ALASKA IMMUNIZATION WORKSHOPS 2018

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ALASKA IMMUNIZATION PROGRAM

2018 Regional Workshops

- Bethel: Yupiit Piciryarait Cultural Center
  - March 5, afternoon session
  - March 6, morning session
- Fairbanks: Public Health Center
  - March 8, afternoon session
  - March 9, morning session
- Utqiaġvik (Barrow)
  - March 13, morning session
- Kotzebue: Nullagvik Hotel
  - March 15, morning and afternoon sessions
- Anchorage: Frontier Building Suite 100
  - March 20, morning and afternoon sessions
- Sitka: Harrigan Centennial Hall
  - March 21, afternoon session
  - March 22, morning session
- Webinar
  - March 23

Continuing Education Credits

- The Alaska Division of Public Health is approved as a provider of continuing nursing education by the Montana Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
- In order to 3.5 contact hours you must:
  - Attend at least 80% of this educational event
  - Pass a posttest with at least 80%
  - Submit a completed evaluation form at the end of the workshop.
- Continuing education certificates will be provided electronically and will be sent by email after the date of the event.
- Community Health Aides can contact the ANTHC at CHAP Certification Board with any specific questions: (907)729-3624/3642, chapcb@anthc.org.

Disclosures

Speakers have no financial conflict with manufacturers of any product named in this presentation

The use of trade names and commercial sources during this presentation is for identification only, and does not imply endorsement by the presenter or the State of Alaska

Agenda

- Warm Up
- Current Topics
  - Mumps
  - Influenza
- Pediatric Vaccines
- Adolescent Vaccines
- Break
- Adult Vaccines
- Patient Interactions/Questions
- Break
- Program Requirements & Accountability
- Recognition Awards
- Quiz & Evaluation

Getting to Know You

Some questions to get us started today!

When you respond "yes" to a question, stand up or raise your hand.

Have you lived in Alaska less than 3 years?

What is your profession?

- Nurse (clinical)
- Community Health Aide
- Public Health Nurse
- Other

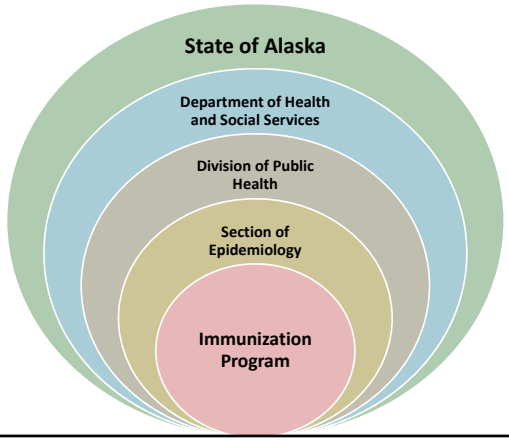
What type of organization do you work for?

- Private
- Public Health
- Tribal
- Other

Does your organization provide vaccines?

Is your organization currently enrolled to receive state-supplied vaccines?

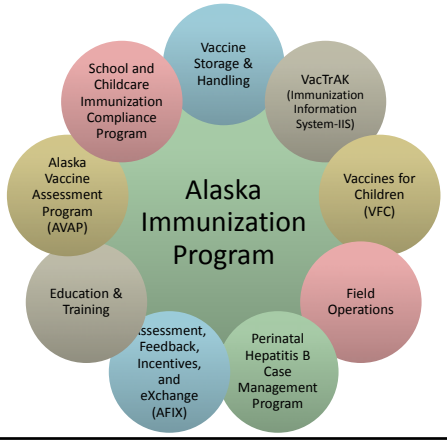
ALASKA IMMUNIZATION PROGRAM



Immunization Program Mission Statement

The mission of the Immunization Program is to prevent and control vaccine preventable disease in Alaska by:

- Providing vaccines to health care providers at no charge
- Providing an immunization information system for use by health care providers and schools to maintain consolidated immunization records for Alaskans of all ages
- Ensuring school and childcare compliance with immunization regulations
- Providing immunization education and training for health care providers and the general public
- Coordinating surveillance and control efforts for vaccine preventable diseases
- Supporting efforts to increase vaccinations for all Alaskans



Immunization Program Managers

Matt Bobo
- Immunization Program Manager

Lorraine Alfsen
- Field Operations Manager (VFC, School and Child Care Compliance)

Tricia Franklin
- VacTrAK Manager

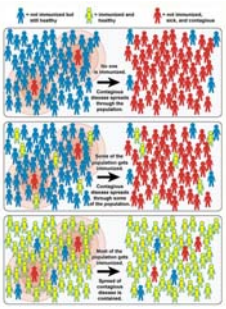
Annie Peterson-Lewis
- Nurse Consultant

Sarah Aho
- Education and Training Manager

Alicia Wieber
- Epidemiology Vaccine Depot Manager

Reductions in vaccine preventable diseases

Vaccines Are Community Health

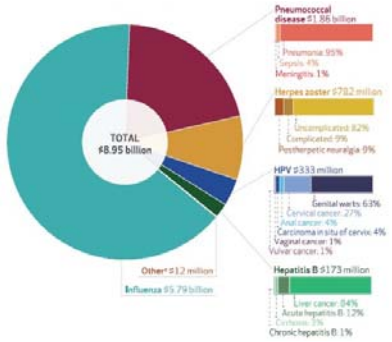


Disease	R0	Threshold (%)
Mumps	4-7	75-86
Polio	5-7	80-86
Smallpox	5-7	80-85
Diphtheria	6-7	85
Rubella	6-7	83-85
Pertussis	12-17	92-94
Measles	12-18	83-94

Diseases Haven't Disappeared

- Vaccine-preventable disease rates are low in the U.S.
- This is not true everywhere in the world

Annual Economic Burden of VPDs, 2015



Vaccine-preventable Disease in Alaska

Vaccine-preventable Disease in Alaska

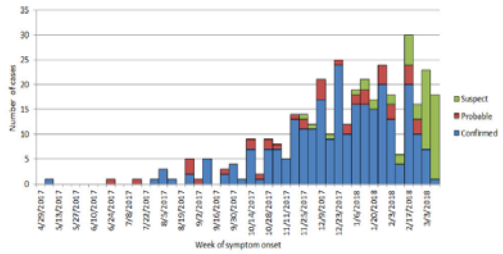
MUMPS UPDATE

An expanding outbreak

ALASKA IMMUNIZATION PROGRAM

Alaska Mumps Outbreak Surveillance

Confirmed, Probable, and Suspect Cases of Mumps by Week of Symptom Onset — Alaska, May 1, 2017 to March 16, 2018



Updated Mar 16, 2018

http://dhss.alaska.gov/dph/Epi/id/Pages/Mumps-surv.aspx

Alaska Mumps Outbreak Surveillance

Confirmed and Probable Cases of Mumps by Month of Symptom Onset and Region — Alaska, May 1, 2017 to March 16, 2018

	Region							
	Anchorage	Mat-Su	Gulf Coast	Interior	Northern	Southeast	Southwest	TOTAL
May-17	1	0	0	0	0	0	0	1
Jun-17	1	0	0	0	0	0	0	1
Jul-17	2	0	0	0	0	0	0	2
Aug-17	10	0	0	0	0	0	0	10
Sep-17	12	0	0	0	0	0	0	12
Oct-17	22	1	0	0	0	0	0	23
Nov-17	47	0	0	0	0	0	0	47
Dec-17	66	2	1	1	0	0	0	70
Jan-18	82	3	0	0	0	2	0	87
Feb-18	40	8	0	1	0	1	0	50
Mar-18	3	0	0	0	0	0	0	3
TOTAL	286	14	1	2	0	3	0	306

Updated Mar 16, 2018

http://dhss.alaska.gov/dph/Epi/id/Pages/Mumps-surv.aspx

Mumps Media Campaign

Video PSA

Who gets MMR?

- Tanya, a four year old in daycare who has one dose MMR at age 13 months
- Tanya's Mom, Erica, who has only one documented MMR dose and volunteers in daycare twice a week

Are your patients up-to-date on MMR?

- Health care providers should ensure that all patients are up-to-date on their MMR vaccination per the routine Advisory Committee on Immunization Practices (ACIP) schedule.
  - Two doses of MMR vaccine should be routinely administered to all children, starting with the first dose at age 12 through 15 months and the second dose at age 4 through 6 years before school entry.
  - For persons who have received only one dose of MMR, a second dose should be given to all school-age children aged ≥4 years and select adults born during or after 1957 who are at high risk of mumps exposure (i.e., healthcare personnel, international travelers, and students at post-high school educational institutions).

Who gets MMR?

- One of Tanya's daycare friends gets mumps!
- Brandon, a daycare employee with two documented MMR doses more than 5 years ago
- Brandon's sister, Monique, who does not work in the daycare, but heard that there is a mumps outbreak and that a third dose is recommended

Vaccination Recommendations

- For persons who participate in any group setting (e.g., daycare, work, school, church) statewide where mumps is currently circulating (e.g., a recent case in a classmate or a coworker) OR for Anchorage residents who self-identify as being Native Hawaiian or other Pacific Islander:
  - A second dose of MMR is recommended for persons who have had one dose of MMR that was administered at least 4 weeks ago; this includes children aged 1–4 years.
  - A third dose of MMR is recommended for persons who have had a second dose that was administered at least 5 years ago.

Vaccine Recommendations

- ***Any Alaska resident*** *who would like to have additional protection against mumps during the current outbreak may receive a third dose of MMR vaccine if it has been at least 5 years since their second dose.*

What vaccine to give?

