or (800) 282-0546.



Ohio Department of Health
VFC Vaccines for Children
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# Immunization Update

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If you would like to suggest future topics or articles please contact the ImmuneNews Editor at (614) 466-4643.

In 2006, Vaccines for Children (VFC) providers witnessed many changes in the recommended childhood and adolescent immunization schedule as well as vaccines available through the VFC program. The following is a brief overview of the latest changes in vaccine scheduling and how these vaccines may benefit children across the State of Ohio.

### Rotavirus:

In 2006, the U.S. Food and Drug Administration (FDA) licensed RotaTeq® for the vaccination of infants against rotavirus. The Advisory Committee on Immunization Practices (ACIP) recommends routine vaccination of U.S. infants with three doses of rotavirus vaccine administered orally at ages 2, 4 and 6 months. The first dose should be administered between ages 6 – 12 weeks. Subsequent doses of vaccine should be administered at 4 – 10 week intervals and all three doses of vaccine must be administered by age 32 weeks. Vaccination should not be initiated for infants older than 12 weeks or completed for an infant after age 32 weeks. For infants in whom the first dose of rotavirus is inadvertently administered off label at age 13 weeks or older, the remainder of the rotavirus vaccination series should be completed per the schedule. Infants who have had rotavirus gastroenteritis before receiving the full course of rotavirus vaccinations should still initiate or complete the three-dose schedule, within the timeline, because the initial infection frequently provides only partial immunity. RotaTeq® can now be ordered from the Ohio Department of Health (ODH). For more information on rotavirus and the new vaccine, see the article on page 2.

### Varicella

The ACIP has recommended a second dose of varicella (chickenpox) vaccine for children aged 4 – 6 years to further improve protection against the disease. The first dose of varicella vaccine is recommended at age 12 to 15 months. Any child or adolescent who previously received one dose of varicella vaccine, either through the vaccine Varivax® or ProQuad®, should receive a second dose. If the first dose is administered to a child less than 13 years of age, there should be three months between the first and second dose. However, if the second dose was administered at least 28 days following the first dose, it does not need to be repeated.

Storage of varicella vaccine is crucial to its ability to fully immunize. Varicella vaccine must be frozen at a temperature of 5 degrees Fahrenheit (-15 degrees Celsius) or colder.

Beginning with the start of the 2006 – 2007 school year, all children entering kindergarten are required to provide evidence of having been immunized against varicella disease with at least one dose of vaccine or through history of disease. Children in first grade or above are not required to have immunity to varicella for the 2006 – 2007 school year; however, it is recommended that all children be vaccinated against varicella disease. Varivax® and ProQuad® (MMR + Varicella) can now be ordered from ODH.

*Reminder:* Varicella is a Class A(3) disease of significant public health concern. All cases of varicella disease should be reported to a local health department by the end of the work week.

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# Rotavirus

Rotavirus is the most common cause of severe gastroenteritis in infants and young children in the United States. Rotavirus gastroenteritis is characterized by fever and vomiting, followed by diarrhea. The watery diarrhea can be mild to severe and generally lasts three to seven days. Severe diarrhea can lead to dehydration, electrolyte abnormalities and even death. Virtually all children become infected with rotavirus in the first three years of life, but peak incidence occurs in children 6 to 24 months of age.

Rotavirus is easily transmissible person to person, primarily by the fecal-oral route, because large amounts of rotavirus are shed in the stool of infected persons. Children can spread rotavirus both before and after they become sick with diarrhea.

Four out of five children under the age of 5 will develop rotavirus diarrhea. Each year in the United States, there are approximately 410,000 physician visits; 55,000 – 70,000 hospitalizations; and it is estimated that 20-60 children die from rotavirus infection. There are several different strains of rotavirus than cause gastroenteritis in the United States. Children can be infected with rotavirus more than once, but usually the first infection is the most severe and each subsequent infection causes less severe disease.

Public health supports the vaccination of infants in the United States against rotavirus for several reasons. First, high levels of rotavirus morbidity continue despite available medical treatments. Hospitalization rates decreased only 16 percent from 1979-1995 despite widespread availability of oral rehydration solutions. Second, rates of rotavirus infection among children in both developed and less-developed nations are similar, suggesting improvements in hygiene are not likely to impact rotavirus transmission. And, lastly, studies of rotavirus infection show that initial infection protects against subsequent severe gastroenteritis. Thus, a vaccination early in life could mimic infection and prevent most cases of severe rotavirus infection.

