2015-2016 INFLUENZA SEASON

The 2015-2016 flu season is here! A notice was recently posted on the New Jersey Immunization Information System (NJIIS) Bulletin Board and an email was sent to VFC providers to announce that flu vaccine is available for order. Please keep the following points in mind when placing your orders:

- Ordering tiers do not apply to flu orders. Flu vaccine can be ordered in Inventory Management Order and Distribution System (IMODS) as part of a “routine” order or you may place a flu vaccine order on its own.
- As inventory decreases, you may reorder to maintain adequate stock for each age range and for both inactivated and live attenuated flu vaccine.
- Order enough flu vaccine to last 30 days.
- Flu orders will continue to be expedited and shipped separately from routine vaccine orders. Temperature logs must be current within the last two-week log period to place an order.
- The 317-Funded Adult (317) Program will be offering flu vaccine this year.

The Advisory Committee on Immunization Practices (ACIP) 2015-2016 Recommendations for Prevention and Control of Seasonal Influenza were recently published in the Morbidity and Mortality Weekly Report. In light of the continuing circulation of influenza A (H1N1)pdm09 as the predominant influenza A(H1N1) virus, and the inclusion of an A/California/7/2009(H1N1)-like virus, separate consideration of receipt of vaccine doses containing this virus is no longer recommended. Therefore, a new algorithm for determining the appropriate number of doses for children aged 6 months through 8 years has been developed.

~Continued on page 2~
Influenza vaccine dosing algorithm for children aged 6 months through 8 years — Advisory Committee on Immunization Practices, United States, 2015–2016 influenza season.

Has the child received ≥ 2 total doses of trivalent or quadrivalent influenza vaccine before July 1, 2015*

Yes
1 dose of 2015-16 influenza vaccine

No or don’t know
2 doses† of 2015-16 influenza vaccine

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

For more information including the available vaccine products and indications, and vaccination of persons with a history of egg allergy, please access the complete report at MMWR Influenza Recommendations.

REMEMBER

ALL VACCINES, INCLUDING FLU, MUST BE ENTERED INTO NJIIS WITHIN 30 DAYS OF ADMINISTRATION

SHIPPING DELAY FOR MEDIMMUNE’S FLUMIST® VACCINE

The Centers for Disease Control and Prevention (CDC) has informed the VFC Program that there will be a shipping delay for FluMist® during the 2015-2016 influenza season. Based on current shipping delay predictions, FluMist® will be available in limited quantities until late fall. Check the New Jersey Immunization Information System (NJIIS) Bulletin Board for flu vaccine updates.

NOTE: Do not miss an opportunity to immunize against flu solely because your preferred vaccine is not available; other manufacturers have not reported any shipping delays to date. Physicians who primarily use FluMist® are advised to review their flu immunization plan and adjust accordingly.
OPTIONS FOR FULFILLING THE ANNUAL EDUCATION REQUIREMENT

Prepare for your 2016 VFC Program re-enrollment now! Vaccine Coordinators and Back-up Coordinators must complete at least one of the options below to fulfill the Vaccine Coordinator annual education requirement:

1. Attend the “Understanding VFC” webinar. To sign up for the webinar visit the NJIIS Training Opportunities webpage.
2. Attend the Vaccine Storage & Handling Breakout Session during the annual New Jersey Immunization Conference planned for November 12, 2015. To register for the conference visit the New Jersey Chapter American Academy of Pediatrics website.
3. Complete the CDC You Call the Shots modules 10 and 16.

~Continued on page 4~
BEST PRACTICES: TEMPERATURE LOGS AND THERMOMETERS

There are few immunization issues more important than the appropriate storage and handling of vaccines. Exposing vaccines to temperatures outside the recommended ranges can result in reduced potency and protection. Keeping current temperature logs and accurate thermometers are critical to ensuring your office is providing viable vaccines to your patients. Please review the following best practices:

- Paper temperature logs must be posted on each vaccine storage unit door or nearby in a readily accessible and visible location. DO NOT REMOVE TEMPERATURE LOGS FROM THE OFFICE AT ANY TIME.
- A National Institute of Standards and Technology (NIST)-certified thermometer with a current and valid Certificate of Calibration Testing must be used in every refrigerator and freezer which contains VFC vaccine. The thermometer should have a digital display on the outside of the storage unit to allow for temperature monitoring without opening the door.
- Some NIST thermometers have a single probe, good for use in either the refrigerator or the freezer. Some NIST thermometers have dual probes, one probe for the refrigerator and one probe for the freezer.
- Thermometer probes should be detachable and encased in a buffer, like glycol, ethanol, or glycerin, which more closely reflects vaccine temperatures.