- Bill is 24 years old and would like this third dose of MMR. He is insured through Medicaid.
- Robin is 55 years old and would like her second dose of MMR. She doesn't have insurance.

Bus Ad in Anchorage

Vaccine Availability

- All children who meet the state recommendations for an additional dose of MMR during the current outbreak are eligible to receive state-supplied MMR. Must choose appropriate eligibility category.
- Adults who meet the state recommendations for an additional dose of MMR during the current outbreak may receive state-supplied MMR if their insurance carrier participates in the Alaska Vaccine Assessment Program (AVAP), or if they are uninsured and their medical provider has opted-in to AVAP for uninsured adults. (http://akvaccine.org/)
- Adults who are not eligible for state-supplied MMR would need to purchase the vaccine or contact their carrier to see if it will be covered.
- Alaska Medicaid will cover recommended doses of MMR during this outbreak.
- Health care providers participating in AVAP should order sufficient quantities of MMR vaccine to assure an adequate supply.

Reminders

- All patients should be counseled about self-isolation and be excluded from work or school for 5 days after parotitis onset.
- Patients should be informed that they may be contacted by public health for a follow-up interview.
- All suspect and confirmed mumps infections are reportable to the SOE at 907-269-8000 during business hours or by fax using the Infectious Disease Report Form (907-563-7868, 24-hours a day).
- Testing information through Public Health is available on the SOE Mumps Webpage: http://www.mumps.dhss.alaska.gov

INFLUENZA

ALASKA IMMUNIZATION PROGRAM

1918 Flu Pandemic

- 100 years ago
- Estimated to have:
  - Infected one third of the world's population (≈500 million)
  - Caused at least 50 million deaths

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3291398/

1918 Flu Pandemic

- Had high mortality in:
  - healthy young adults (age 20-40)
  - children age ≤5 yrs
  - adults age ≥60 yrs
- Made its way to even the most remote parts of Alaska

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3291398/

2017-2018 Flu Season (CDC)

- 128 pediatric deaths
  - Most children who died of the flu had not been vaccinated.
- Region 4 – Highest pediatric deaths (33)
  - AL, FL, GA, KY, MS, NC, SC, TN

The flu has killed 17 more kids, bringing the toll to 114 children this season, but experts say it's finally abating

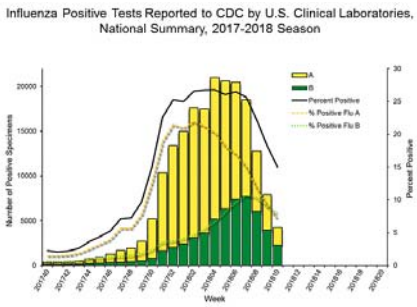
This year's flu season on track to be as bad as the last pandemic

A nasty flu season finally weakens its grip

This deadly flu season has peaked, but a late bump could loom

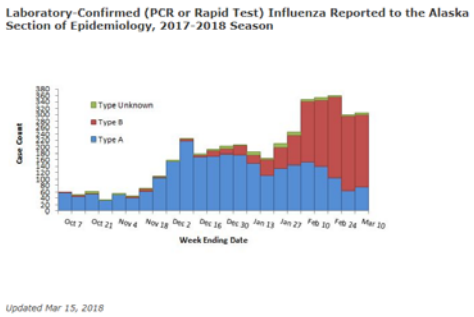
https://www.cdc.gov/flu/weekly/index.htm

U.S. Flu Surveillance (CDC)



https://www.cdc.gov/flu/weekly/index.htm

Alaska Flu Surveillance



http://dhss.alaska.gov/dph/Epi/id/Pages/influenza/influenza.aspx

Alaska Flu Surveillance

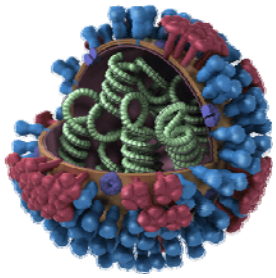
	Region							
	Anchorage	Mat-Su	Gulf Coast	Interior	Northern	Southeast	Southwest	TOTAL
Oct 2017	75	5	8	95	30	9	6	228
Nov 2017	140	11	11	57	135	19	6	379
Dec 2017	455	45	44	107	125	52	27	855
Jan 2018	475	52	76	113	44	77	32	869
Feb 2018	784	71	185	143	43	48	86	1360
Mar 2018	203	21	49	40	44	21	38	416
TOTAL	2132	205	373	555	421	226	195	4107

Updated Mar 15, 2018

http://dhss.alaska.gov/dph/Epi/id/Pages/influenza/influenza.aspx

Annual Flu Vaccine

- Flu viruses are constantly changing.
- Annual influenza vaccination is recommended for all persons aged ≥6 months.



https://www.cdc.gov/features/fluhighrisk/index.html

Annual Flu Vaccine

- People at high risk include:
  - Children <5, especially <2 years old
  - Adults ≥65 years of age
  - Pregnant women
  - American Indians and Alaskan Natives
  - People who have certain chronic medical conditions

https://www.cdc.gov/features/fluhighrisk/index.html

Annual Flu Vaccine

- Helps to reduce the risk of flu by 40-60% among the overall population.
  - Helps to keep someone from getting sick
  - Reduces risk of flu-associated hospitalization
- Causes antibodies to develop in the body about <u>2 weeks after vaccination</u>
  - Seasonal flu activity often begins as early as October and can continue to occur as late as May.
- Recommend and offer!

https://www.cdc.gov/flu/protect/keyfacts.htm

Available Flu Vaccines

- Thirteen different influenza vaccines available for purchase during 2017-2018 season.
- Alaska Immunization Program supplies four presentations this season.

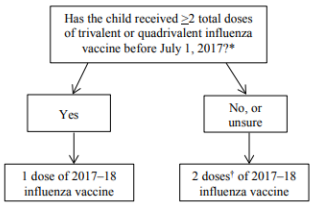
Table. Alaska State-Supplied Influenza Vaccines for the 2017–18 Influenza Season[1,2]

Vaccine	Trade Name	Manufacturer	Presentation	Age-Group	Mercury Content µg/0.5 mL dose	Ovalbumin Content[a] µg/0.5 mL dose	# of Doses[1]	Route
IIV4[c]	Fluzone® Quadrivalent	Sanofi Pasteur	0.25 mL prefilled syringe	6 through 35 months	0	**	1 or 2	IM[e]
IIV4[c]	Fluzone® Quadrivalent	Sanofi Pasteur	5.0 mL multi-dose vial	≥6 months	25	**	1 or 2	IM[e]
IIV3[c]	Fluzone® High-Dose Trivalent	Sanofi Pasteur	0.5 mL prefilled syringe	≥65 years	0	**	1	IM[e]
IIV4[c]	Fluarix® Quadrivalent	GlaxoSmithKline	0.5 mL prefilled syringe	≥36 months	0	≤0.05	1 or 2	IM[e]

http://epibulletins.dhss.alaska.gov/Document/Display?DocumentId=1955

Dosing for Children

Figure. Vaccine Dosing Algorithm for Children Aged 6 Months through 8 Years[1]



**The two doses need not have been received during the same season or during consecutive seasons.[1]*
†Doses should be administered ≥4 weeks apart.[1]

http://epibulletins.dhss.alaska.gov/Document/Display?DocumentId=1955

Eligibility for Flu Vaccines

- Children
  - All children eligible for state vaccine (VFC + AVAP)

Eligibility for Flu Vaccines

- Adults
  - The same as all 2018 eligibility guidelines.
- TRICARE is participating in AVAP.
  - Adults with TRICARE may receive 2018 AVAP vaccines.
- Medicare and Medicaid are not participating.

AVAP
ALASKA VACCINE ASSESSMENT PROGRAM

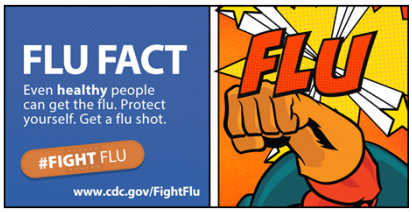
Live Attenuated Influenza Vaccine (LAIV)

- Sold under the trade name FluMist Quadrivalent®
- LAIV should not be used during the 2017-18 season
- ACIP approved for next season

https://www.cdc.gov/flu/about/season/flu-season-2017-2018.htm

Is there a preferred flu vaccine?

- There is no preferential recommendation for one flu vaccine over another for the 2018-19 season.



https://www.cdc.gov/flu/about/season/flu-season-2017-2018.htm

Preventing the Flu

- Avoid close contact
- Stay home when you are sick
- Cover your mouth and nose
- Clean your hands
- Avoid touching your eyes, nose, or mouth
- Practice other good health habits

Case Study 1

- A mother brings her 3 year old daughter for an influenza vaccine today. She has never received an influenza vaccine before. Which of the following is the most appropriate?
  - 1. Administer a single dose of inactivated influenza vaccine (IIV) now and a second dose in one month.
  - 2. Administer a single dose of either IIV or LAIV, and a second dose in one month.
  - 3. Administer a single dose of IIV or LAIV, and no second dose is needed.

Case Study 2

- Optimus, who is recommended 2 doses, received only one 0.25 mL flu shot at 6 months of age.
- At 5 years of age, he received one 0.5 mL flu shot.
- Optimus has come in this season, at 7 years of age, for the flu shot. Which of the following is true?
  - 1. Optimus is recommended 1 dose.
  - 2. Optimus is recommended 2 doses.

Case Study 3

- A 70 year old male is getting vaccinated for the flu. Which vaccine(s) from below is recommended?
  - Any of the last three
- Is high-dose preferred for older adults?
  - Studies indicated that it was more effective, but CDC and ACIP have not expressed a preference.

