

COALITION NEWSLETTER

Louisiana's Infant Immunization Initiative
Published to provide news and information on our immunization efforts in the state of Louisiana. Our Goal of 90% rate for two year olds by 2000 will take knowledge and team work, this publication is intended with this in mind.

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Our Speaker's Corner

SHOTSFORTOTS.COM is now your instant access to Louisiana's Infant Immunization Initiative's resources and up-to-date information. Our full color brochure "Why Immunize" will be available to print right from your own computer. Phone numbers will be provided so that parents or caregivers will be able to find out when and where the nearest immunization opportunity is available.

Information regarding Satellite Conferences, continuing education units, and our Annual State Conference complete with a printable registration form are now going to be just a click away. In addition to these conveniences, we will also make available to parents and providers links to other immunization sites we find helpful. Our newsletter will now be available online to further increase immunization awareness, provide new and updated information, and address hot topics in immunization while dispelling rumors and myths associated with vaccines and their usage. And last, but certainly not least, we have provided an e-mail address that you may use to request information and resources or offer suggestions and/or comments. After all, where would we be without you!

Gina Deris
"Shots for Tots" Coordinator



Immunization News



- ♥ **Immunization Update 2002:** An annual update, highlighting current and late breaking immunization issues will be telecast August 15, 2002 with location TBA. For more information about this broadcast, please contact Sandy Lloyd @ (504) 483-1900.
- ♥ **State Immunization Conference:** The 11th Annual "Shots for Tots" Conference will be held December 5-6, 2002 at the Astor Crowne Plaza Hotel located at 100 Bourbon Street, New Orleans, LA in the historic French Quarter. The two-day conference will include excellent speakers, workshops, exhibits, and an icebreaker complete with food and music. Contact hours have been applied for through The Office of Public Health Nursing Services Continuing Education Program. The Office of Public Health Nursing Services Continuing Education Program is accredited as a provider of continuing education by the American Nurses Credentialing Center's Commission on Accreditation. The ANCC Commission on Accreditation does not approve or endorse any commercial products associated with this activity. For more information contact Gina Deris @ 504-483-1900
- ♥ **National Immunization Conference:** the 37th National Immunization Conference will be held in Chicago, Illinois, March 17-20, 2003. For more updated information regarding this conference, check www.cdc.gov/nip/NIC/default.htm.

National Tetanus Vaccine Shortage

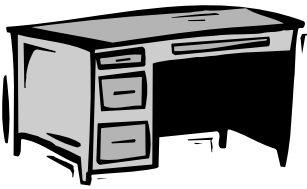
Once in awhile it is so nice to hear positive immunization news. Recently TIME magazine article on developments in the vaccine field “Vaccine Stage a Comeback” [Staying Healthy , January 21, 2002] summed it up perfectly: “Vaccines are the great prevention success story of modern medicine”. Rather than a fading technology, vaccines are present wonder and, with new biotechnology developments, will help conquer a wider range of infectious diseases. Ironically, as the positive tide for vaccine rolls in, all vaccine providers are feeling the impact of vaccine shortages. Several issues are cited as the reason why we are experiencing shortages such as the business decisions, good manufacturing practices and Thimerosal related vaccine changes. In response to this situation following ACIP recommendations, the Louisiana, Office of Public Health-Immunization Program issued temporary Immunization Schedule guidelines as to what can be done in this time of shortages for vaccines such as DTaP, PCV-7, MMR and Varicella. In addition, the Immunization Program issued the recommendations that during these periods of shortages, records should be maintained for all children who miss any dose of vaccine so that they can be recalled when supplies return to normal. The good news is that according to CDC projections all vaccines orders should be back to normal levels by the end of 2002. Also, the task of recalling children is going to be easier, as major progress is being made with the implementation of the Louisiana Immunization Network for Kids Statewide (LINKS). The Office of Public Health-Immunization Program and LINKS’ participating providers would be able to perform electronic reminder/ recall of their patients. We are very excited that with LINKS, we are going to be able to bridge this gap caused by the vaccines shortage.

