



NJ Vaccines for Children (VFC)

DECEMBER 2014

Vaccine Updates

In a recent Morbidity and Mortality Weekly Report (MMWR) the Centers for Disease Control and Prevention (CDC) released new pneumococcal vaccination recommendations. Adults 65 years of age or older are now recommended to get the pneumococcal conjugate vaccine (PCV13, Prevnar-13[®]), followed by the pneumococcal polysaccharide vaccine (PPSV23, Pneumovax[®] 23) 6-12 months later. As adults visit their healthcare professionals for their annual flu shot, it's also an opportunity to raise awareness for the importance of pneumococcal vaccination. To access the complete article, please visit

<http://www.cdc.gov/mmwr/pdf/wk/mm6337.pdf>.

On June 25, 2014, the Advisory Committee on Immunization Practices (ACIP) voted to recommend a preference for using the nasal spray influenza vaccine (LAIV) instead of the influenza shot (IIV) in healthy children 2-8 years of age when the nasal influenza vaccine is immediately available. Even with this preferential recommendation, healthcare providers still need to screen patients for precautions and contraindications such as wheezing or asthma and need to be aware of the age indications for use of LAIV.

ACIP's recommendation emphasizes that both LAIV and IIV are safe and effective. It specifies that while clinicians should administer LAIV if both it and IIV are on hand, they should not delay vaccination if LAIV is not immediately available.

For the complete recommendations for the 2014-2015 flu season including vaccine composition, vaccine products and indications, and a listing of precautions and contraindications, please visit

<http://www.cdc.gov/mmwr/pdf/wk/mm6332.pdf>.

Chris Christie, Governor
Kim Guadagno, Lt. Governor
Mary E. O'Dowd, MPH
Commissioner

COMMUNICABLE DISEASE SERVICE

Christina Tan, MD, MPH
State Epidemiologist
Assistant Commissioner

Gary Ludwig, MS
Director

Barbara Montana, MD, MPH, FACP
Medical Director

VACCINE PREVENTABLE DISEASE PROGRAM

Steven J. Bors
Program Manager

Jillian Doss Walker, MPH
CDC Public Health Advisor
Deputy Program Manager



2014–2015 Flu Season

The 2014–2015 flu vaccination season opened to a slow start in August with a number of brands and formulations of flu vaccine either in limited supply or unavailable due to delays in manufacturers' production and delivery. Nonetheless, this marks the 4th consecutive year VFC has been able to open influenza ordering in August. The VFC Program accepted flu orders in August with only 10 percent of our allocation in the warehouse to support early vaccination efforts by our providers.

Initially, provider orders were limited due to the lack of flu vaccine inventory available to the VFC Program. Additional flu vaccine has since been allocated, and **VFC and Adult/317 providers may now order freely**. Despite these early-season shipping delays, manufacturers anticipate the majority of VFC flu vaccine distribution will occur by the end of November. While this is slightly later than vaccine was shipped last year, it is not an unusual pattern for seasonal flu vaccine distribution.

Flu orders can now be placed online. To place a flu order online:

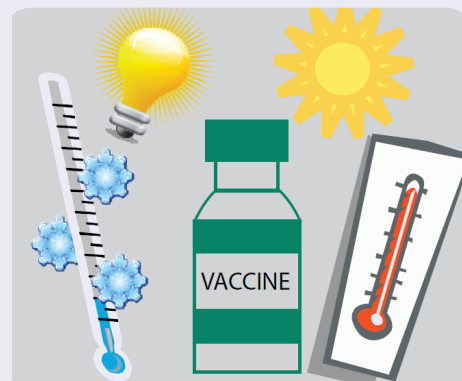
- ◆ Sign into Inventory Management Order and Distribution System (IMODS).
- ◆ Select *Order Management, New Order and Continue*.
- ◆ Select *Place Order and Place Flu Order*.

Flu vaccine may be ordered as frequently as needed to maintain a 30-day inventory. Be sure to update your patients' vaccination records in the New Jersey Immunization Information System (NJIS) for any vaccine administered.

New VFC and Adult/317 Program Requirements

Effective January 1, 2015, CDC has mandated the following requirements for all providers:

Backup thermometers: VFC provider offices will be required to have at least one backup thermometer available with a current certificate of calibration. The backup thermometer must be available in case the thermometer that is currently in use malfunctions, or the thermometer in use must be sent out for recalibration. The CDC recommends that the backup thermometer be stored outside of the refrigerator until needed. (Also, seeing slightly different temperature readings from two thermometers could be confusing.) The backup thermometer should have a **different calibration expiration date** than the thermometer in use. If all thermometers have the same calibration date, they will all need to be sent out for recalibration at the same time. By having different calibration dates, there will always be one thermometer available for use.



New VFC and Adult/317 Program Requirements

(Story continued from page 2)

Temperature logs: VFC providers must ensure that the date, time, and responsible party is recorded for each temperature reading. Temperature logs obtained from the Immunization Action Coalition contain space to enter staff initials, the time the temperature was taken, and the min/max reading for the day. A “Vaccine Troubleshooting Record” is included with the temperature log to properly document all temperature excursions. These resources can be accessed at <http://www.immunize.org/clinic/storage-handling.asp>.