Vaccine	Trade Name	Manufacturer	Presentation	Age-Group
IIV4[a]	**Fluzone® Quadrivalent**	Sanofi Pasteur	0.25 mL prefilled syringe	6 through 35 months
IIV4[a]	**Fluzone® Quadrivalent**	Sanofi Pasteur	5.0 mL multi-dose vial	≥6 months
IIV3[a]	**Fluzone® High-Dose Trivalent**	Sanofi Pasteur	0.5 mL prefilled syringe	≥65 years
IIV4[a]	**Fluarix® Quadrivalent**	GlaxoSmithKline	0.5 mL prefilled syringe	≥36 months

Case Study 4

- An 18 year old female, who is Alaska Native, has come in to get a flu shot. She only has Medicaid. Which of the following is true?
  - 1. She is eligible for state-supplied vaccine.
  - 2. She is ineligible for state-supplied vaccine.
- What is her eligibility category?
  - 1. VFC Medicaid Eligible
  - 2. VFC American Indian/Alaska Native (AI/AN)
  - 3. State Vaccine

PEDIATRIC IMMUNIZATIONS

Welcome

State-supplied Vaccines for Children

Alaska is a universal coverage state for children

All children in Alaska are eligible for vaccines provided by the state
- VFC (the Vaccines for Children Program)
- State Vaccine (AVAP and Public Health Service Act, Section 317)

Eligibility Matters

- Dose level accountability - CDC required
- Accurate documentation of eligibility
  - provides data required for continued funding
- Incorrect eligibility documentation
  - may constitute fraud and abuse
- State-supplied vaccine - to providers at NO charge

What are the Pediatric Vaccines?

- Learner should be able to
  - List Pediatric vaccines
  - List the recommended schedule

AGE

VACCINES

Birth							

2018 Childhood Immunization Schedule

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos
Hepatitis B[1] (HepB)	1st dose	←2nd dose→			←	
Rotavirus[2] (RV) RV1 (2-dose series); RV5 (3-dose series)			1st dose	2nd dose	See footnote 2	
Diphtheria, tetanus, & acellular pertussis[3] (DTaP: <7 yrs)			1st dose	2nd dose	3rd dose	
Haemophilus influenzae type b[4] (Hib)			1st dose	2nd dose	See footnote 4	
Pneumococcal conjugate[5] (PCV13)			1st dose	2nd dose	3rd dose	
Inactivated poliovirus[6] (IPV: <18 yrs)			1st dose	2nd dose	←	
Influenza[7] (IIV)						
Measles, mumps, rubella[8] (MMR)					See footnote 8	

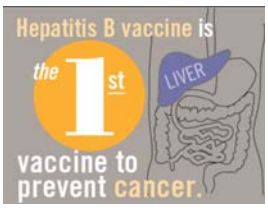
Vaccine Preventable Diseases

- We have vaccines to fight over 15 Preventable Diseases

This patient is suffering from a cancer caused by a VPD

IAC

ACIP Update regarding Birth Dose of Hepatitis B Vaccine



The ACIP recommends Universal Hepatitis B Birth dose for ALL infants within 24 hours of birth

1st Cancer-Preventing Vaccine

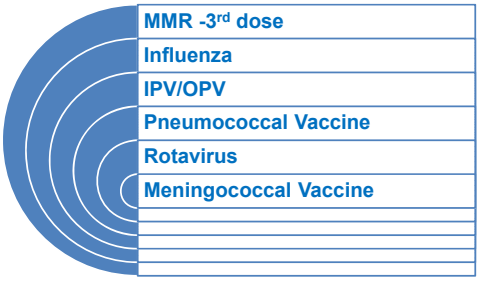
- Hepatitis B Vaccine
- Administer at Birth
- Survives on surfaces for _____
- Patient Education
  - Prevents Mother-to-child transmission
  - Household transmission
  - Do not share toothbrushes, Do not chew food to feed to babies

Alaska Birth Dose Honoree

673rd Medical Group, JBER, AK
Reported a coverage rate of 93% from 1/1/2014 to 12/31/2014 and 93% from 6/1/2015 to 6/1/2016 and 97% from 6/1/2016 to 5/31/2017.

Immunization Action Coalition
http://www.immunize.org/honor-roll/birthdose/honorees.asp#ak

2018 Updates



2018 Updates

- MMR -3rd dose
  - ACIP recommended a 3rd dose during outbreaks
- Influenza
  - ACIP voted to include nasal spray flu vaccine 2018-2019
- IPV/OPV
  - Clarification on catch-up for ≥4yrs
  - Updated guidance for documented oral polio
- Pneumococcal Vaccine
  - Additional dose may be needed for chronic diseases
- Rotavirus
  - 1st and last doses added to rotavirus vaccine row
- Meningococcal Vaccine
  - Footnote to separate MenACWY and MenB vaccines

What are the Pediatric Vaccines?

- B DR HIP MNEMONIC Very DIM Between 4&6pm
- One MAD HPV Tada! Human Men Men Boosted

AGE / VACCINES	Birth							

USMLE

Pediatric Vaccines

- Add 2, 4, 6 months, 1-1.5 years, 4-6 years, 11-12 years, 16-18 years in the remaining row cells
- 2nd row has HepB vaccine for the Birth dose

AGE / VACCINES	Birth	2	4	6	1-1.5	4-6	11-12	16-18
	HepB							

Pediatric Vaccines

- Under 2 months, "B D R H I P"
- Under 4 months, "4 D R H I P"

AGE / VACCINES	Birth	2	4	6	1-1.5	4-6	11-12	16-18
	HepB	B						
		D	D					
		R	R					
		H	H					
		I	I					
		P	P					

Pediatric Vaccines

- Under 6 months, "B D R H I P **IN** 6 months"

AGE / VACCINES	Birth	2	4	6	1-1.5	4-6	11-12	16-18
	HepB	B		**B**				
		D	D	**D**				
		R	R	**R**				
		H	H	**H**				
		I	I	**I**				
		P	P	**P**				
				In				

Pediatric Vaccines

- In 1-1.5 years column
- "One MAD HPV"

AGE / VACCINES	Birth	2	4	6	1-1.5	4-6	11-12	16-18
	B	B		B	**M**			
		D	D	D	**A**			
		R	R	R	**D**			
		H	H	H	**H**			
		I	I	I	**P**			
		P	P	P	**V**			
				In				

Pediatric Vaccines

- In 4-6 years column
- "VERY DIM Between 4 and 6 pm"

AGE / VACCINES	Birth	2	4	6	1-1.5	4-6	11-12	16-18
	B	B		B	M	**Very**		
		D	D	D	A	**D**		
		R	R	R	D	**I**		
		H	H	H	H	**M**		
		I	I	I	P			
		P	P	P	V			
				In				

Pediatric Vaccines

- In 11-12 years column
- Tada! Human ⟶ Men

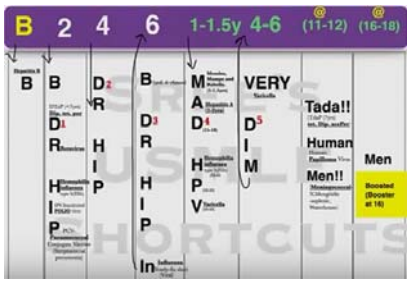
AGE / VACCINES	Birth	2	4	6	1-1.5	4-6	11-12	16-18
	B	B		B	M	Very	**Tada!**	
		D	D	D	A	D	**Human**	
		R	R	R	D	I	**Men**	
		H	H	H	H	M		
		I	I	I	P			
		P	P	P	V			
				In				

Pediatric Vaccines

- In 16-18 years column
- Men Boosted

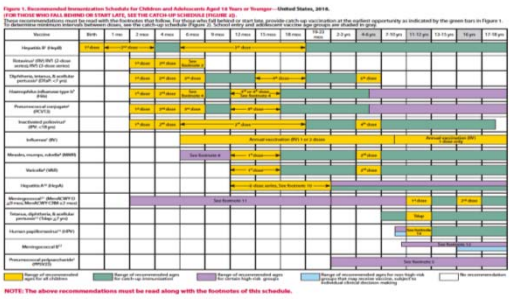
AGE / VACCINES	Birth	2	4	6	1-1.5	4-6	11-12	16-18
	B	B		B	M	Very	Tada!	
		D	D	D	A	D	Human	
		R	R	R	D	I	Men	**Men**
		H	H	H	H	M		**Boosted**
		I	I	I	P			
		P	P	P	V			
				In				

MNEMONIC for Vaccines



USMLE

Childhood Immunization Schedule 2018



Combination Vaccines

Immunization Schedule – Combo Vaccines

	2 MO	4 MO	6 MO	12 MO	15 MO	18 MO	4-6YR
PEDIARIX PROQUAD QUADRACEL or KINRIX	PEDIARIX® DTaP, IPV, HepB + PCV Rotavirus Hib	PEDIARIX® DTaP, IPV, HepB + PCV Rotavirus Hib	PEDIARIX® DTaP, IPV, HepB + PCV Rotavirus[1] Hib[2]	PCV Hib HepA MMR[4] Varicella[4]	DTaP	HepA	QUADRACEL™ or KINRIX™ DTaP, IPV + PROQUAD® MMRV
PENTACEL PROQUAD QUADRACEL or KINRIX	PENTACEL® DTaP, IPV, Hib + PCV Rotavirus HepB	PENTACEL® DTaP, IPV, Hib + PCV Rotavirus HepB[1]	PENTACEL® DTaP, IPV, Hib + PCV Rotavirus[1] HepB	PCV HepA MMR[4] Varicella[4]	PENTACEL® DTaP, IPV, Hib	HepA	QUADRACEL™ or KINRIX™ DTaP, IPV + PROQUAD® MMRV
PROQUAD QUADRACEL or KINRIX	DTaP IPV HepB Hib PCV Rotavirus	DTaP IPV HepB[1] Hib PCV Rotavirus	DTaP IPV HepB Hib[2] PCV Rotavirus[1]	Hib PCV HepA MMR[4] Varicella[4]	DTaP	HepA	QUADRACEL™ or KINRIX™ DTaP, IPV + PROQUAD® MMRV

1. HepB @4mos not nec if birth dose received-may be included as part of combo; 2. 6mo dose not needed if Rotarix used for both 1&2; 3. 6mo Hib not indicated if PedvaxHIB used for both; 4. Flu avail in thimerosal-free; 5. Licensed for 4-6yo; 6. MMR+Varicella @12-15mos

Case Study Athena

- Athena is an 18 month old & behind on the DTaP; she received Pediarix at 3 months, 6 months, & 12 months
- Can Athena receive Pediarix for the next dose?