In 1998, a rhesus-based tetravalent rotavirus vaccine (Rotashield®) was recommended for routine vaccination

of United States infants. However, Rotashield® was withdrawn from the U.S. market within one year of its introduction because of its association with intussusception, a type of bowel obstruction where one portion of the bowel slides into the next. In 2006, the United States licensed RotaTeq®, a live, oral vaccine that contains five reassortant rotaviruses developed from human and bovine rotavirus strains. In the vaccine trials, the efficacy of RotaTeq® after completion of a three-dose regimen was 74 percent against rotavirus gastroenteritis of any severity and 98 percent against severe rotavirus gastroenteritis. No clustering of intussusception cases was observed during RotaTeq's vaccine trials. For more information about RotaTeq® vaccine recommendations and ordering, see article on page 1.



# HPV

Human papillomaviruses (HPV) are a group of more than 100 viruses. Some of these viruses cause papillomas, or warts, and other types are associated with certain cancers. For example, HPVs are now recognized as the major cause of cervical cancer. In the United States, there are approximately 9,710 new cases of cervical cancer and 3,700 deaths each year.

Of the more than 100 types of HPV, more than 30 types can be spread through sexual contact. HPV is the most common sexually transmitted infection in the United States. At least 50 percent of sexually active people will get HPV at some time in their lives. Every year in the United States, about 6.2 million people get HPV. HPV is most common in young women and men who are in their late teens and early 20s.

Approximately 10 of the 30 identified genital HPV types ("high-risk" types of HPV) can lead to the development of cervical cancer. Most HPV infections occur without symptoms, so most people who have a genital HPV infection do not know they are infected. Thus, most women are diagnosed with HPV on the basis of abnormal Pap tests. About 90 percent of women will clear cervical HPV infection on their own, but some will developed a persistent infection. Cervical cancer can develop in some of these women who have a persistent HPV cervical infection.

In June 2006, the U.S. Food and Drug Administration announced the approval of GARDASIL®, the first vaccine developed to prevent cervical cancer, precancerous genital lesions and genital warts due to HPV types 6, 11, 16 and 18. HPV types 16 and 18 cause approximately 70 percent of cervical cancers and HPV types 6 and 11 cause approximately 90 percent of genital warts. Another HPV vaccine (being developed by GlaxoSmithKline) is in the final stages of clinical testing, but it is not yet licensed.

It is important that girls/women receive the HPV vaccine before they become sexually active, because the vaccine is most effective in those who get vaccinated before they are exposed to HPV. While the vaccine does not treat existing HPV infections or their complications, girls/women who are sexually active may still benefit from receipt of the vaccine. The vaccine may provide them with protection against HPV virus types that they have not been exposed to. It is unknown how long a person will have immunity after vaccination or whether future booster doses will be indicated. Studies done so far indicate protection lasts at least five years.

A girl/woman who receives HPV vaccination will still need regular physician visits for cervical cancer screening. This is because the vaccine does not provide protection against all types of HPV that cause cervical cancer, some women may have been infected with HPV prior to receiving vaccination and some women may be incompletely vaccinated. For more information about GARDASIL® vaccine recommendations and ordering, see article on page 4.

## Immunization Congratulations!

The 2005 National Immunization Survey rates for children 19 – 35 months were released in September. The survey evaluated children who have completed four DTaPs, three hepatitis B shots, one measles, mumps and rubella (MMR) shot, three Haemophilus influenza type b shots, three polio vaccinations; as well as one varicella vaccination, and three doses of pneumococcal vaccine (PCV). Ohio's rates increased in every category.

- Ohio's rate for the 4:3:1:3:3 series for 19-35 months is 84.1 percent (up 4.6 percent from 2004) – National 80.8 percent. This is Ohio's highest rate ever for this series.
- Ohio's rate for the 4:3:1:3:3:1 series for 19-35 months is 77.7 percent (up 7.1 percent from 2004) – National 76.1 percent.
- Ohio's rate for one dose of varicella is 86.3 percent (up 2.1 percent from 2004) – National 87.9 percent.
- Ohio's rate for three doses of PCV is 81.0 percent (up 11.8 percent from 2004) – National 82.8 percent.

The 2005 survey was based on children born between February 2002 and July 2004.

**Protect our tax dollars. Report suspected cases of VFC fraud to the ODH VFC Coordinator at (800) 282-0546.**

# Immunization Update Continued...

## HPV

In June, the FDA licensed a vaccine against human papilloma virus (HPV) for use in females 9 to 26 years of age. GARDASIL® is considered highly effective in preventing infections that are the cause of most cervical

cancers. The ACIP recommends GARDASIL® be routinely given to girls at the age of 11 – 12 years in a three-dose series. The ACIP also supports vaccination of girls as young as 9 and females ages 13 to 26 who have not previously been vaccinated. HPV vaccine is now currently available from ODH, effective Jan. 1, 2007, for VFC eligible children, and providers may begin ordering HPV vaccine for VFC-eligible children now. For more information on HPV, please see the article on page 5.