Ruben Tapia, MPH
Immunization Program Director



National Tetanus Vaccine Shortage

- ♥ **August 15, 2002 – Immunization Update 2002**
- ♥ **December 5-6, 2002 – 11th Annual State Immunization Conference**
- ♥ **March 17-20, 2002 – 37th National Immunization Conference**



From the Doctor's Desk

It is understandable, given the current events worldwide, that attention would be drawn to the identification and transmission of diseases that could potentially be used for bioterrorism, i.e., smallpox. The smallpox virus can only be transmitted by humans because it can only live in humans—not in animals or insects. Smallpox was spread from person to person, generally through close contact with an infected person. Generally, someone had to be within six feet of an infected person for a prolonged period of time to catch the disease. People who had smallpox could not pass the disease on to others until they began to show symptoms, themselves. When people were exposed to the virus, they did not have any symptoms for about 12 to 14 days. During this “incubation period,” which could range from 7 to 17 days, they felt fine and could not infect others. The first symptoms were much like the flu: sudden onset of fever, tiredness, severe back pain, and sometimes stomach pain and vomiting. This lasted 2 to 3 days, and at this time the people became highly contagious to others. As the fever began to drop and the people began to feel better, a rash developed in the nose and mouth. The rash became bumps that spread to the face, hands, and forearms, and then spread to the trunk and legs. The bumps were even found on the palms of the hands and on the soles of the feet. All of the bumps evolved at the same rate, and were most dense on the face and extremities.

The smallpox vaccine that is currently in stock in the U.S. is different from most of today’s vaccines. It is a “live virus” vaccine that is made from the “live”vaccinia virus – not a weakened or dead virus. This vaccinia vaccine does not contain the actual smallpox virus. It is developed from calves, sheep, and water buffalo, and can protect people from other similar types of viruses, such as monkeypox and cowpox. Currently, we have a stockpile of 15.4 million doses of vaccine. A recent National Institute of Health study found that the existing supply can be increased to make about 76 million doses available. A contract has been issued to produce an additional 210 million doses this year. It is anticipated that a total of 286 million doses of smallpox vaccine will be available at the end of this year. This vaccine can be produced only in 100 dose vials and once opened; the vials must be used within 90 days. Studies that have been done show that about 95 percent of the people who were vaccinated were protected against smallpox. The first dose of the vaccine offers protection that lasts three to five years, and sometimes up to 10 years or more. If a person is revaccinated, the immunity will last even longer. It was also found that the vaccine was effective, even if it was received a few days after the person had been exposed to the disease. This vaccine cannot be given with a normal hypodermic needle. It is not a shot. A bifurcated needle containing a droplet of the vaccine is used to poke the skin in the upper arm about 15 times. This will produce a sore spot deep enough to produce a drop of blood. It is very important to keep this sore spot clean and covered for the first few days after the vaccination. Because the virus is “live,” you can spread it to other people and to other parts of your own body. If the virus is spread to someone who should not have the vaccine, the result could be deadly. If the vaccine “takes,” a bump will develop in about three days. Over the next three weeks it will become larger and will eventually turn into a scab and fall off. People who are being vaccinated for the first time (primary vaccines) have a stronger reaction than those who are being revaccinated. Pregnant women, people with skin conditions – especially eczema and people with weakened immune systems, such as those who have received a transplant, are HIV positive, or are receiving treatment for cancer should not receive the vaccine unless they have been exposed to the virus. In other words, if you have been exposed to the smallpox virus, regardless of your health condition, you should receive the vaccine. This is an emergency. The smallpox vaccine is the best protection you can get if you are exposed to the smallpox virus; however, the vaccine does have some risks. For example, one person in 10,000 who receives the vaccine will have serious side effects that require a doctor’s care. Also, if the vaccine were to be given to everyone in the U.S., it is estimated that 350-500 people would die from the vaccine. That is about one or two deaths for each million doses of smallpox vaccine administered. The government currently provides the smallpox vaccine to only a few hundred scientists and medical professionals who work with smallpox type viruses. It is recommended that no one else receive the smallpox vaccine because the benefits of the vaccine (that is, protection from smallpox disease) do not outweigh the risks from the potential side effects.

There are concerns that the smallpox virus could be used for bioterrorism. The risk for smallpox occurring as a result of a deliberate release by terrorists is not known, but considered very low. On May 8-9, 2002 a joint working group consisting of members of the Advisory Committee on Immunization Practices (ACIP) and the National Vaccine Advisory Committee (NVAC), two groups that provide recommendations to the Centers for Disease Control and Prevention (CDC) and Department of Health and Human Services (DHHS) on vaccine use and policies, met in Atlanta as part of their review of the current smallpox vaccine recommendations. This working group was convened to review the June 2001 ACIP recommendations on smallpox vaccination in light of recent events, including the expected availability of about 286 million doses of smallpox vaccine needed by the end of the year. This stockpile would be enough to protect every U.S. citizen, if needed.

Frank Welch, M.D.
Immunization Program Medical Director