Case Study Athena Answer

- No
- Athena should <u>not</u> receive Pediarix for the next dose. **Why not?**
- Pediarix is licensed by FDA for only the first 3 doses of DTaP series
- It should NOT be given to children < than 6 weeks
- It should NOT be given to children ≥ 7 years

Case Study Kacey

Note: X= Invalid Dose

Vaccine Name	Dose 1	Dose 2
DTaP-Hep B-IPV	11/10/2016	09/10/2017
Hep B Ped/Adol - Preserv Free	08/01/2016	
rotavirus, pentavalent	12/01/2016	

Signature of physician or authorized representative of health agency:

Kacey, 18 month old (DOB 8/1/16), received the Hepatitis B vaccine at birth & two doses of Pediarix at 3 and 12 mos.

Can Kacey receive a 3rd dose of Pediarix?

Case Study Kacey Answer

Vaccination Summary

Vaccinations outside the ACIP schedule are marked with an 'X'.

Vaccine	1	2	3
DTaP/DTP/Td	11/10/2016 3 months	09/10/2017 12 months	
OPV/IPV	11/10/2016 3 months	09/10/2017 12 months	
Hep B - 3 Dose	08/01/2016 0 days	11/10/2016 3 months	09/10/2017 12 months
Rotavirus	12/01/2016 4 months		

Kacey, 18 month old received two doses of Pediarix after the Birth dose of the Hepatitis B
Pediarix is licensed for doses 1, 2, and 3 of the DTaP primary series through age 6

Answer: Yes, Kacey can receive a 3rd dose of Pediarix.

Case Study Delaney

Vaccination Summary

Vaccinations outside the ACIP schedule are marked with an 'X'.

Vaccine	1	2	3	4
DTaP/DTP/Td	11/10/2014 6 years	X 07/10/2015 7 years		
Tdap	03/16/2015 7 years			
OPV/IPV	11/10/2014 6 years	03/16/2015 7 years	07/10/2015 7 years	
MMR	11/17/2014 6 years	03/16/2015 7 years		
Hep A	11/17/2014 6 years	07/31/2015 7 years		
Hep B - 3 Dose	11/10/2014 6 years	07/10/2015 7 years		
Varicella	01/05/2015 6 years	07/31/2015 7 years		

Delaney is 9 years old. Two DTaP & 1 Tdap were received. Is DTaP/Tdap needed next/when, if any? Would it DT or Td?

Case Study Delaney Answer

- 9 year old DTaP/Tdap Question with 2 valid doses at age 6 and 7 years, one invalid dose
- The recommendation: children to receive a single dose of Tdap for children ages 7-10 years who did not finish a minimum 3-dose series of pertussis-containing vaccines before their 7th birthday.
- Delaney will receive Tdap
- Pay attention-Catch-Up Schedules
- Follow - minimum intervals

Case Study Nicholai

- Nicholai, an 11 year old, is here in the clinic. You notice he received a Tdap at age 7 years old. Then he had a dose of Td 6 months after the Tdap. Does Nicholai need a Tdap or Td now? Or is he done?

Case Study Nicholai Answer

- Look at the Footnote for Tetanus, diphtheria, and acellular pertussis (Tdap) vaccine, 7 years for catch-up vaccination)
- Children 7-10 years who receive Tdap may receive the routine Tdap dose at 11-12 years
- **Answer: Nicholai may receive Tdap now**

Hib Vaccines

Table 1. Schedule for administering doses of Hib-containing vaccines*

Vaccine Product (Manufacturer)	Trade Name	Components	Primary series	Booster dose
Monovalent vaccines				
PRP-OMP[a,b] (Merck & Co. Inc)	PedvaxHIB	PRP conjugated to OMP	2, 4 months	12 – 15 months
PRP-T (sanofi pasteur)	ActHIB	PRP conjugated to tetanus toxoid	2, 4, 6 months	12 – 15 months
PRP-T (Glaxo/SmithKline)	Hibativ	PRP conjugated to tetanus toxoid	2,4,6 months[d]	12 – 15 months
Combination vaccines				
PRP-OMP-HepB[a,b] (Merck & Co. Inc)	Comvax	PRP-OMP + hepatitis B vaccine	2, 4 months	12 – 15 months
DTaP-IPV/PRP-T (sanofi pasteur)	Pentacel	DTaP-IPV + PRP-T	2, 4, 6 months	15 – 18 months
MenCY/PRP-T[c] (Glaxo/SmithKline)	MenHibRix	MenCY + PRP-T	2, 4, 6 months	12 – 15 months

Table 3. Catch up Vaccination Schedule

Age at first vaccination	Primary series	Booster
7-11 months	2 doses, at least 4 weeks apart	Age 12-15 months at least 8 weeks after the second dose*
12-14 months	2 doses, at least 8 weeks apart	N/A
15-59 months	1 dose	N/A

* A booster dose at 12 - 15 months of age is only necessary if 2 or 3 primary doses (depending on vaccine type used) were administered before age 12 months.

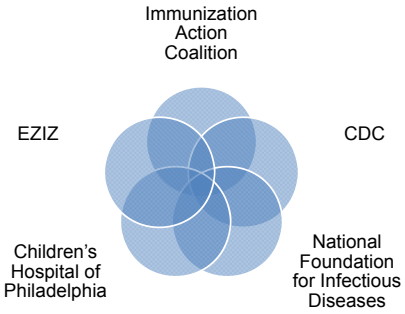
Case Study Zoey

- Zoey received ActHIB at 2 months then PedvaxHIB at 5 months
- What should Zoey receive next and when?

Case Study Zoey Answer

- If different brands of Hib vaccine used
  - 3rd primary dose of either vaccine
- The schedule: 8 weeks from the previous dose at 7 months, since her 2nd one was at 5 months
- A 2-dose primary schedule
  - used only when both doses are PedvaxHIB

Helpful Resources



ADOLESCENT VACCINES

Young Adults Age 11 through 18 Years

State-supplied Vaccines for Children

Alaska ▪ universal coverage state ▪ children

All children in Alaska ▪ eligible for vaccines provided by the state
- VFC (the Vaccines for Children Program)
- State Vaccine (AVAP)

State Vaccine

AVAP assessment payments ▪ collected from health plans & insurers

Public Health Service Act, Section 317, authorizes ▪ federal purchase of vaccines

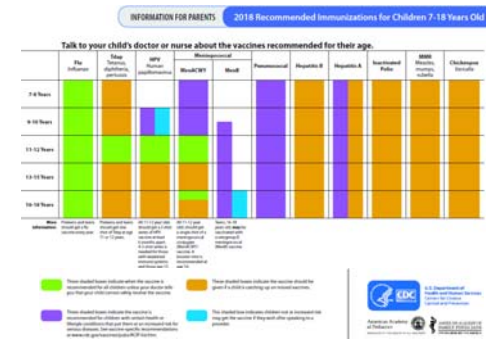
Funds support ▪ purchase of vaccines ▪ Alaska Immunization Program

Eligibility Matters

Dose level accountability
- CDC required

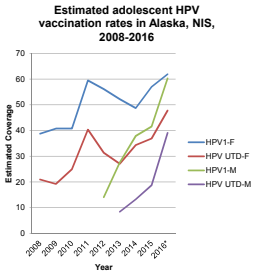
Incorrect eligibility documentation
- may constitute fraud & abuse

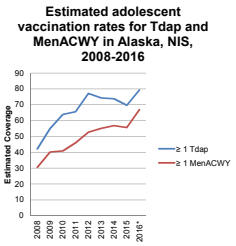
Adolescent Immunizations



Adolescent Triad

NIS Data



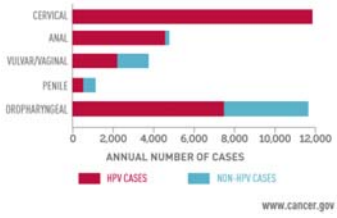


HUMAN PAPILLOMAVIRUSES

HPV – Common family of viruses infecting epithelial cells

79 million are infected with HPV

14 million – newly infected each year



HPV Schedule

AGE	DOSES	SCHEDULE
9–14 years	2* DOSES	1st shot: Today 2nd shot: 6–12 months after the first shot
	or 3† DOSES	1st shot: Today 2nd shot: 2 months after first shot 3rd shot: 6 months after the first shot
15–26 years	3 DOSES	1st shot: Today 2nd shot: 2 months after first shot 3rd shot: 6 months after the first shot

EVERY VISIT COUNTS

MAKE YOUR APPOINTMENTS ON TIME, EVERY TIME, SO YOUR CHILD COMPLETES THE HPV VACCINATION SERIES.