Please keep paper temperature logs on file for three years. Additionally, temperatures must be entered into Inventory Management Order and Distribution System (IMODS) every two weeks. Temperature should be entered into IMODS using military time (24-hour clock).

Vaccine Management Plans: Vaccine management and emergency plans must be displayed on storage units for ease of access. The plan must be updated annually.

FluMist® 2014–2015 Replacement Program

The replacement program allows for the replacement of unused, expiring or expired FluMist® at no cost. The replacement program begins on November 17, 2014 and ends on January 31, 2015. Replacement doses are shipped after your expiring or expired doses are received at McKesson.

How the Program Works:

- ◆ Contact the FluMist® Replacement Program by email (flumistreplacement@mckesson.com) or phone (1-877-633-7375) and provide the number of doses you need replaced, how many boxes you need to return, and your NJ VFC Provider Identification Number (PIN).
- ◆ Follow the instructions to return and obtain replacement FluMist®.
- ◆ Pack the expired/expiring doses and have them ready to be picked up the next business day. FluMist® does not have to be returned cold.

No replacements will be made from December 20, 2014 to January 3, 2015.

Eligibility Guidelines:

Only FluMist® received from the NJ VFC program can be returned for replacement. Expired FluMist® and FluMist® due to expire in 15 days can be returned. Doses will be replaced in increments of 10. Doses from multiple lot numbers can be put together to make a box of 10. Doses that are less than a multiple of 10 will be rounded down.

Bernard Adler, MD, FAAP—A Success Story

In 2012, the Central Jersey Family Health Consortium received a call from Rita Campbell from the office of Bernard Adler, MD. Ms. Campbell indicated she was having issues getting her VFC vaccines because their online inventory was too high. Although Ms. Campbell was working on getting all of the administered vaccines into the New Jersey Immunization Information System (NJiIS), it was taking her some time, and she had to track down vaccines that had not been entered into the system. By using the *Reports* feature in NJiIS, Ms. Campbell ran the *Added Vaccination Report* for a specific time frame (you can query up to one year of vaccinations) showing all of the vaccines entered into NJiIS. By running this report, she was able to identify those vaccines that were entered, but did not have lot numbers attached (causing the high online inventory).

Ms. Campbell reviewed patients' charts to make sure ALL vaccinations were entered into NJiIS (both Private and VFC). With the assistance of Patricia Kaiser, NJiIS Program Coordinator, Recruiter/Trainer, Ms. Campbell was able to rectify her online inventory, and after a few months, the practice was able to receive full orders of vaccines for their patients.



Bernard Adler, MD staff (left to right), Rita Campbell, Medical Receptionist; Bernard Adler, MD FAAP; and Barbara Athans, Practice Manager

In September, 2013, Rita Campbell and Bernard Adler, MD received the Most Improved Award at the NJ VFC Conference. When asked to what she attributed her success, she said "If it wasn't for Patricia Kaiser's help and kindness we would not have been able to have reached the level of success that we have. Thank you Trish for all your help and dedication."

Congratulations to Rita and the staff of Bernard Adler, MD for your Most Improved Award; keep up the good work!

NEW

NEW Patient Eligibility and Vaccination Record Forms for the VFC and Adult/317 Program

The updated IMM 28 form for the NJ VFC and Adult/317 programs are posted on the New Jersey Immunization Information System (NJiIS) at the following link, <https://njiis.nj.gov/njiis/html/vfc.html>. There are separate forms for VFC patients and Adult/317 patients. Please use the appropriate form or obtain the same information in another manner (such as through an Electronic Medical Record or EMR) to determine a patient's eligibility to receive VFC or Adult/317-funded vaccines. Program eligibility must be confirmed at each vaccination visit.

When Do Multidose Vials That Have Been Punctured or Opened Need to be Discarded? Does the ‘28 Day Rule’ Apply?

According to the CDC, multidose vials of vaccines can be used until the expiration date printed on the vial unless contaminated, compromised in some way, or there is a “beyond use date” or “BUD” noted in the package insert. You should never use partial doses from two or more vials to obtain a dose of vaccine. This policy has also been adopted by the Joint Commission. For more information, please visit the CDC Vaccine Storage and Handling Toolkit <http://www.cdc.gov/vaccines/recs/storage/toolkit/storage-handling-toolkit.pdf> and the Joint Commission Standards http://www.jointcommission.org/mobile/standards_information/jcfaqdetails.aspx?StandardsFAQId=143&StandardsFAQChapterId=76 .



THE 28-DAY RULE DOES NOT APPLY TO VACCINE

How to Report Wasted and Expired Vaccine

All expired or wasted vaccine received from the VFC or Adult/317 Program must be returned to McKesson within six months of the expiration date. Upon return to McKesson, the excise tax is credited to the program.

Some vaccines should not be returned to McKesson; broken vials or syringes and syringes without safety caps should be disposed of in your office’s medical waste. Also, do not return multidose vials from which doses were drawn and additional doses remain in the vial. McKesson is not able to determine the number of doses in the vial and so cannot credit the excise tax to the program.

