

# Vax Facts

E-NEWS FROM THE NORTH CAROLINA IMMUNIZATION BRANCH

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## Welcome!

Thanks for subscribing to *Vax Facts*, the North Carolina Immunization Branch's e-newsletter. We hope this will help us stay connected to immunization providers across North Carolina. Feel free to share this document with whomever you choose and encourage your colleagues to subscribe. Sign up instructions are at the end of this e-newsletter.

## What's the Immunization Branch Up To?

**2011 Immunization Conference Survey:** We'd like your ideas for break-out session topics for this year's Immunization Conference. Follow this [link](#) to complete a short survey on conference topics.

**Program Change:** Remaining transition vaccine may be administered to children universally, that is, all children birth through 18 years of age, regardless of insurance status. Please review the [memo dated January 3, 2011](#) for complete details.

**Flu Vaccine Available for All:** It's not too late to vaccinate! Flu season usually doesn't peak in North Carolina until February or March, so if you haven't offered flu vaccine to all your patients, now is the time! Remember, influenza vaccine provided through the NCIP now may be administered to anyone over 6 months of age, regardless of insurance status. Review the [memo dated December 2, 2010](#) for complete details.

**Free Education Materials Available for Order:** Visit the Immunization Branch's [Materials Request Page](#) to view, print and order programmatic and educational resources for free. Just download the order form, fill it out, and fax it to us. You'll also find two order forms with resources on special topics. Order [Flu Prevention Resources](#) and [Childhood Immunization Education Resources](#) for your office today!

## NCIP Tips

### In-home Care and Vaccines

Did you know local health departments may take Tdap off-site to administer to patients being treated at home? Now that state-supplied flu vaccine is available to everyone for the remainder of the 2010-2011 flu season, this vaccine also may be administered to patients being treated at home. Local health departments - please take advantage of this feature of the NCIP and offer flu and Tdap patients to those you serve through in-home care.

## NCIR Tips

### New Vaccine Accountability Report Released

The NCIR Vaccine Accountability Report is back! This handy report helps NCIR Administrators track the number of unaccounted for vaccine doses in their inventory and shows what those doses are worth. You can

use the report to troubleshoot problems and keep a careful eye on your inventory. Remember, state-supplied vaccine is purchased with taxpayer dollars so it's critically important we all do our part to account for every dose!

Please take a few moments to become familiar with the report. You can refer to the [Accountability Report Overview](#), the [Accountability Report Explanation of Fields and Column Headings](#) and the [Transaction Code Glossary](#).

**In the coming weeks, the Immunization Branch will contact practices in which 5 percent or more of their state-supplied vaccines are unaccounted for. We will work with these practices to ensure all state-supplied vaccine is accounted for correctly.**

If you have any questions, contact the NCIR Help Desk at 1-877-873-6247 or [ncirhelp@dhhs.nc.gov](mailto:ncirhelp@dhhs.nc.gov).

### Online NCIR Classes

Join us for free online NCIR training sessions each month. There is no need to pre-register. Simply log on to the NCIR and look under the Announcements section for a link to join the sessions. You'll also need to dial in via telephone to hear the presentation - just remember to mute your phone! Each session is approximately 30 minutes.

Upcoming online training sessions:

Date	Time	Title	Additional Information
January 12	9am	Migration into NCID Next Generation	Learn more about NCID changes that will impact NCIR.
January 12	12pm	Migration into NCID Next Generation	Learn more about NCID changes that will impact NCIR.

### NCIR Definitions

User Roles: NCIR users are categorized into hierarchical roles that determine their level of access to the functions of NCIR. The four provider roles are Administrator, Inventory Control, Typical User, and Reports-Only.

## Clinician's Corner

### Needle Lengths - one size DOES NOT fit all!

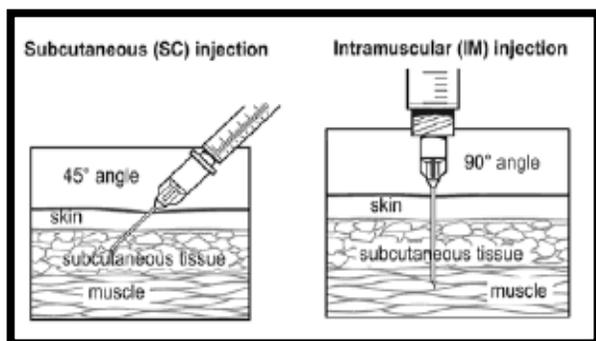
Are you using the correct needle length to administer vaccine to your patients? Do you know where to look to find out? An excellent reference tool for clinicians is a book called *Epidemiology and Prevention of Vaccine-Preventable Diseases* or "The Pink Book." This book, currently in its 11th edition, contains useful information on almost everything related to immunizations - including general recommendations, clinical features of all vaccine-preventable disease, vaccine storage and handling, and vaccine administration techniques like choosing the correct needle length.