*If the second shot is given earlier than 5 months after the first shot, your child will need to get a third shot at least 4 months after the second shot was given.

†The need to use a 3-dose schedule instead of a 2-dose schedule will be determined by your health care professional.

Speak with your doctor to see if GARDASIL 9 is right for your child. Your child may only need an appointment with a nurse to complete the HPV vaccination series. Check with your doctor to be sure.

Case Study ▪ Donny

When can HPV be started and what is the dose schedule?

- **Donny (a 17 year old) started HPV vaccine at 15 years.**
- **Does Donny only require 2 doses?**

Case Study ▪ Donny (Answer)

- Donny needs to complete 3 doses because he started the vaccine at ≥15 years of age
- The schedule is 0, 2, 6

AGE	DOSES	SCHEDULE
9–14 years	2* DOSES	1st shot: Today 2nd shot: 6–12 months after the first shot
	or 3† DOSES	1st shot: Today 2nd shot: 2 months after first shot 3rd shot: 6 months after the first shot
15–26 years	3 DOSES	1st shot: Today 2nd shot: 2 months after first shot 3rd shot: 6 months after the first shot

Case Study ▪ Mavis

Mavis, a16 year old, had the first HPV vaccine at 9 years & then had the second one 4 months later.

- **Is Mavis done with the HPV series?**

Case Study ▪ Mavis (Answer)

She is not done with series. Mavis will need 1 more HPV vaccine

Minimum interval was not met between 1st & 2nd dose

Case Study ▪ Maggie

Maggie, a 13 year old Alaska Native, has Medicaid and had her first dose of HPV 2 years ago.

How many more doses of HPV does she need?

What is her eligibility?

Case Study ▪ Maggie (Answer)

Maggie only needs ONE more HPV dose!

Maggie ➔ VFC Medicaid

This costs her family less because the administration fee ▬ billed to Medicaid

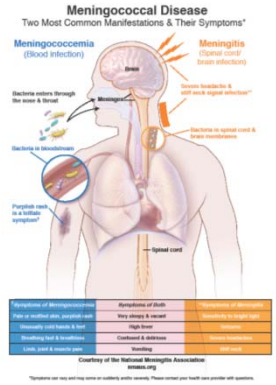
Meningococcal Vaccines

Bacterial Infection ▪ *Neisseria meningitidis*

Unpredictable

- Sporadic
- Occurs among previously healthy children/adolescents
- Serious Outcomes
  - Meningitis
  - Meningococcemia (bloodstream infection)
  - Death rate 10-15% even with antibiotic therapy
  - People who survive » suffer lifelong disability (amputation, hearing loss, brain damage)

RAPID PROGRESSION ▪ Death may occur within 24 hrs



Meningococcal Vaccines

- Meningococcal polysaccharides, conjugates & proteins

MenACWY		Menactra/Menveo
MenACWY-D		Menactra
MenACWY-CRM		Menveo
Hib-MenCY	MenHibrix	DISCONTINUED
MPSV		Menomune
MenB-FHbp		Trumenba
MenB-4C		Bexero

Meningococcal Vaccine

- Recommendations
  - A,C,W, Y protection

Routine Recommendations-Quadrivalent Meningococcal Conjugate Vaccine (MenACWY)	
Preteens 11 through 12 yrs	Give 1 dose of 2-dose MenACWY series (dose 2 at 16yrs)
Teens 13 through 15 yrs	Give catch-up dose #1 of 2-dose MenACWY series (dose 2 at 16yrs)
Teens at age 16 yrs	Give dose #2 MenACWY. (Separate fr dose #1 by at least 8 wks)
Catch-up teens 17 through 18 yrs	If dose #2 not given at 16 yrs, give dose #2 of MenACWY as catch-up
Catch-up teens 16 through 18 yrs	If no hx of prior vaccine MenACWY, give 1 dose MenACWY
1st yr college students, 19 yrs through 21 yrs, living residence halls	If no hx of prior vaccine MenACWY, give 1 dose MenACWY. If hx of 1 dose MenACWY given when younger than 16 yrs, give dose #2

Immunization Action Coalition

Case Study Tom

Tom has coverage through Aetna but has not met the deductible or met copays. He is up to date on all of his childhood vaccinations.

At 11 years old, what will you recommend today?

What is Tom's eligibility?

Case Study Tom (Answers)

Tom is ready to start the adolescent vaccine triad

- 1 dose of Tdap
- 1 dose of Meningococcal vaccine
- 1 dose of HPV vaccine

Tom has private insurance and is eligible for state vaccine, even if he hasn't met the deductible or copays.

Case Study ▪ Erika

Erika received two doses of meningococcal vaccine before age 16 years, does Erika need a booster now at age 16?

Case Study ▪ Erika (Answer)

An adolescent who received a meningococcal vaccine dose at age 13 – 15 years

Booster dose needed between 16 – 18 years

- If a first dose was received **after** 16th birthday
  - Is a booster dose recommended?

No Booster dose needed if received ≥16 years

MenB Vaccine

MenB-FHbp	**Trumenba**
MenB-4C	**Bexsero**

- Two MenB vaccines are currently licensed
  - **The two are not interchangeable – SAME MUST BE USED TO COMPLETE THE SERIES**
- ACIP Recommendation
  - 16-23 years
  - State-supplied - Bexsero

MenB Scheduling

Trumenba

- 2-dose 0 and 6 months
- 3-dose 0, 1-2, and 6 months

Bexsero

- 2-dose 0, 1 month

Case Study ▪ Alek

- Alek received Trumenba/MenB-FHbp, 2 months ago and Bexsero/MenB-4C yesterday
- Should Alek complete the series with Trumenba or with Bexsero or is he complete?
- What are the intervals?

Case Study ▪ Alek (Answers)

Either vaccine can be use to complete the series

- If Bexsero is chosen:
- 2nd and final dose at least 1 mo after yesterday's dose
- If Trumenba is chosen:
- 2nd and final dose at least 5 months after yesterday's dose
- If at increased risk
  - Trumenba 2nd dose 1 month after yesterday's dose
  - 3rd dose 4 months after the second Trumenba dose

Case Study ▪ Loren

Loren is a 16 year old with a Tdap documented in 2009 (at 8 years old) & Td 1/2015 (at 14 years old) & another Td 2/2015 (at 14 years old)

Does Loren need another dose?

Case Study ▪ Loren (Answer)

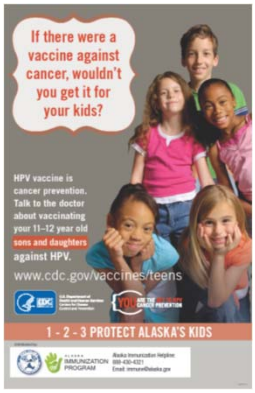
*** The third dose is invalid ● Another Td is needed**

Children, ≥7 yrs & adults with NO history of receiving tetanus-containing vaccine or if vaccine history = unknown:

Receive 3-dose series

- Tdap for the 1st dose
- Followed by Td, 4 weeks later for 2nd
- 6 months later for 3rd

Tdap can be substituted for one of the 3 doses preferably the 1st



Alaska Immunization Program
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ADULT VACCINES

Ages 19 and Older

Adult Vaccines

- Do you vaccinate adults?
- How do you track adult vaccines?

Standards for Adult Immunization Practice

Your patients have probably not received all the vaccines they need.

Even though most insurance plans cover the cost of recommended vaccines, adult vaccination rates in the U.S. are extremely low. Each year, tens of thousands of adults needlessly suffer, are hospitalized, and even die as a result of diseases that could be prevented by vaccines.

Your patients may not even realize that they need vaccines.

Many adults don't know which vaccines are recommended for them throughout their lives. Many also report not receiving vaccine recommendations from their healthcare professional.

You can make a difference.

Clinicians are the most valued and trusted source of health information for adults. Research shows that most adults believe vaccines are important and that a recommendation from their healthcare professional is a key predictor of patients getting needed vaccines.

Make Immunization a Standard of Patient Care In Your Practice:

1. **ASSESS the immunization status of all your patients at every clinical encounter.**
   - Stay informed about the latest CDC recommendations for immunization of adults.
   - Implement protocols in your office to ensure that patients' vaccine needs are routinely reviewed and patients get reminders about vaccines they need.
2. **Strongly RECOMMEND vaccines that your patients need.**
   - Address patient questions and concerns in clear and understandable language.
   - Highlight your positive experiences with vaccination (personal or in your practice).
3. **ADMINISTER needed vaccines or REFER your patients to a vaccination provider.**
   - For vaccines that you stock, make vaccination services as convenient as possible for your patients.
   - For vaccines that you don't stock, refer patients to providers in the area that offer vaccination services.
4. **DOCUMENT vaccines received by your patients.**
   - Participate in your state's immunization registry to help your office, your patients, and your patients' other providers know which vaccines your patients have had.
   - Follow up to confirm that patients received recommended vaccines that you referred them to get from other immunization providers.

Adult Vaccines

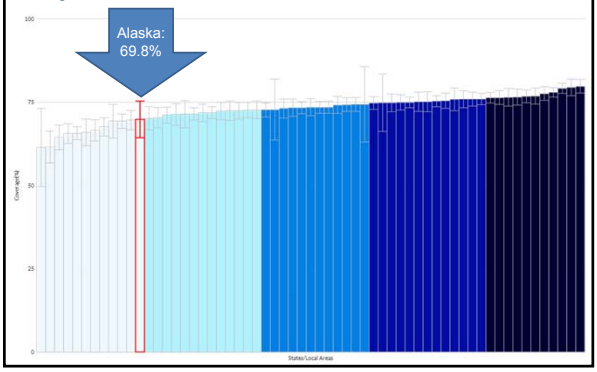
- What vaccines do adults need?

