

# 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?

### National Influenza Vaccination Week: Dec. 4-10, 2011.

National Influenza Vaccination Week (NIVW) is a national observance that was established to highlight the importance of continuing influenza vaccination, as well as fostering greater use of flu vaccine after the holiday season into January and beyond.

As part of National Influenza Vaccination Week, the N.C. Immunization Branch is promoting a "No More Excuses" theme. During the week, the branch's website will highlight the most common excuses and myths people use for not getting a flu vaccine, and counter those reasons with correct facts.

Click [here](#) to download printable materials that you can use to promote National Influenza Vaccination Week!

### 2011 Holiday Shipping Schedule

To accommodate McKesson Specialty shipping practices, Dec. 1 through Dec. 12, are the ONLY days that the North Carolina Immunization Branch will be accepting vaccine orders for the entire month of December.

The North Carolina Immunization Branch will resume regular order processing on Jan. 3, 2012.

Click [here](#) to read more information about the 2011 Holiday Shipping Schedule, including tips on safeguarding vaccine during this time.

### NCIR Update

The NCIR will be updated within the next few weeks to include the Advisory Committee on Immunization Practices' (ACIP) newly approved recommendation for Human Papillomavirus (HPV).

### NC Immunization Registry/Electronic Health/Medical Records and Bidirectional Interface Survey

The North Carolina Immunization Branch is working to collect information on the interface capabilities of Electronic Health/Medical Records (EHR/EMRs) being used in your practice. We are asking providers to complete an electronic survey to measure your practice's interest and capabilities. Your response to this survey will help us consider your practice when deciding on our roll out sequence. Please click [here](#) to complete the survey. This survey will be available through Dec. 14.

**NOTE:** You will need to consult with your EHR/EMR vendor to complete this survey.

## Attention providers!

The North Carolina Immunization Branch is working to collect interface capabilities of Electronic Health Record (EHRs) implementation in your practice. You will be asked to complete an electronic survey to measure your interest and capabilities. Response to the survey will help us consider your practice when deciding roll out sequence. The survey will be available through the NCIP website homepage in the next few weeks.

## Are You In Compliance?

Did you know you are required to have written detailed ordering, handling, and storage procedures accessible to staff? A complete Disaster Recovery Plan is required to be posted on or near the vaccine storage equipment. In recent Vaccines for Children (VFC) site visits, it was found that 20 percent of providers did not have the required documents.

Details and requirements are available in the [Disaster Recovery Plan](#) and in the [NCIP Minimum Required Vaccine Ordering, Handling, and Storage Procedures](#). All of the items in both documents are a requirement for participation in the NCIP. It is important to ensure that all staff (current and new) read and understand them. Also ensure that janitorial and security staff are aware and know the procedures to follow for notifying designated personnel about any problems with the vaccine storage equipment. North Carolina Immunization Program (NCIP) providers are required to review and update the contact lists in the plan quarterly; review and update the entire plan annually.

## NCIR Tips

Please be aware that each time you add a new client or review information for an existing client, it is critical that you enter and update Responsible Person information. A complete responsible person record consists of name, relationship to client and either a telephone number or address (including street address, city, state and zip code).

This information is critical for several reasons: e.g. to assist in case of a vaccine recall(s), to allow follow-up for reminders for vaccinations that are recommended or overdue, and also to ensure that immunizations are entered or added to the correct client's record. For example, if there are two clients named John Smith with similar dates of birth, accurate Responsible Person information would allow for proper selection of the correct client.

Additionally, Responsible Person information is included in various printable client reports, including the certified immunization record, (North Carolina law 130A-154. Certificate of Immunization) i.e. patient copy, so it is imperative that the information that your office enters is correct for the client at the time of service.

## New NCIR Interactive Training Modules Are Available

The NCIR Training Team has developed new interactive training modules to help users familiarize themselves with the NCIR. These modules can be found under the NCIR Education section of our website or by clicking [here](#).