According to the Pink Book, "vaccine must reach the desired tissue site for optimal immune response. Therefore, needle selection should be based upon the prescribed route, size of the individual, volume and viscosity of the vaccine, and injection technique... Typically, vaccines are not highly viscous, and therefore a fine gauge needle (22-25 gauge) can be used." *Epidemiology and Prevention of Vaccine-Preventable Disease, 11th edition, Page D-3*

The Pink Book even has helpful charts, photographs and diagrams like these:

Vaccines	Dose	Route
Diphtheria, Tetanus, Pertussis (DTaP, DT, Tdap, Td)	0.5 mL	IM
<i>Haemophilus influenzae</i> type b (Hib)	0.5 mL	IM
Hepatitis A (HepA)	≤18 yrs: 0.5 mL ≥19 yrs: 1.0 mL	IM

Injection Site and Needle Size		
<b>Subcutaneous (SC) injection</b> Use a 23–25 gauge needle. Choose the injection site that is appropriate to the person's age and body mass.		
Age	Needle Length	Injection Site
Infants (1–12 mos)	5/8"	Fatty tissue over anterolateral thigh muscle
Children 12 mos or older, adolescents, and adults	5/8"	Fatty tissue over anterolateral thigh muscle or fatty tissue over triceps



Intramuscular (IM) injection		
Use a 22–25 gauge needle. Choose the injection site and needle length appropriate to the person's age and body mass.		
Age	Needle Length	Injection Site
Newborns (1 <sup>st</sup> 28 days)	5/8"	Anterolateral thigh muscle
Infants (1–12 mos)	1"	Anterolateral thigh muscle
Toddlers (1–2 yrs)	1–1 1/4" 5/8–1" <sup>a</sup>	Anterolateral thigh muscle or deltoid muscle of arm
Children & teens (3–18 years)	5/8–1" <sup>a</sup> 1"–1 1/4"	Deltoid muscle of arm or anterolateral thigh muscle
Adults 19 yrs or older		
Male or female less than 130 lbs	5/8–1" <sup>a</sup>	Deltoid muscle of arm
Female 130–200 lbs Male 130–260 lbs	1–1 1/2"	Deltoid muscle of arm
Female 200+ lbs Male 260+ lbs	1 1/2"	Deltoid muscle of arm

For a high-quality print of these samples, refer to page D-6 of the Pink Book or page 6 of the Vaccine Administration Guidelines found online in [Appendix D of the Pink Book](#).

Guidance on needle length, route and anatomic site can be found on a poster available from the Immunization Branch. Log on to the [Materials Request Form](#) page of our website to order or download the poster [Anatomic Sites for Immunization](#).

## Kudos

### Cleveland County Health Department

The Cleveland County Health Department recently boosted its immunization rate by 20 percent, decreased patients' total visit time by one half, and achieved a 100 percent satisfaction rate on patient surveys. How did they do it? By putting Quality Improvement (QI) methods to work.

Mandy Bouttamy, the Nursing Director and QI Senior Leader at Cleveland County Health Department, says the health department worked with the [NC Center for Public Health Quality](#) and a team from North Carolina State University to learn about and implement Quality Improvement measures in immunization.

Before this initiative, the health department's immunization clinic was separate from its Child Health Clinic and its Women, Infants, and Children (WIC) program clinic. Patients who came to the Child Health Clinic or WIC Clinic were asked to go to the Immunization Clinic after their services. Rather than check in and wait in a whole new clinic, many patients simply left the health department.

Cleveland County decided to address the problem by creating a dedicated immunization room on the same floor as the other clinics, which they kept staffed to reduce wait time. Now, patients experience fewer stops and less waiting time as they move through the health department.

Bouttamy says the quality improvement process is a "lifestyle" change for the health department - one it plans to continue practicing. The health department will continue to survey patients and will ensure Child Health nurses receive intense and thorough immunization training. They're even going to move forward with additional QI projects for the dental clinic at the health department. Kudos to Mandy Bouttamy and all the staff at the Cleveland County Health Department for making creative changes and achieving positive results for immunizations in North Carolina!

If you would like to recognize an immunization champion with a mention in the Kudos section of *Vax Facts*, send an email to Amy Caruso at [amy.caruso@dhhs.nc.gov](mailto:amy.caruso@dhhs.nc.gov).

## News You Can Use

**New CPT Billing Codes for Immunizations** - The American Medical Association (AMA) has introduced two new CPT codes, 90460 and 90461, for billing vaccine administration fees. These codes are to be used when vaccine counseling is provided in conjunction with vaccine administration for a patient through the age of 18. Effective with the date of service January 1, 2011, these two codes replace the current series 90465 through 90468.

For more information on the new codes and examples on how to apply them, go to the article entitled, *CPT Codes 90460 and 90461: New Codes for Immunization Administration which Include Physician Counseling for Recipients through 18 Years of Age*, which is in the [January 2011 edition of the Medicaid General Bulletin](#).

**New Rotavirus VIS** - The CDC has released a new [rotavirus Vaccine Information Statement](#) (VIS) dated 12/6/2010. Because the new edition refers to a potential adverse event (intussusception) not mentioned in the previous edition, the CDC recommends that only the updated (12/6/2010) edition be used starting immediately. It's a good idea to check all your VIS dates on a regular basis to ensure you're using the most up-to-date versions. Log on to our [website](#) for the most current versions.

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Please follow the instructions below to add yourself to our contact list.

Step One: Send an email to this address: [ncip.newsletter-subscribe@lists.ncmail.net](mailto:ncip.newsletter-subscribe@lists.ncmail.net). There's no need to include any special instructions in the subject line or in the body of the email message you send.

Step Two: Respond to the system-generated confirmation email. Read this email carefully and follow the included instructions to complete the sign-up process. Please note, you must respond to this system-generated confirmation email within three days. The easiest way to complete the sign-up process is by simply replying to the confirmation email.

Step Three: Look for a system-generated welcome message. Once you receive this message, you will be signed up to receive Vax Facts.

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