Adult Vaccine Schedule

Vaccine	19-21 years	22-26 years	27-49 years	50-64 years	≥65 years
Influenza[1]	1 dose annually				
Tdap[2] or Td[2]	1 dose Tdap, then Td booster every 10 yrs				
MMR[3]	1 or 2 doses depending on indication (if born in 1957 or later)				
VAR[4]	2 doses				
RZV[5] (preferred)				2 doses RZV (preferred)	
or ZVL[5]					or 1 dose ZVL
HPV-Female[6]	2 or 3 doses depending on age at series initiation				
HPV-Male[6]	2 or 3 doses depending on age at series initiation				
PCV13[7]	1 dose				
PPSV23[7]	1 or 2 doses depending on indication				1 dose
HepA[8]	2 or 3 doses depending on vaccine				
HepB[9]	3 doses				
MenACWY[10]	1 or 2 doses depending on indication, then booster every 5 yrs if risk remains				
MenB[10]	2 or 3 doses depending on vaccine				
Hib[11]	1 or 3 doses depending on indication				

Recommended for adults who meet the age requirement, lack documentation of vaccination, or lack evidence of past infection | Recommended for adults with other indications | No recommendation

Pneumococcal vaccination coverage among adults ≥65 years, by State, HHS Region, and the United States, BRFSS, 2016



Case Study: Alice

- Alice just turned 65
- What pneumococcal vaccines should she receive?

Pneumococcal Vaccination

- Two vaccines recommended for all adults 65 and older
  - Pneumococcal conjugate vaccine (PCV13)
  - Pneumococcal polysaccharide vaccine (PPSV23)
    - Supplied by the Alaska Immunization Program
- Recommended for adults 19-64 who:
  - Have certain health conditions, including asthma
  - Are taking medications that lower the body's resistance to infection
  - Who are immunocompromised
  - Who smoke cigarettes

Alice: Pneumococcal Vaccine

- Alice should receive PCV13 first
- One year later, she can receive PPSV23
- What other vaccines can Alice receive?

Herpes Zoster Virus Vaccine

- The ACIP made three new recommendations in October 2017 regarding Shingrix:
  - Recombinant zoster vaccine (Shingrix) is recommended for the prevention of herpes zoster for immunocompetent adults aged 50 years and greater.
  - Shingrix is recommended for immunocompetent adults who previously received Zostavax.
  - Shingrix is preferred over Zostavax.

Shingrix

Recommendations

- Two doses
- Doses separated by 2 to 6 months
- Recommended for adults aged 50 and older

Storage

- Store refrigerated between 2° and 8°C (36° and 46°F)
  - Adjuvant suspension component vials
  - Lyophilized glycoprotein E antigen component vials

What do you do?

- Jim received Zostavax at age 62 and has heard that there is a new shingles vaccine. He is now 64. Jim has Blue Cross/Blue Shield insurance. What do you tell him?

Vaccination Recommendations

- If patient has previously been vaccinated with Zostavax, Shingrix should not be given less than two months following Zostavax.
- Jim can receive Shingrix!

Shingrix Reconstitution

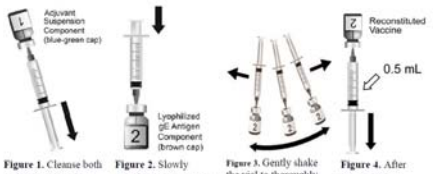


Figure 1. Cleanse both vial stoppers. Using a sterile needle and sterile syringe, withdraw the entire contents of the vial containing the adjuvant suspension component by slightly tilting the vial (blue-green cap). Vial 1 of 2.

Figure 2. Slowly transfer entire contents of syringe into the lyophilized gE antigen component vial (brown cap). Vial 2 of 2.

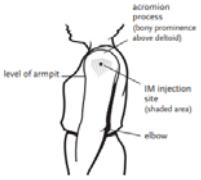
Figure 3. Gently shake the vial to thoroughly mix contents until powder is completely dissolved.

Figure 4. After reconstitution, withdraw 0.5 mL from the vial containing the reconstituted vaccine and administer **intramuscularly**.

Administration Instructions

- Intramuscular injection
- After reconstitution, administer immediately or store refrigerated and use within 6 hours

Intramuscular (IM) injection site for children and adults



Give in the central and thickest portion of the deltoid muscle – above the level of the armpit and approximately 2–3 fingerbreadths (~2") below the acromion process. See the diagram. To avoid causing an injury, do not inject too high (near the acromion process) or too low.

State-supplied Vaccines for Adults

- The Alaska Immunization Program offers select vaccines to eligible adults
- The Alaska Vaccine Assessment Program (AVAP) is a funding mechanism that enables adult coverage
- AVAP is funded through a combination of participating payers and opt in medical providers

Adult State-supplied Vaccines

Adult Vaccines	Brand Name	Age Criteria (in years)
9vHPV	Gardasil 9	Females 19 through 26; males 19 through 21; high risk* males 22 through 26
Influenza	Varies	19+
MCV4	Menactra	19 through 20
MenB**	Bexsero	19 through 20
PPSV23 (Pneumoncoccal polysaccharide)	Pneumovax 23	19+
Td (Tetanus/Diphtheria)	Tenivac	19+
Tdap (Tetanus/ Diphtheria/acellular Pertussis)	BOOSTRIX	19+
Zoster (shingles)	Zostravax/Shingrix	60 through 64, or 50 through 64

*High risk males include either men who have sex with men (MSM) or who have an immunocompromising condition.
** Limited availability for high risk groups, which include those with persistent complement component deficiencies, anatomic or functional asplenia, microbiologist working with serogroup B meningitis, and populations at risk of outbreaks.
MMR in outbreak situations

Adult Eligibility

- Adults are 19 and older
- Adults are **NOT** Vaccine for Children (VFC) eligible
- Adults may be eligible for state vaccine

Eligibility Matters

- Program requirement to correctly document eligibility

VacTrAK Eligibility	Adult Insurance Status	Insurance/ Provider Status with AVAP	HL7 Code	Administration Fee Bill to	Vaccine Administration Fee Cap	Vaccine Cost Bill to
State Vaccine*	Insured	Private insurance or TRICARE	V07	Insurance	Determined by insurance	Do NOT bill
	Uninsured	Health care provider opts in for AVAP		Patient	Determined by provider	Do NOT bill
Ineligible (Private Vaccine)	Uninsured	Health care provider does NOT opt in to AVAP	V01	Patient	Determined by provider	Determined by provider
	Medicare or Medicaid	Not eligible for AVAP		Medicare or Medicaid	Determined by Medicare or Medicaid	Determined by Medicare or Medicaid

*May appear as "state specific" or "local specific" eligibility in Electronic Health Records (EHR).

Who can receive state vaccine for adults?

AVAP Provider Opt In

- Patients with an insurance company that is a participating payer
- **Uninsured adults**

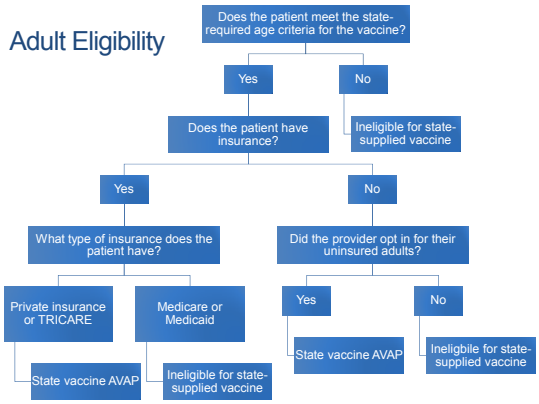
Provider Did Not Opt In

- Patients with an insurance company that is a participating payer

2018 AVAP Non-participating Payers

- Medicaid
- Medicare
- Insurance plans that offer NO vaccine coverage (State of Alaska Retiree Program)

Adult Eligibility



Case Study: Ben

- 25 year old Insured through Aetna
- Healthy, no medical conditions
- Has a written, dated vaccination record

Case Study: Ben

- Ben's immunization history includes 2 doses HPV vaccine at 13 and 16 years of age. What should you do now?
- A. Do nothing. He has completed his HPV series.
- B. Give 1 dose of 9vHPV to complete the 3-dose series
- C. Restart the series

ACIP HPV Immunization Recommendations

- Adults who initiated vaccination with 9vHPV, 4vHPV, or 2vHPV
  - Before their 15th birthday, are fully vaccinated if they received
    - 2 doses at the recommended dosing schedule (0, 6-12 month), OR
    - 3 doses at the recommended dosing schedule (0, 1-2, 6 month)
  - On or after the 15th birthday are fully vaccinated if they received
    - 3 doses at the recommended dosing schedule (0, 1-2, 6 month)
- All doses do not have to be 9vHPV
- No additional doses are recommended, regardless of patient's current age

Case Study: Julia

- She had Tdap at age 11 and is 29 weeks pregnant with her second child, insured through TRICARE.
- Should Julia receive a Tdap vaccine at her next pre-natal appointment?
- Yes, and she is eligible for AVAP
- Yes, but she is not eligible for AVAP
- No

Case Study: Julia

- She had Tdap at age 11 and is 29 weeks pregnant with her second child, insured through TRICARE.
- Should Julia receive a Tdap vaccine at her next pre-natal appointment?

- **Yes, and she is eligible for AVAP**

- Yes, but she is not eligible for AVAP

- No

Tdap Recommendations and Pregnant Women

- Administer Tdap in each pregnancy, preferably at 27 through 36 weeks gestation

- An infant's first dose of pertussis vaccine is mom's!