## Hepatitis A

In 2006, hepatitis A vaccine was recommended for all children at 1 year of age. Hepatitis A vaccine is a two-dose series that should be administered at least six months apart. Hepatitis A is caused by the hepatitis A virus, acquired by the fecal-oral route through person-to-person contact or by ingesting contaminated food or water. Hepatitis A can spread quickly among children and can be contagious two weeks before onset of illness. Hepatitis A vaccine can now be ordered from ODH.

## Meningococcal

Vaccine manufacturer sanofi pastuer reports that limitations in meningococcal vaccine (MCV4) supply have been resolved. The Centers for Disease Control and Prevention (CDC) recommends resuming routine vaccination for all recommended groups according to ACIP recommendations, including children aged 11–12 years and, if not previously vaccinated with MCV4, of adolescents at high-school entry (at approximately age 15 years), of college freshmen living in dormitories and of other persons at increased risk for meningococcal disease. Where possible, providers who deferred vaccination of children aged 11–12 years should recall those patients for vaccination.

***Local health departments should refer to recent ODH memos that indicate the vaccines available only to VFC-eligible children.*

## School entry requirements 2006 – 2007

Pupils enrolled in kindergarten through grade 12 are required to have written proof on file at their public or nonpublic school that they have been immunized against:

- Diphtheria (4 – 5 doses)
- Tetanus (4 – 5 doses)
- Pertussis (4 – 5 doses)
- Poliomyelitis (3 – 4 doses)
- Measles (2 doses)
- Mumps (2 doses)
- Rubella (2 doses)
- Hepatitis B (3 – 4 doses)
- Varicella (1 dose: kindergarten only)

For additional dosing and vaccine information please contact the ODH at (800) 282-0546.



# Assessment, Feedback, Incentives and Exchange (AFIX) Awards

On Oct. 5, 2006, the Ohio Department of Health (ODH), Immunization Program hosted the first AFIX Awards and Exchange conference. Dr. J. Nick Baird, director, ODH and Carolyn Parry, MPH, Centers for Disease Control and Prevention (CDC) public health advisor, AFIX coordinator, presented AFIX awards to private and public practices recognizing outstanding performance in attaining high immunization rates and/or improving immunization rates. Immunization rates were based on the four DTaP, three polio, one MMR, three HIB and three hepatitis B (4:3:1:3:3) series. The awards were presented for 2005 rates.

Dr. Melinda Wharton, MD, MPH, deputy director, National Center for Immunization and Respiratory Diseases (NCIRD), CDC, gave the keynote address titled *Childhood Vaccination: Opportunities and Challenges.* During the exchange portion of the conference, attendees heard from three private practices and three local health districts about ways they have improved and/or sustain high immunization rates. Attendees heard from Barbara Smurda, RN, BSN, Cincinnati City Health Department, Cincinnati; Christy Vickers, MS, RN, CPNP, Coshocton County Health Department, Coshocton; Frances Meeks, RN, Hancock County Health Department, Findlay; Stephanie Coffey, MSW, Hopple Street Neighborhood Health Center, Cincinnati; Ryan Vogelgesang, MD, Preferred Pediatrics, Inc., Parma; and Mark Wilson, MD, Sniffles and Smiles Pediatrics, St. Clairsville. For the final portion of the conference, attendees broke into two groups, rural and urban, for a smaller discussion of best practices, where attendees shared information about their successes as well as asked questions of other practices and clinics.

The AFIX Project for Ohio is a continuous quality-improvement program for practices to determine and improve the immunization rates of their 2-year-olds. AFIX is a free service provided by the ODH Immunization Program and participating local health districts. For more information or to request an AFIX visit, contact the ODH Immunization Program at (614) 466-4643/(800) 282-0546 or contact your local health district.

Congratulations to all the award winners.

AFIX 90 percent Club Award

This is awarded to those practices who achieve 90 percent or higher immunization rates by 24 months of age.

Chesterland Pediatrics, Willoughby
Cincinnati City Health Department, Cincinnati
Euclid Pediatrics, Inc., Mentor
Judy Romano, MD, Martins Ferry
Leroy Eberly, MD, Boardman
Louis Brine, MD, Boardman
Madison County – London City Health District, London
Mid-City Pediatrics, Inc., Cincinnati
Ohio Pediatrics, Inc. – North, Huber Heights
Oxford Pediatrics and Adolescents, Oxford
Parma Pediatrics, Inc., Parma
Pediatric Associates of Dayton – Englewood, Englewood
Preferred Pediatrics, Inc., Parma
Queen City Physicians, Cincinnati
Sniffles and Smiles Pediatrics, St. Clairsville
University Suburban Pediatrics, South Euclid

AFIX Improvement Award

This is awarded for outstanding improvement in immunization rates to five practices in the state with the largest increase in rates between 2003 and 2005.

Forest Park Health Center, Forest Park
Hamilton County General Health District, Cincinnati
Mid-City Pediatrics, Inc., Cincinnati
Oxford Pediatrics and Adolescents, Oxford
Western Family Physicians, Cincinnati