## 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 1 p.m. 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
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Dec. 14	9 a.m. and 1 p.m.	NCIR Maintenance	It's time to do some end of the year "housekeeping" in NCIR. Join IB staff to learn how to make sure all users, clinicians and site information is up to date in NCIR. It's also time to make sure inventory is balanced and accounted for in the registry.
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## Clinician's Corner

### Best Practices for Diagnosing Bordetella Pertussis

Isolation of *B. pertussis* is considered the gold standard because it is the only 100 percent specific method for identification. A positive culture for *B. pertussis* confirms the diagnosis of *B. pertussis*.

Polymerase chain reaction (PCR) is also an important tool for diagnosing pertussis (whooping cough). PCR is a rapid test that detects DNA sequences of the Bordetella pertussis bacterium, and unlike culture, does not require viable bacteria. Despite these advantages, PCR can give inaccurate results. Many common pitfalls of PCR can be avoided by following best practices for who to test, when to test, collection techniques and preventing contamination.

While PCR is increasingly used as the sole diagnostic test for pertussis, **CDC recommends that PCR be used alongside culture, rather than as an alternative test. Even when a laboratory has validated its PCR method, culturing for *B. pertussis* should continue; this is especially important when an outbreak is suspected.** Specimens should be sent to the NC State Laboratory of Public Health for testing and not a reference lab. For more information on the testing and the forms needed please go to:

<http://slph.state.nc.us/microbiology/Bordetella-Pertussis.asp>

### Best Practices for Culture and PCR Testing

- Culture is best done from nasopharyngeal (NP) specimens collected during first two weeks of cough when viable bacteria are still present in the nasopharynx.
- Do not test patients who have had more than five days of antibiotics.

### Best Practices for Pertussis Specimen Collection

- Specimens for PCR testing should be obtained from the posterior nasopharynx by aspiration or swabbing.
- Swab tips should be polyester such as Dacron, rayon or nylon-flocked.
- Throat swabs and anterior nasal swabs are not recommended because they have unacceptably low rates of DNA recovery.
- Cotton-tipped or calcium alginate swabs are not acceptable, because the residues present in these materials inhibit PCR assays.
- For illustrated instructions on collecting an NP swab for PCR/culture testing, click [here](#).

### Best Practices for Preventing Contamination

- Separate the area where vaccines are prepared and administered from the area where pertussis specimens are collected so that the opportunity for cross-contamination is reduced.
- Encourage general adherence to basic infection-control measures including wearing gloves before and during specimen collection, during vaccine preparation and administration and disposing of gloves immediately after the procedure.

- Clean clinic surfaces with a 10 percent bleach solution to reduce the amount of DNA.
- Avoid using liquid transport media, if possible. Semisolid or non-liquid transport media for NP swabs are preferred; however dry swabs may be used for PCR testing.

The best way to prevent pertussis (whooping cough) among infants, children, teens and adults is to get vaccinated. Also, it is very important that infants and others who are at high risk for pertussis complications be kept away from infected people.

## News You Can Use

**Advisory Committee on Immunization Practices (ACIP) Approves New Recommendations for Human Papillomavirus (HPV) and Hepatitis B Vaccines:** During its October meeting, the CDC's ACIP, approved recommendations for the following:

- **HPV** – Routine vaccination of males 11-12 with three doses of HPV Quadrivalent (Gardasil®) to protect against Human Papillomavirus. The HPV vaccine will afford protection against certain HPV-related conditions and cancers in males, and vaccination of males with HPV may also provide indirect protection of women by reducing transmission of HPV. The vaccine can be administered to males ages 9-21.
- **Hepatitis B** – The Hepatitis B vaccination should be administered to unvaccinated adults with diabetes who are under the age of 60 and that Hepatitis B vaccination may be administered to unvaccinated adults with diabetes who are over 60 years of age.

**Polio VI S:** A new [vaccine information statement](#) for Polio was released on Nov.8.

## Subscribe to Vax Facts

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

Step One: Send an email to this address: [ncip.eneewsletter-subscribe@lists.ncmail.net](mailto:ncip.eneewsletter-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.

You may unsubscribe by sending an email to: [ncip.eneewsletter-unsubscribe@lists.ncmail.net](mailto:ncip.eneewsletter-unsubscribe@lists.ncmail.net).

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