George: Healthcare personnel vaccines

- As a health care worker, what vaccine does George not need?

- Hepatitis A
- MMR
- Hepatitis B
- Varicella
- George needs all of these vaccines

Vaccines Routinely Recommended for Health Care Personnel

- Hepatitis B
- Influenza
- Measles, mumps and rubella
- Varicella
- Pertussis
- **Hepatitis A vaccine is NOT routinely recommended because of health care occupation**

PATIENT INTERACTION

Helping to Protect Against Vaccine-Preventable Diseases

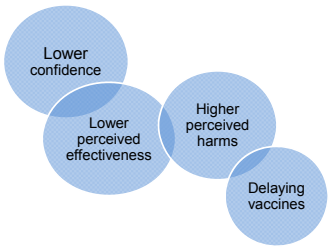
Importance of Promoting Vaccines

Concerns about vaccines have been around since Edward Jenner started the smallpox vaccine over 200 years ago with cowpox

Conspiracy theories are present and easily shared with social media

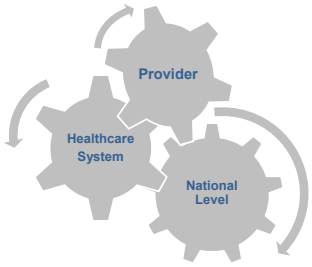
Vaccine – Victims of the success
-We don't see the vaccine-preventable diseases as often

Vaccination Concerns



Interventions to Address Concerns

The hesitancy and refusal of vaccines – Socially Complex Interventions - Needed at Many Levels



Developing – Immunization Culture

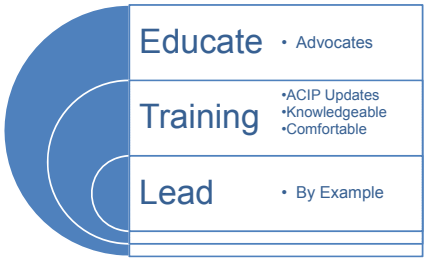
- Everyone
- Same Mission

- Everyone
- Understand the Mission

- Everyone
- Share the Mission

PROMOTING ADVOCACY

- Develop an Immunization Culture in the clinic

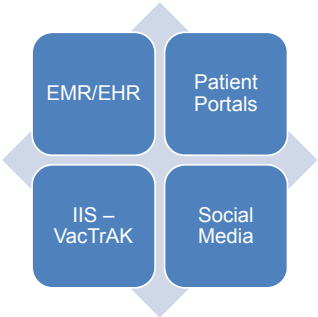


PROMOTING ADVOCACY

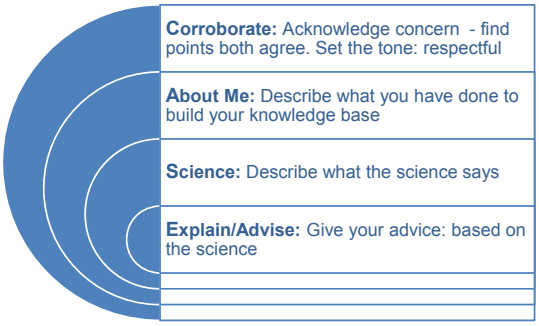
Immunization Culture

- Philosophy & Policies
- Recommend - Vaccines
- Reinforce Safety & Effectiveness
- Culturally Appropriate Material

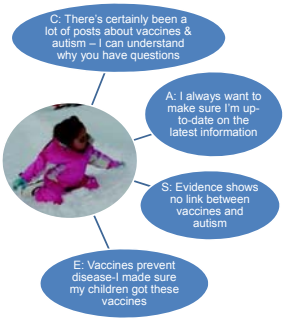
Technology



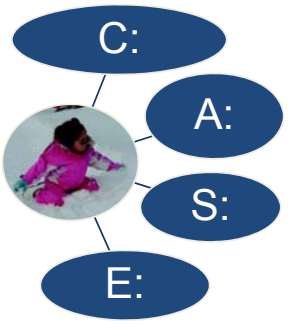
CASE Approach



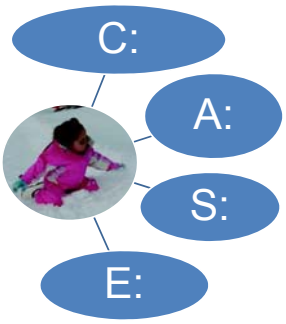
"I heard on Facebook that vaccines cause autism."



"Some of my friends have gotten the flu from the vaccine; I don't want to get the flu!"



"I don't want to overburden my child's immune system. I want to follow an alternate schedule."



Immunizations Approach AAP

- Parents – want the Best - Child
  - Listen to concerns
    - Acknowledge – non-confrontational
    - Allow parents - express concerns
  - Promote partnerships with parents – decision-making
  - Provide important information 1st – make sure they understand importance
    - Clarify concerns
    - Modify misconceptions
  - Be open to discuss what is known

Thank you for doing your part in the fight against Vaccine Preventable Diseases

PROGRAM REQUIREMENTS & ACCOUNTABILITY

All the details

ALASKA IMMUNIZATION PROGRAM

Annual Enrollment

- Provider Agreement
  - Enrollment to receive state-supplied vaccine
  - Located within VacTrAK
- AVAP opt-in for uninsured adults
  - Optional
  - Pay a fee
  - Ability to administer to uninsured adults

Fraud and Abuse

- Not adhering to federal and state requirements
- Examples:
  - Providing state-supplied vaccine to non-eligible patients
  - Billing a patient or third party for state-supplied vaccine
  - Failing to screen and document eligibility status for every vaccine dose administered
  - Charging more than $27.44 administration fee to uninsured, underinsured or Alaska Native/American Indian patients
  - Failing to fully account for state-supplied vaccine
  - Negligent waste of state-supplied vaccine

Program Requirements

- Submit all private and state-supplied vaccine administration data to VacTrAK within 14 days
  - Alaska Administrative Code 7AAC 27.650
- Participate in and conduct accountability activities
- Designate on-site staff for:
  - Vaccine Coordinator
    - Provides oversight for all vaccine management, storage and handling
    - Has support and authority to implement and enforce program requirements
  - Back-up Vaccine Coordinator
    - Assumes oversight and responsibilities in absence of Vaccine Coordinator

Vaccine Coordinator and Back-up Vaccine Coordinator

- Must designate on-site staff for:
  - Vaccine Coordinator
    - Provides oversight for all vaccine management, storage and handling
    - Has support and authority to implement and enforce program requirements
  - Back-up Vaccine Coordinator
    - Assumes oversight and responsibilities in absence of Vaccine Coordinator
    - ***Must be as knowledgeable and trained as the Vaccine Coordinator***
- Login to VacTrAK at least every 30 days or else will be locked out

Changes

- Required to report certain facility and staff changes to the Immunization Program

State-Supplied Vaccine Provider Information Change

Providers are required to notify the Alaska Immunization Program of changes in their organizations/facilities. Use this chart and applicable links to meet these state and federal requirements.

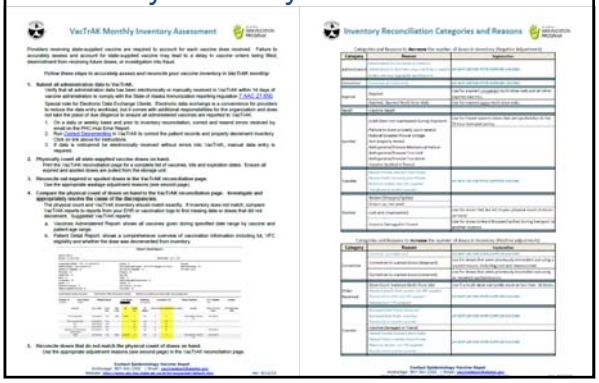
Type of Change	Deadline (within # days of event)	Required method of Notification
Staff members		
Vaccine Certifying Provider	10 days of change	Request to Modify VacTrAK Users form and Provider Agreement (includes instructions)
Vaccine Coordinator or Back up Coordinator	10 days of change	Request to Modify VacTrAK Users form
Physician or vaccinator	10 days of change	Request to Modify VacTrAK Users form
AFIX contact	10 days of change	Email immune@alaska.gov Include the following: - "AFIX contact change" - Organization/Facility name - Title - Contact person - Contact phone
Remove staff member	3 days of employment termination	Request to Modify VacTrAK Users form
VacTrAK Facility or Organization Administrator or designated contact	3 days of change	VacTrAK New Provider Application
Organization/Facility		
New facility	Notice of Regulation 7 AAC 27.650	VacTrAK New Provider Application
Address (any)	10 days of change	Provider Agreement
Shipping days/hours for receipt of vaccine	Update upon next order	VacTrAK Create Order page
Closure/merger (Upon notification, Immunization Program staff will contact you)	Minimum 30 days prior to event	Email immune@alaska.gov Include the following: - Organization/Facility name - Title - Contact person - Contact phone - Date of closure/merger

INVENTORY MANAGEMENT

Monthly Inventory Assessment

- Required to accurately account for each vaccine dose received
- Failure to do so may lead to
  - Delay in vaccine orders being filled
  - Disenrollment from the Immunization Program and from receiving future doses
  - Investigation into fraud/abuse
- Inventory reconciliation must be performed in VacTrAK monthly regardless of ordering cycle
- No vaccine order permitted unless reconciliation has been performed within a 14 day period prior to order submission

