

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 Going On In the Immunization Branch?

2011 North Carolina Immunization Conference: Making a Better Tomorrow

Start planning now for the 2011 North Carolina Immunization Conference. This year's theme is "Making a Better Tomorrow." The conference will be August 10-12 at the Koury Convention Center in Greensboro. Special guest speakers will include Alison Singer, Founder and President of the Autism Science Foundation; Anne Schuchat, MD and director of CDC's National Center for Immunization and Respiratory Diseases (NCIRD); Andrew Kroger MD, MPH from the NCIRD and Donna Weaver, RN, MN from the NCIRD. Remember, conference attendees earn continuing education credits. [Register and view updates online.](#)

Accountability Reports

Earlier this year the NCIR Vaccine Accountability Report was made available to NCIR Administrators. We hope you've been using this new report! In the coming weeks the Branch will begin contacting practices which have a rate of five percent or more of unaccounted for state-supplied vaccine. We will work with these practices to ensure all vaccine is accounted for correctly. If you have questions about the Accountability Report, refer to the [Accountability Report Overview](#), the [Accountability Report Explanation of Fields and Column Headings](#) and the [Transaction Code Glossary](#).

Annual Immunization Assessments

Profile of Annual Assessments for Local Health Departments

Every year the Branch conducts immunization assessments to determine the percentage of children that are up to date on recommended vaccines by 2 years of age. The assessment is completed through the NCIR and includes rates organized by local health department and by county. Local health departments rely on private providers to help ensure all children in their communities are appropriately vaccinated.

The data listed below show the average statewide rate broken down by LHD and by county. County rates are determined by assessing all the children living in a particular county (whether the child is served by the LHD or not.) The series measured is 4 DTaP, 3 Polio, 1 MMR, 2Hib, 2 Hep B, and 1 Varicella vaccination series. Only two doses of Hib are included, rather than the recommended three doses, due the Hib shortage and temporary deferment of the booster dose.

	2009	2010
Average LHD Rate	81%	86%

Average County Rate	60%	63%
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It's important to understand that assessment rates are not immunization coverage rates. Refer to the [Assessment Explanation of Immunization Compliance Rates](#) for a more detailed explanation.

LHDs and private providers can run their own assessment reports any time they wish. For instructions, review the [Guidelines for Assessments and Reminder Recall](#) on our website. You can also schedule a visit with your Regional Immunization Consultant to conduct a thorough assessment through our AFIX program. AFIX stands for **A**ssessment of clinical vaccination coverage, **F**eedback of the information to the clinic, **I**ncentives to clinics and promotion of **eX**change of information among clinics.

Immunization assessments help providers quantify the immunization services they provide and capture information on patients who need additional immunizations. It's a useful tool that's worth exploring.

Back to School

Kindergarteners: April marks the beginning of kindergarten pre-registration for many North Carolina schools. Parents will learn about immunization entry requirements and many will need to schedule appointments. Now is the time to run a request reminder report in the NCIR (see the NCIR Tips section for details), and get ready to vaccinate the class of 2024!

Adolescents: Some NCIP participants are celebrating April as Adolescent Immunization Awareness Month. You can take part too. Review our memo [dated March 23, 2011](#) to learn about activities your practice can utilize to increase adolescent immunizations. Remember, children entering 6th grade or those who have reached 12 years of age on or after August 1, 2008 must have a Tdap vaccine if five years or more have passed since their last dose of tetanus-containing vaccine. Adolescents also should receive meningococcal, HPV, Hepatitis A, influenza and a second dose of varicella vaccine. These vaccines are not required in North Carolina, but they are recommended by the CDC.

College Students: Don't forget to recall your high school seniors who'll go off to college next year. College students need three doses of DTaP (one of which must be Tdap), three doses of Polio, two doses of Measles, two doses of Mumps, one dose of Rubella and three doses of Hepatitis B to enter a college or university in North Carolina. Individual campuses may have additional requirements. Students attending colleges within the North Carolina Community College System are exempt from North Carolina Immunization Law for college/university entry. However, some programs at community colleges, such as medical programs, may have requirements specific to their program, but this does not allow them to receive state supplied vaccine unless it is specifically stated in the [NCIP Coverage Criteria](#).