To report wasted and expired vaccine:

1. Sign into the New Jersey Immunization Information System (NJIIS) or Inventory Management Order and Distribution System (IMODS). On the left side of the page, click on *Waste Return Label*.
2. Review the instructions of how to pack vaccine for return to McKesson.
3. Click on the *IMM-39 Form* button to go to the *Vaccine Return Voucher*.
4. On the *Vaccine Return Voucher* page, list all vaccine(s) that have expired or wasted.

The following are some examples of explanations for waste:

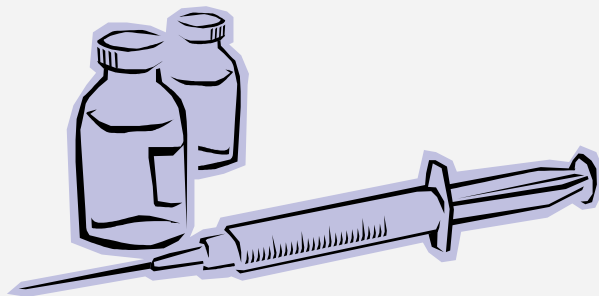
- Natural disaster
- Power outage
- Storage unit too warm
- Storage unit too cold
- Failure to store properly upon receipt
- Vaccine spoiled in transit

~Story continues on page 6~

How to Report Wasted and Expired Vaccine

(Story continued from page 5)

- Mechanical failure of storage unit
- Recall
- Vaccine drawn into syringe but not administered
- Vaccine in open vial but dose not administered
- Compromised vial or broken vial
- Misplaced vaccine



When you see vaccine is approaching its expiration date, call the VFC Program and we will work with you to identify another office that can accept a vaccine transfer. Please call the VFC program at least four months prior to the expiration date to give another office time to use the vaccine. It is preferable to transfer the vaccine rather than let it expire.

After vaccine becomes wasted or expired, it needs to be removed from online inventory. Sign into IMODS and select *Inventory* in the left-hand column. Click on the vaccine that was returned to McKesson or wasted and select *Transactions*, then *Add Transactions*. Enter the number of doses that were returned or properly disposed of, add the date the transaction occurred, and enter a comment, particularly when vaccine was wasted.

New Educational Requirement for Primary and Backup Vaccine Managers

The Primary Vaccine Manager and Backup Vaccine Manager are required to have annual education. The educational requirement must be completed during this re-enrollment cycle (2014). Any education taken before January 1, 2014 cannot be used for this year's re-enrollment. If either vaccine manager has not completed the educational requirement, your office's re-enrollment will not be approved.

The Primary Vaccine Manager and Backup Vaccine Manager are required to have completed one of the following, to meet the annual educational requirement, after January 1, 2014:

- ◆ Attending the **Storage and Handling workshop** at the **2014 VFC Conference** (the 2013 VFC Conference will not count toward this year's re-enrollment)
- ◆ Taking the **Inventory Management Order and Distribution System (IMODS)** online webinar
- ◆ Completing the **You Call the Shots, VFC & Storage and Handling training**
Please note that managers need to take both You Call the Shots modules: *Vaccines for Children module 16* and *Storage and Handling module 10*.
- ◆ Viewing the **Keys to Storing and Handling Your Vaccines** video.

~Story continues on page 7~

New Educational Requirement for Primary and Backup Vaccine Managers

(Story continued from page 6)



Fax **certificates of participation** to the VFC program to receive credit for taking the training. Be sure to put your provider PIN number on the certificate and fax it to 609-826-4868. Annual educational requirements are located on the VFC documents page online <https://njiis.nj.gov/njiis/html/vfc.html>. Obtaining CE certificate guidance can be found online at <http://www.cdc.gov/vaccines/ed/ce-credit-how-to.htm>

Stay Ahead of the Curve by using Digital Data loggers

CDC recommends using calibrated digital data loggers for temperature monitoring. Staff should be trained and understand how to set up, read, and analyze temperature data provided by the data logger.

A data logger should have the following features:

- ◆ Alarm for out-of-range temperatures
- ◆ Current, minimum, and maximum temperatures
- ◆ Low-battery indicator
- ◆ Accuracy of $\pm 1^{\circ}\text{F}$ ($\pm 5^{\circ}\text{C}$)
- ◆ Memory storage of at least 4,000 readings
- ◆ User programmable logging interval (or reading rate)

CDC does NOT recommend the following temperature monitoring devices:

- ◆ Fluid-filled biosafe liquid temperature monitoring devices
- ◆ Bimetal stem temperature monitoring devices
- ◆ Food temperature monitoring devices
- ◆ Household mercury temperature monitoring devices
- ◆ Chart recorders
- ◆ Infrared temperature monitoring devices
- ◆ Temperature monitoring devices that are not calibrated



Digital data loggers

These devices can have significant limitations. They can be difficult to read and most only provide information on the temperature at the precise time they are read. Therefore, temperature fluctuations outside the recommended range may not be detected.

Use of calibrated digital data loggers is a best practice.