Monthly Inventory Assessment



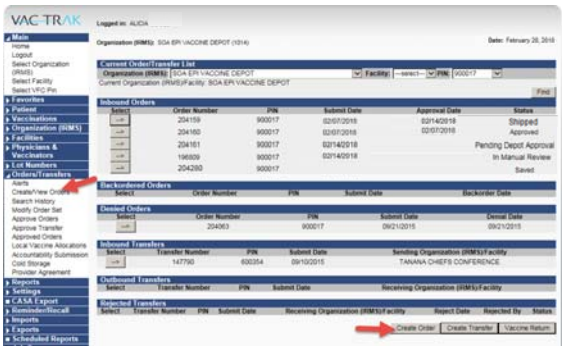
Inventory Assessment

- Follow these steps to accurately assess and reconcile your vaccine inventory in VacTrAK monthly
  - Submit all administration data to VacTrAK
    - Correct and resend errors (electronic data exchange clients)
    - Run Correct Decrementing in VacTrAK (electronic data exchange clients)
  - Physically count all state-supplied vaccine doses on hand
  - Reconcile out expired or spoiled doses in the VacTrAK reconciliation page
  - Compare the physical count of doses on hand to the VacTrAK reconciliation page
    - ***Investigate and appropriately resolve the cause of the discrepancies***
  - Reconcile doses that do not match the physical count of doses on hand

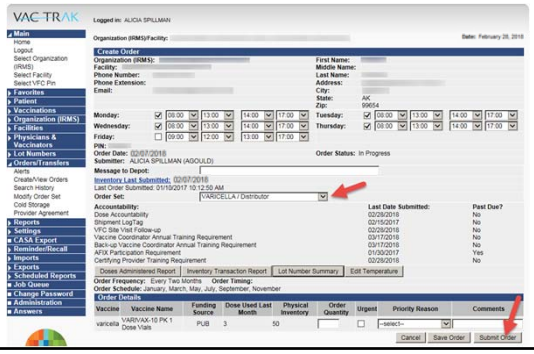
Vaccine Order- Reminders

- Maintain a minimum of 6 weeks of stock
  - Order appropriately
  - Do not wait until you are out or almost out of vaccine before placing an order
  - It may take multiple weeks to receive a shipment (weather delays, holiday limited shipping schedule, etc)
- Review accountability when placing an order
- Track the status of your submitted order within VacTrAK
  - In Manual Review
  - Approved
  - Shipped
- Track the progress of your shipment in transit using the tracking number within VacTrAK

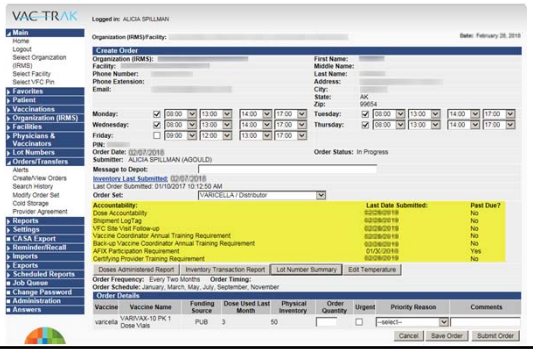
Vaccine Order



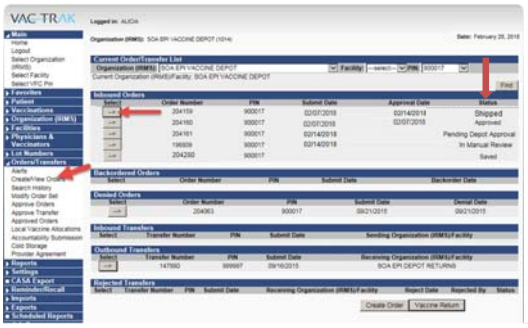
Vaccine Order



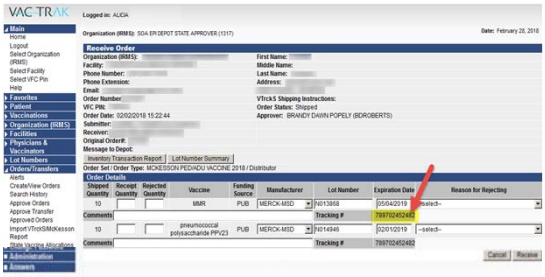
Vaccine Order- Accountability



Vaccine Order- Status



Vaccine Order- Tracking



SITE VISITS

Site Visits

- New Provider Site Visit
- Compliance Site Visit
- Unannounced Storage and Handling Site Visit
- AFIX Site Visit

New Provider Site Visit

- New providers
- Providers who have previously inactivated with program
- Conducted prior to official approval into program
- Ensure that the provider has:
  - Education about accountability requirements
  - Resources to implement program requirements
  - Appropriate storage and handling practices and equipment in place

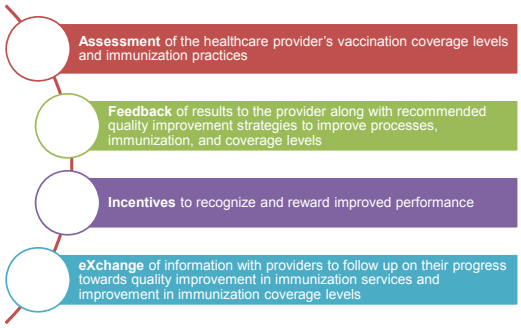
Compliance Site Visit

- Assess vaccine management and immunization practices
  - State and federal requirements for receiving state-supplied vaccine can be found in the *Alaska Vaccine Distribution Handbook*
- Provide education where needed
- Completed every 1 to 2 years

Unannounced Storage and Handling Site Visit

- Assess vaccine inventory and storage practices
  - State and federal requirements for receiving state-supplied vaccine can be found in the *Alaska Vaccine Distribution Handbook*
- Provide education where needed

AFIX Visits

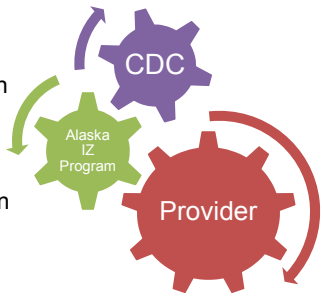


Benefits of AFIX

- Improvement strategies can target all aspects of vaccination services, regardless of coverage rate
- One-on-one conversations and training
- Learn about new resources or strategies in immunizations

The Process

- CDC mandates and tracks AFIX visits
- Alaska Immunization Program conducts AFIX visits
- Medical providers actively participate in the AFIX process



RECOGNITION AWARDS

ALASKA IMMUNIZATION PROGRAM

AFIX Program

- Thank you to the following providers for participating in the AFIX Process in 2017.

Adventures in Pediatrics	Alaska Family Care Associates	Anchorage Neighborhood Health Center	Annette Island Service Unit	Benteh Nuutah Primary Care Center
Capstone Family Medicine	Central Peninsula Family Practice	Central Peninsula Family Practice & Pediatrics	Chief Andrew Isaac	Chugachmiut North Star Health Clinic
Deede & Smalling	Dr. Sheridan	Glacier Family Medicine	Homer Public Health Center	Ilanka Health Center
Iliuliuk Family and Health Services	Independence Park Medical Services	KANA Alutiiq Enwia	Kodiak Community Health Center	LaTouche Pediatrics Providence
LaTouche Pediatrics South	Mat-Su Community Pediatrics	Mat-Su Midwifery	Mat-Su Public Health Center	Nome Public Health Center
North Slope Borough Public Health Nursing	Palmer Family Medicine	Peninsula Community Health Services	Providence Family Medicine Center	Rainforest Pediatrics
Samuel Simmons Memorial Hospital	SEARHC Alicia Roberts Medical Center	SEARHC Ethel Lund Medical Center	Solstice Family Care	Tanana Valley Clinic
Upstream Family Medicine	Valdez Medical Clinic	Wild Iris Family Medicine & Maternity Care	YKHC Health Corporation	

Provider Recognition

- To recognize the providers with high coverage rates for the 4:3:1:3:3:1:4 child vaccination series.
- Coverage rate reports were pulled from VacTrAK by VFC PIN as of December 31, 2017.
- Minimum requirement of 30 patients to qualify.
- Two recognition goals:
  - HA2020 (≥75%)
  - HP2020 (≥80%)

Provider Recognition

- Healthy Alaskans 2020 (≥75%)
  - Arctic Slope
  - Ethel Lund Medical Center
  - Full Spectrum Pediatrics
  - Joy Janssen Clinic
  - Mt. Edgecumbe Hospital
  - Norton Sound Health Corporation
  - Sheridan Katy MD
  - Tanana Chiefs Conference
  - Valley Native PCC

https://www.adn.com/sports/2018/01/27/olympians-belong-to-all-of-us-some-more-so-than-others/

Provider Recognition

- Healthy People 2020 (≥80%)
  - Adventures in Pediatrics
  - Anchorage Neighborhood Health
  - Dena'ina Wellness Center
  - Homer Medical Center
  - Jacob Mary Ann MD
  - Kodiak Area Native Association
  - Maniilaq Association

Getty Images

QUIZ AND EVALUATION

Online Evaluation Survey:
https://www.surveymonkey.com/r/AKIZ

We appreciate you taking a few moments to fill out an evaluation survey so that we can incorporate your feedback into planning for future immunization training events.

CLOSING REMARKS AND QUESTIONS

Thank you for your time and attention!

Questions and Concerns

Immunization Helpline

- Toll free: 888-430-4321
- Anchorage: 907-269-8088
- Email: immune@alaska.gov

VacTrAK Support

- Toll free: 866-702-8725
  - 866-702-TRAK
- Anchorage: 907-269-0312
- E-mail: vactrak@alaska.gov

http://dhss.alaska.gov/dph/Epi/iz