Immunization requirements for school entry can be found on our website. You can order a free [pocket guide](#) from us which serves as a handy reminder. Visit our [Materials Request Page](#) to see additional items available for order.

NCIR Tips

Request Reminder Reports

Whether you're following up on an assessment report, or simply want to remind the parents of sixth graders to come in for their adolescent immunizations, Request Reminder Reports can help. These NCIR reports allow you to determine which clients are not up to date with their immunizations. You can also generate reminder letters and mailing labels for those clients who need to come back in. This will help improve immunization rates in your practice and keep vaccine-preventable diseases at bay in your community.

Take a look at the online tutorial on the [continuing education page](#) of our website for step-by-step instructions on running a request reminder report in the NCIR. The PowerPoint presentation is called "NCIR Reports," and it's under the NCIR Modules heading. It will show you how to run a rate assessment report and a request reminder report. You'll also find a [Quick Reference Guide](#) for Assessments and Reminder Recall on that page. And, as always, you can give the Help Desk a call at 1-877-873-6247 for more information.

Don't forget you can order free reminder/recall postcards from the Immunization Branch. Visit the [Materials Request Page](#) to view, print and order [reminder recall cards for infants](#). You'll find additional programmatic and educational resources for free on this page as well. Just download the order form, fill it out, and fax it to us.

Online NCIR Classes

Join us for free online NCIR training sessions on the second Wednesday of each month at 9 a.m. with a repeat session at noon. 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
April 13, 2011	9 a.m. and 12 p.m.	Using Error Correction in the NCIR	Learn about the dos and don'ts of error correction in the NCIR.

Clinician's Corner

Nonsimultaneous Vaccine Administration

All commonly used vaccines can safely and effectively be given simultaneously at separate sites. In cases where nonsimultaneous vaccine administration occurs, it's important to keep a few points in mind. Remember inactive vaccines do not contain live viruses. Live vaccines do contain live viruses, but rarely cause disease.

- Any inactivated vaccine can be administered either simultaneously or at any time before or after a different inactivated vaccine or live vaccine.
- Live vaccines (either injectable or nasally administered) not administered on the same day should be administered at least four weeks (28 days) apart.
- Oral vaccines (rotavirus and Ty21a typhoid vaccine) can be administered simultaneously or at any interval before or after other live vaccines (injectable or intranasal) if indicated.

A detailed explanation of nonsimultaneous vaccine administration can be found in the [General Recommendations on Immunization](#) from the CDC's Advisory Committee on Immunization Practices (ACIP). The recommendations include some useful tables like the one below:

Antigen combination	Recommended minimum interval between doses
Two or more inactivated*	May be administered simultaneously or at any interval between doses
Inactivated and live	May be administered simultaneously or at any interval between doses
Two or more live injectable†	28 days minimum interval, if not administered simultaneously

Source: American Academy of Pediatrics. Pertussis. In: Pickering LK, Baker, CJ, Kimberlin DW, Long SS, eds. Red book: 2009 report of the Committee on Infectious Diseases. 28th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2009:22.

* Certain experts suggest a 28-day interval between tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccine and tetravalent meningococcal conjugate vaccine if they are not administered simultaneously.

† Live oral vaccines (e.g., Ty21a typhoid vaccine and rotavirus vaccine) may be administered simultaneously or at any interval before or after inactivated or live injectable vaccines.

Wake County Human Services

Congratulations to the H1N1 Data Project Team at Wake County Human Services for entering tens of thousands of doses of H1N1 vaccine into the NCIR! A group of dedicated workers meet every week for about two hours to add H1N1 doses into the registry. So far, the total has reached over 47,000 doses! Kudos to Wake County Human Service for not only administering thousands of doses of H1N1 flu vaccine, but for correctly accounting for all doses administered!

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.

News You Can Use

Binational Immunization Tool Available From The CDC

Vaccine doses administered in Mexico may be counted as valid in the United States (including vaccines not licensed for use in the U.S.) if the dose or doses are documented in writing (including the date of administration) and comply with the minimum intervals and minimum ages as recommended by the Advisory Committee on Immunization Practices. Refer to the [2011 Binational Immunization Resource Tool for Children from Birth Through 18 Years for more details](#).

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