~Continued on page 5~
The thermometer should show the minimum and maximum temperature the unit attained in the prior 24 hours.
- Min/Max thermometers should be checked and reset at the start of each business day.
- At least one backup NIST-certified thermometer with a current and valid Certificate of Calibration Testing must be available in the office.
  - The backup thermometer should not be in use or stored inside a vaccine storage unit.
  - The backup thermometer should be stored in a separate, readily accessible location.
  - Check the backup thermometer regularly to ensure the batteries are working, and the calibration has not expired.
- Replace thermometer batteries each year.

How to Set up a Probe in Fluid-filled Bottle

Select a glass or plastic bottle
- Minimum diameter = 4 x probe diameter (PD)
- Bottle height chosen so that:
  - Immersion depth ≥ 10 x probe diameter
  - Probe tip to bottom ≥ 1 to 2 cm
- Sealable lid preferred (e.g., pierceable, rubber septum cap)

Note: if manufacturer supplies a fluid-filled bottle/vial with data logger, this may be used instead.

Completely fill bottle with fluid (e.g., glycol)

Insert probe through center of cap
- Position probe tip to achieve depth ≥ 10 x PD
- Make sure tip doesn’t touch bottom of bottle
- Make sure entire length of probe is centered within bottle
- To keep probe from shifting, fix cable to outside of bottle with tape or cable tie

Look for the Following Features When Selecting a Data Logger:

- An alarm for out-of-range temperatures
- Current, minimum, and maximum temperatures able to be read on an external display
- A low battery indicator
- Accuracy of +/-1°F (+/-5°C)
- Memory storage of at least 4,000 readings
- User programmable logging interval (or reading rate)

The New Jersey VFC Program is currently offering one dual-probe data logger to all VFC and 317 providers. These data loggers will be distributed during each provider’s next VFC site visit.
USE OF 9-VALENT HUMAN PAPILLOMAVIRUS (HPV) VACCINE: UPDATED HPV VACCINATION RECOMMENDATIONS OF THE ADVISORY COMMITTEE ON IMMUNIZATION (ACIP) PRACTICES

The March 27 edition of the Morbidity and Mortality Weekly Report (MMWR) featured the most current recommendations for the use of 9-valent human papillomavirus (HPV) vaccine. Below are some frequently asked questions:

What are the different types of HPV vaccine?
The bivalent HPV vaccine (2vHPV) prevents the two HPV types, 16 and 18, which cause 70% of cervical cancers. The quadrivalent HPV vaccine (4vHPV) prevents four HPV types: HPV 16 and 18, as well as HPV 6 and 11, which cause 90% of genital warts. Quadrivalent vaccine has also been shown to protect against cancers of the anus, vagina and vulva. 2vHPV is only approved for use in females.

9-valent HPV vaccine (9vHPV) was approved by the Food and Drug Administration on December 10, 2014. In addition to protecting against the HPV types covered in 4vHPV, this vaccine targets five additional HPV types (31, 33, 45, 52, and 58). About 14% of HPV-associated cancers in females (approximately 2800 cases annually) and 4% of HPV-associated cancers in males (approximately 550 cases annually) are caused by the 5 additional types in the 9vHPV. For additional information, please visit Guidance on the use of 9vHPV available on the CDC website.

What is currently recommended?
The Advisory Committee on Immunization Practices (ACIP) recommends routine HPV vaccination at age 11 or 12 years. The vaccination series can be started beginning at age 9 years.

- **Recommendations for Females:** 9vHPV, 4vHPV or 2vHPV can be used for routine vaccination of females aged 11 or 12 years and females through age 26 years who have not been vaccinated previously or who have not completed the 3-dose series.

- **Recommendation for Males:** 9vHPV or 4vHPV can be used for routine vaccination of males aged 11 or 12 years and males through age 21 years who have not been vaccinated previously or who have not completed the 3-dose series. ACIP recommends either 9vHPV or 4vHPV vaccination for men who have sex with men and immunocompromised persons (including those with HIV infection) through age 26 years if not vaccinated previously.

For more information, please access the complete article in the MMWR at ACIP HPV Recommendations.
WE WANT TO HEAR FROM YOU!

Contact us when:

- You’re moving—make sure orders arrive at the new address
- Physicians and/or Vaccine Coordinators leave or join the practice
- The office is merging with another office
- There’s a problem with your order
- Vaccine storage and handling questions come up
- The practice is closing
- Office days or hours of operation are changing
- You need to transfer vaccine
- VFC vaccines were exposed to a temperature excursion
- Any VFC vaccines were given in error or administered inappropriately

Call New Jersey VFC at 609-826-4862 or visit njis.nj.gov and click on “Contact Us”